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FEC FORM 1

STATEMENT OF ORGANIZATION

FEC MAIL CENTER

2008 MAY 13 AM 9: 33

			<u> </u>	Office Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	marahana
uest virel	NIA BANKEA	K.S. : A.S.S. O. C. E.A. 7	TION P	AC CWYBANKE
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(Check if address		<u> </u>	<u> </u>	
is changed)	CHARLEGT	2 N	WY	253011-1516
		CITY	STATE	ZIP CODE
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COMMITTEE'S FAX NUMBER				
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. DATE <u>0.3</u> 0	1 2008			
. FEC IDENTIFICATION N	UMBER C	Line with the second		
. IS THIS STATEMENT	NEW (N) OR	: AMENDED (A)		
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certify that I have examined t		St of my knowledge and belief	it is true, correct t	and complete.
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Signature of Treasurer			Date 05	66 2008
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IOTE: Submission of false, erron	eous, or incomplete information	may subject the person signing	this Statement to t	the penalties of 2 U.S.C. §437g.
	ANY CHANGE IN INFORMAT	ION SHOULD BE REPORTED V	VITHIN 10 DAYS.	
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 12/2007)

TYPE OF COMMITTEE Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Parry Affiliation Candidate Parry Affiliation Committee: (b) This committee supports/opposes only one candidate, and is NOT an authorized committee. (c) This committee is a Committee (PAC): (d) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is as: Corporation Corporation Corporation Corporation Corporation Corporation Corporation Corporation Cooperative (d) This committee is a Leadership PAC. (Identify sponsor on line 6.) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees organizations, once of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser FEC ID number C FEC ID number C FEC ID number C FEC ID number C		Lugo E
(e) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate	TYPE OF CO	OMMITTEE
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Candidate Party Affiliation Candidate Party Affiliation City This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State or subordinate) committee of the Republican, etc.) Party. Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) its connected organization Membership Organization Trade Association Corporation Corporation This committee, (i.e., nonconnected committee) In addition, this committee is a Leadership PAC, (Identify sponsor on line 6.) Joint Fundralsing Representative: (a) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C	(b)	• • • • • • • • • • • • • • • • • • • •
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	5.	

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Write or Type Committee Name				/
	A BANKERS A			
6. Name of Any Connected C	Organization, Affiliated Committe	e, Leadership PAC Spons	or or Joint Fu	Indraising Representative
WEST VIRGIN	VIA BANKERS	ABBOUIAT	ION	
Mailing Address	120 WASHINE	TOM STRE	ET EA	57
	CHARLESTON		ω_{\cdot}	25301-1516
	CITY		STATE	ZIP CODE
Relationship:	cue:	Wile	***************************************	
Connected Organization	Affiliated Committee	Leadership PAC Spons	or Joint	Fundraising Representative
 Custodian of Records: Ider books and records. 	ntify by name, address (phone nur	nber optional) and positi	on of the pers	son in possession of committee
Full Name D _i E _i A	ORAH K POLEN	<u> </u>	<u> </u>	<u> </u>
Mailing Address	1.20 WASHING	TON GTRE	GT E	57.
		1 1 1 1 1 1 1 1 1	<u> </u>	
	CHARLESTON		WY	25301-1516
Title or Position	CITY		STATE	ZIP CODE
	ASSI GTANT	Telephone nun	nber 3 .0	<u> 4</u> -3 <u> 4</u> 3- <u>8838</u>
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional assistant treasurer).	nal) of the treasurer of the	committee; a	nd the name and address of
Full Name of Treasurer	L ELLISON	<u> </u>		<u> </u>
Mailing Address	1,20 WASH,1,46	TON STRE	E _I T ₁ GA	ST
	CHARLESTON CITY		STATE	ZIP CODE
Title or Position		Telephone nun	nber 3 0	. <u>4</u> - <u>3,4,3 - <u>8,8,3,8</u> I</u>

WEST VIRGINIA	BANKERS ASSOCIATION PAC (WYBANKPAC)
	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative
AMERICAN BA	WKERS ASSOCIATION (BANKPAC)
Mailing Address	VIZO CONNECTICUT AVENUE
	BUITE 600
	WASHINGTON DC 20036-
	CITY STATE ZIP CODE
Relationship:	V: Affiliated Committee
Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in possession of committee
Full Name	
Mailing Address	
Title or Position	CITY STATE ZIP CODE
	Telephone number
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer	
Mailing Address	
Title or Desiries	CITY STATE ZIP CODE
Title or Position	Telephone number
FE3AN042.PDF	

Full Name of Designated Agent	EBORAH K POLEN	11::	
Mailing Address	1,20 WASHINGTON STR	E ET E	AST
	CHARLESTON CITY	[W √] STATE	253011-1516 ZIP CODE
Title or Position			
Gx EG4T,1	V E A SS / S TA N T	number 🗵	0.4]-[3,4,3]-[8,8,3,8]
	ositories: List all banks or other depositories in which the compormaintains funds.		
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CITY

FEC Form 1 (Revised 12/2007)

STATE

ZIP CODE

Page 4

Mailing Address

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED