FEC

Only

STATEMENT OF

PAGE 1/7

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Capito for West Virginia P.O. Box 11519 ADDRESS (number and street) (Check if address is changed) Charleston 25339 WV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bev@bsbsolutions.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2020 C00539825 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Spangler, Reed, , , Type or Print Name of Treasurer Spangler, Reed, , , [Electronically Filed] 06 30 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|------|-----------------|---|----------------------------|
| | | OMMITTEE | |
| (a) | raidate | Committee: This committee is a principal campaign committee. (Complete the candidate information below. | 1 |
| . , | H | | |
| (b) | ш | This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.) | iplete the candidate |
| | ne of didate | Capito, Shelley, Moore, , | |
| Can | didate | Office | State |
| Part | y Affiliati | | District |
| (c) | П | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| | ne of | | |
| Can | didate | | |
| Par | ty Con | nmittee: (National, State | (Democratic, |
| (d) | | This committee is a or subordinate) committee of the | Republican, etc.) Party. |
| Pol | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nnected organization is a: |
| | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee) | egregated fund or party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| | | an addition, the committee to a Estadoromp Fixe. (defining openion on the c.) | |
| Joir | nt Fund | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | | |
| | | | |
| | 2. | | |
| | 3. | FEC ID number | |
| | 4. | | |

| FEC Form 1 (Revis | sed 02/2009) | Page 3 |
|---|--|-----------------------------------|
| Write or Type Committee N | | i age 3 |
| Capito for We | | |
| · | ed Organization, Affiliated Committee, Joint Fundraising Represental | tive or Leadership DAC Spansor |
| | | live, or Leadership FAC Sponsor |
| Capito Victory Com | mittee | |
| | | |
| Mailing Address | 3538 South Wakefield Street | |
| | | |
| | Arlington VA | 22206 |
| | CITY STATI | E ZIP CODE |
| | Affiliated Committee Joint Fundraising Repres Identify by name, address (phone number optional) and position of the | |
| books and records. | | |
| Shea, | Beverly, , , | |
| | 3538 South Wakefield Street | |
| Mailing Address | | |
| | Arlinton | ,22206 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| Asst. Treasurer | Telephone number | 703 - 309 - 6584 |
| Treasurer: List the name any designated agent (e. | e and address (phone number optional) of the treasurer of the commit g., assistant treasurer). | ttee; and the name and address of |
| | ller, Reed, , , | ı |
| of Treasurer | 1959 Parkwood Road | |
| Mailing Address | | |
| | | |
| | Charleston | 25314 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 304 - 343 - 0168 |

| FEC Form 1 (Re | evised 02/2009) | Page 4 |
|--|---|---------------|
| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| safety deposit boxes or | sitories: List all banks or other depositories in which the committee deposits fund r maintains funds. | |
| safety deposit boxes or Name of Bank, Deposit BB6 Mailing Address | maintains funds. tory, etc. &T 300 Summers Street | 25301 |
| safety deposit boxes or Name of Bank, Deposit | maintains funds. tory, etc. &T 300 Summers Street | |
| safety deposit boxes or Name of Bank, Deposit | maintains funds. tory, etc. | 25301 |
| safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit | maintains funds. tory, etc. | 25301 |
| safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit | maintains funds. tory, etc. &T 300 Summers Street Charleston WV 2 CITY STATE tory, etc. ain Bridge Bank | 25301 |
| Safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit Cha | maintains funds. tory, etc. &T 300 Summers Street Charleston WV 2 CITY STATE tory, etc. ain Bridge Bank 1445-A Laughlin Ave | 25301 |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

| anks or Other Deposito afety deposit boxes or material deposition and the deposit boxes or material depository, etc. Mailing Address | ▼ ories: List all bank aintains funds. | CITY A | Telephone Number ch the committee deposi | ZIP CODE The state of the sta |
|---|--|------------------------------|--|--|
| anks or Other Deposito afety deposit boxes or made are of Bank, epository, etc. | ories: List all bank aintains funds. | CITY A | Telephone Number | |
| anks or Other Deposito afety deposit boxes or ma | ▼ ories: List all bank aintains funds. | CITY A | Telephone Number | |
| anks or Other Deposito | ▼ pries: List all bank | CITY A | Telephone Number | |
| | ▼ | CITY A | Telephone Number | |
| TITLE OR POSITION | | | 1 | ZIP CODE A |
| TITLE OR POSITION | | | STATE ▲ | ZIP CODE ▲ |
| | | | | |
| | | | | |
| | | | | |
| Mailing Address | | | | |
| Full Name | | | | |
| | | ss (phone number – optional) | | Locate Ship 170 Op |
| | d Organization | | pint Fundraising Represent | |
| Relationship: | | CITY A | STATE A | ZIP CODE A |
| | Alexandria | | , VA , | 22314 |
| Mailing Address | | | | |
| Moiling Address | 228 S Washing | gton Street Suite 115 | | |
| | | | | |
| ame of Any Connected Defend the Senat | | filiated Committee, Joint Fu | ndraising Representativ | e, or Leadership PAC Spons |
| | | | | |
| 4. | | | FEC ID number | С |
| 3. | | | FEC ID number | C |
| 3. | | | FEC ID number | C |
| 1 | | | | |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** ____

| (h). Joint Fundraisi r | ig Farticipant. | | |
|---|--|---------------------------|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | Organization, Affiliated Committee, Joint Fund | draising Representative | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | PO BOX 60148 | | |
| | | | |
| | WASHINGTON | DC | 20039 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | d Organization X Affiliated Committee Joi | nt Fundraising Representa | ative Leadership PAC Sp |
| | | nt Fundraising Representa | ative Leadership PAC Sp |
| esignated Agent: Identif | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) CITY | | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material boxes. | y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material boxes. | y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

| (h). Joint Fundraisi | ig i articipant. | | |
|--|---|----------------------------|----------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| Iame of Any Connected | Organization, Affiliated Committee, Joint Fur | ndraising Representative | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | PO Box 60148 | | |
| | | | |
| | Washington | DC | 20039 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| | | oint Fundraising Represent | ative Leadership PAC Sp |
| | Affiliated Committee | | ative Leadership PAC Sp |
| esignated Agent: Identi | | | ative Leadership PAC Sp |
| Pesignated Agent: Identif | | | ative Leadership PAC Sp |
| esignated Agent: Identi | | | ative Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | Leadership PAC Sp |
| Pesignated Agent: Identing Full Name Mailing Address | fy by name, address (phone number – optional) | | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or me | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |