FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF STATE
PUBLIC
14 APR 15 AM 11:11
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Capito For West Virginia

ADDRESS (number and street) ▼ P.O. Box 11519

☐ Check if different than previously reported. (ACC)

CITY ▲ Charleston STATE ▲ WV ZIP CODE ▲ 25339 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00539825

3. IS THIS REPORT ☒ NEW (N) **OR** AMENDED (A)

STATE ▼ WV DISTRICT

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM 01 DD 01 YY 2014 through MM 03 DD 31 YY 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Reed Spangler

Signature of Treasurer *Mr. Reed Spangler* Reed Spangler Date MM 04 DD 14 YY 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							