

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE  
Office Use Only  
15 APR 15 AM 11:19

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) Charleston WV 25339

2. FEC IDENTIFICATION NUMBER **C** C00539825  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
WV

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 M M / D D / Y Y Y Y in the State of  
(c) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
01 / 01 / 2015 through 03 / 31 / 2015

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 M M / D D / Y Y Y Y  
04 / 14 / 2015

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

15020127530

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Capito For West Virginia**

Report Covering the Period: From: 

M	M
01	

 / 

D	D
01	

 / 

Y	Y	Y	Y
2015			

 To: 

M	M
03	

 / 

D	D
31	

 / 

Y	Y	Y	Y
2015			

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	6881.00	9082.00
(b) Total Contribution Refunds (from Line 20(d)) ..	.00	15300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	6881.00	-6218.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	104123.76	574232.29
(b) Total Offsets to Operating Expenditures (from Line 14)...	5747.01	12308.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	98376.75	561924.17
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	589958.28	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

15020127597

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 48

Write or Type Committee Name

**Capito For West Virginia**

Report Covering the Period: From: 

M M M	/	D D D	/	Y Y Y Y Y Y
01		01		2015

 To: 

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2015

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

6850.00
---------

7600.00
---------

(ii) Unitemized.....

31.00
-------

482.00
--------

(iii) TOTAL of contributions from individuals .

6881.00
---------

8082.00
---------

(b) Political Party Committees...

.00
-----

.00
-----

(c) Other Political Committees (such as PACs)...

.00
-----

1000.00
---------

(d) The Candidate.....

.00
-----

.00
-----

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

6881.00
---------

9082.00
---------

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

.00
-----

8942.87
---------

13. LOANS:

(a) Made or Guaranteed by the Candidate...

.00
-----

.00
-----

(b) All Other Loans...

.00
-----

.00
-----

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

.00
-----

.00
-----

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..

5747.01
---------

12308.12
----------

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

217.60
--------

21373.67
----------

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

12845.61
----------

51706.66
----------

15020127598

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES...	104123.76	574232.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	.00	.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...	.00	10400.00
(b) Political Party Committees...	.00	.00
(c) Other Political Committees (such as PACs) ...	.00	4900.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	.00	15300.00
21. OTHER DISBURSEMENTS ...	1000.00	13500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	105123.76	603032.29

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	682236.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	12845.61
25. SUBTOTAL (add Line 23 and Line 24)...	695082.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	105123.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	589958.28

15020127573

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**Darlington Holdings LLC**

Mailing Address **PO Box 424**

City <b>Parsons</b>	State <b>WV</b>	Zip Code <b>26287</b>
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200**

Date of Receipt  
 MM / DD / YYYY  
**01 / 05 / 2015**

Transaction ID : **SA11Ai-CN50499**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Christina Hines**

Mailing Address **359 Heather Way**

City <b>Buckhannon</b>	State <b>WV</b>	Zip Code <b>26201</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Darlington Holdings</b>	Occupation <b>Partner</b>
--	------------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200**

Date of Receipt  
 MM / DD / YYYY  
**01 / 05 / 2015**

Transaction ID : **SA11Ai-CN50518**

Amount of Each Receipt this Period  
**200**

Partnership-Darlington Holdings LLC

**[MEMO ITEM]**  
**\$200.00 MEMO Partnership Attributed**

**C.** Full Name (Last, First, Middle Initial)  
**Mr Edward W Bergmann**

Mailing Address **210 W Birchwood Ave**

City <b>Hinsdale</b>	State <b>IL</b>	Zip Code <b>60521</b>
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Sey Faruth &amp; Shaw</b>	Occupation <b>Attorney</b>
--	-------------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 MM / DD / YYYY  
**01 / 15 / 2015**

Transaction ID : **SA11Ai-CN50501**

Amount of Each Receipt this Period  
**450**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**650.00**

15020127600

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Boiarsky**

Mailing Address 156 E Hamilton Ave

City Englewood	State NJ	Zip Code 07631
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Morgan Stanley	Occupation Securities Broker
------------------------------------	---------------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2015

Transaction ID : SA11Ai-CN50500

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Matthew Crakes**

Mailing Address PO Box 7421

City Greenwich	State CT	Zip Code 06836
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Canaan Valley Capital	Occupation Family Office
---	-----------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2015

Transaction ID : SA11Ai-CN50511

Amount of Each Receipt this Period  
2600

**C.** Full Name (Last, First, Middle Initial)  
**Carolyn Wells**

Mailing Address 633 Solar Dr

City Fort Lauderdale	State FL	Zip Code 33301
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer housewife	Occupation Housewife
-------------------------------	-------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : SA11Ai-CN50512

Amount of Each Receipt this Period  
2600

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6200.00

6850.00

150720127601

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 48
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>Federal Express</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2015
A. Mailing Address <b>Box 1140</b>		Transaction ID : <b>SA14-ER125</b>
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38101</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>213.78</b>	
Name of Employer	Occupation	Expenditure Refund
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>213.78</b>	

Full Name (Last, First, Middle Initial) <b>Federal Express</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015
B. Mailing Address <b>Box 1140</b>		Transaction ID : <b>SA14-ER127</b>
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38101</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>90.36</b>	
Name of Employer	Occupation	Expenditure Refund
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>304.14</b>	

Full Name (Last, First, Middle Initial) <b>McKinley For Congress</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2015
C. Mailing Address <b>32 20th St</b>		Transaction ID : <b>SA14-ER129</b>
City <b>Wheeling</b>	State <b>WV</b>	Zip Code <b>26003</b>
FEC ID number of contributing federal political committee. <b>C C00473132</b>	Amount of Each Receipt this Period <b>1692.25</b>	
Name of Employer	Occupation	Expenditure Refund
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1692.25</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1996.39</b>
<b>TOTAL</b> This Period (last page this line number only).....	

15020127502

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 48  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (in Full)  
**Capito For West Virginia**

**A. Mon Power**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3615  
 City Akron State OH Zip Code 44309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 366.12

Date of Receipt  
 MM / DD / YYYY  
 01 / 28 / 2015  
**Transaction ID : SA14-ER126**  
 Amount of Each Receipt this Period  
 366.12  
 Expenditure Refund

**B. Jenkins For Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 727  
 City Huntington State WV Zip Code 25711  
 FEC ID number of contributing federal political committee. **C** C00548271  
 Name of Employer Occupation  
 Receipt For: 2020  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1692.25

Date of Receipt  
 MM / DD / YYYY  
 03 / 27 / 2015  
**Transaction ID : SA14-ER128**  
 Amount of Each Receipt this Period  
 1692.25  
 Expenditure Refund

**C. Mooney for Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1863  
 City Martinsburg State WV Zip Code 25402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2020  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1692.25

Date of Receipt  
 MM / DD / YYYY  
 03 / 31 / 2015  
**Transaction ID : SA14-ER130**  
 Amount of Each Receipt this Period  
 1692.25  
 Expenditure Refund

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

3750.62  
 5747.01

15020127603



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 48  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address 300 Summers Street

City Charleston State WV Zip Code 25301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **235.4**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 30 / 2015**

Transaction ID : **SA15-RC581**

Amount of Each Receipt this Period  
**79.33**

Interest Earned

**B.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address 300 Summers Street

City Charleston State WV Zip Code 25301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **302.6**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 27 / 2015**

Transaction ID : **SA15-RC582**

Amount of Each Receipt this Period  
**67.2**

Interest Earned

**C.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address 300 Summers Street

City Charleston State WV Zip Code 25301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **373.67**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

Transaction ID : **SA15-RC583**

Amount of Each Receipt this Period  
**71.07**

Interest Earned

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**217.60**

**217.60**

15020127604

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Federal Express</b>		MM / DD / YYYY 01 / 14 / 2015	
Mailing Address Box 1140		Amount of Each Disbursement this Period	
City State Zip Code Memphis TN 38101		213.78	
Purpose of Disbursement Delivery		Transaction ID : SB17-EX16751	
Candidate Name		Category/ Type 001	
Office Sought:	House Senate President	Disbursement For: 2020	Delivery
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Federal Express</b>		MM / DD / YYYY 01 / 28 / 2015	
Mailing Address Box 1140		Amount of Each Disbursement this Period	
City State Zip Code Memphis TN 38101		90.36	
Purpose of Disbursement Delivery		Transaction ID : SB17-EX16744	
Candidate Name		Category/ Type 001	
Office Sought:	House Senate President	Disbursement For: 2020	Delivery
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Reaford Sign Co. Inc</b>		MM / DD / YYYY 02 / 10 / 2015	
Mailing Address 1103 Central Avenue		Amount of Each Disbursement this Period	
City State Zip Code Charleston WV 25302		420.68	
Purpose of Disbursement Campaign Signs		Transaction ID : SB17-EX16758	
Candidate Name		Category/ Type 001	
Office Sought:	House Senate President	Disbursement For: 2020	Campaign Signs
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	724.82
<b>TOTAL</b> This Period (last page this line number only).....	

15020127605

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)  
**A. Townsend Group**

Mailing Address **1006 Pendleton St.**

City **Alexandria** State **VA** Zip Code **22314**

Purpose of Disbursement  
**REIMBURSEMENT: SEE BELOW**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: **2020**  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**03 / 06 / 2015**

Amount of Each Disbursement this Period  
**49.99**

Transaction ID : **SB17-EX16814**

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)  
**B. Federal Express**

Mailing Address **Box 1140**

City **Memphis** State **TN** Zip Code **38101**

Purpose of Disbursement  
**Delivery**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: **2020**  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**03 / 06 / 2015**

Amount of Each Disbursement this Period  
**21.54**

Transaction ID : **SB17-EX16815**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**c. Capitol Hill Club**

Mailing Address **300 First St.**

City **Washington** State **DC** Zip Code **20003**

Purpose of Disbursement  
**Parking**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: **2020**  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**03 / 06 / 2015**

Amount of Each Disbursement this Period  
**24.00**

Transaction ID : **SB17-EX16816**

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... **49.99**

**TOTAL** This Period (last page this line number only).....

15020127606

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 48

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Townsend Group</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2015
Mailing Address 1006 Pendleton St.		Amount of Each Disbursement this Period 4.45
City Alexandria State VA Zip Code 22314	Transaction ID : SB17-EX16817	
Purpose of Disbursement Parking Reimbursement		Category/Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2020	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. City of Charleston</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address Box 7786		Amount of Each Disbursement this Period 120.00
City Charleston State WV Zip Code 25356	Transaction ID : SB17-EX16750	
Purpose of Disbursement City Service Fee		Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	City Service Fee
Disbursement For: 2020	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. City of Charleston</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2015
Mailing Address Box 7786		Amount of Each Disbursement this Period 135.00
City Charleston State WV Zip Code 25356	Transaction ID : SB17-EX16755	
Purpose of Disbursement Parking		Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Parking
Disbursement For: 2020	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	255.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020127607

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 48

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. City of Charleston</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address <b>Box 7786</b>		Amount of Each Disbursement this Period 280.00 Transaction ID : <b>SB17-EX16756</b>
City <b>Charleston</b>	State <b>WV</b>	
Zip Code <b>25356</b>	Purpose of Disbursement <b>City Service Fee</b>	City Service Fee
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. City of Charleston</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address <b>Box 7786</b>		Amount of Each Disbursement this Period 14.37 Transaction ID : <b>SB17-EX16786</b>
City <b>Charleston</b>	State <b>WV</b>	
Zip Code <b>25356</b>	Purpose of Disbursement <b>City Service Fee</b>	City Service Fee
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. Department of Treasury</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2015
Mailing Address <b>Internal Revenue Service PO Box 105078</b>		Amount of Each Disbursement this Period 261.00 Transaction ID : <b>SB17-EX16765</b>
City <b>Ogden</b>	State <b>UT</b>	
Zip Code <b>84201</b>	Purpose of Disbursement <b>Tax Payment</b>	Tax Payment
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	555.37
<b>TOTAL</b> This Period (last page this line number only).....	

15020127608

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)  
**A. USPS**

Mailing Address 1002 Lee St.

City Charleston State WV Zip Code 25301

Purpose of Disbursement PO Box Renewal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 14 / 2015

Amount of Each Disbursement this Period: 92.00

Transaction ID : SB17-EX16753

PO Box Renewal

Full Name (Last, First, Middle Initial)  
**B. Executive Air**

Mailing Address 300 Eagle Mountain Rd.

City Charleston State WV Zip Code 25311

Purpose of Disbursement Flight Charter

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 19 / 2015

Amount of Each Disbursement this Period: 8224.54

Transaction ID : SB17-EX16739

Flight Charter

Full Name (Last, First, Middle Initial)  
**C. Executive Air**

Mailing Address 300 Eagle Mountain Rd.

City Charleston State WV Zip Code 25311

Purpose of Disbursement Flight Charter

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2015

Amount of Each Disbursement this Period: 6769.00

Transaction ID : SB17-EX16754

Flight Charter

**SUBTOTAL** of Disbursements This Page (optional)..... 15085.54

**TOTAL** This Period (last page this line number only).....

15020127603

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 48
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)  
**A. Jenkins For Congress**

Mailing Address **PO Box 727**

City **Huntington** State **WV** Zip Code **25711**

Purpose of Disbursement  
**Pro-Rated Share of Charter Flight**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**02 / 10 / 2015**

Amount of Each Disbursement this Period  
**1692.25**

Transaction ID : **SB17-EX16861**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. McKinley For Congress**

Mailing Address **32 20th St**

City **Wheeling** State **WV** Zip Code **26003**

Purpose of Disbursement  
**Pro-Rated Share of Charter Flight**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**02 / 10 / 2015**

Amount of Each Disbursement this Period  
**1692.25**

Transaction ID : **SB17-EX16862**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**C. Mooney for Congress**

Mailing Address **PO Box 1863**

City **Martinsburg** State **WV** Zip Code **25402**

Purpose of Disbursement  
**Pro-Rated Share of Charter Flight**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**02 / 10 / 2015**

Amount of Each Disbursement this Period  
**1692.25**

Transaction ID : **SB17-EX16863**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**0.00**

15020127510

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2015
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 570.00
City Carol Stream	State IL	
Purpose of Disbursement Telephone Expense	Zip Code 60197	Telephone Expense
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 276.73
City Carol Stream	State IL	
Purpose of Disbursement Telephone Expense	Zip Code 60197	Telephone Expense
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2015
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 328.48
City Carol Stream	State IL	
Purpose of Disbursement Telephone Expense	Zip Code 60197	Telephone Expense
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1175.21
<b>TOTAL</b> This Period (last page this line number only).....	

15020127011



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 48	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)  
**A. Charles Capito Jr.**

Mailing Address **Two Comstock Place**

City **Charleston** State **WV** Zip Code **25314**

Purpose of Disbursement  
**REIMBURSEMENT: SEE BELOW**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 30 / 2015**

Amount of Each Disbursement this Period  
**141.00**

Transaction ID : **SB17-EX16741**

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)  
**B. Spring Hill Pastry Shop**

Mailing Address **600 Chestnut St S**

City **Charleston** State **WV** Zip Code **25309**

Purpose of Disbursement  
**Food and Beverage**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 30 / 2015**

Amount of Each Disbursement this Period  
**103.00**

Transaction ID : **SB17-EX16742**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**c. Charles Capito Jr.**

Mailing Address **Two Comstock Place**

City **Charleston** State **WV** Zip Code **25314**

Purpose of Disbursement  
**Taxi Fare Reimbursement**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 30 / 2015**

Amount of Each Disbursement this Period  
**38.00**

Transaction ID : **SB17-EX16743**

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... **141.00**

**TOTAL** This Period (last page this line number only) .....

15020177612

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 48
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement
Mailing Address 300 First St.		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
Washington	DC	20003
Purpose of Disbursement Food and Beverage	<input type="text" value="001"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="1499.94"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX16757
State: District:		Food and Beverage

Full Name (Last, First, Middle Initial) <b>B. Charles Flannery</b>		Date of Disbursement
Mailing Address 307 Winwood Dr.		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
Charleston	WV	25302
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="text" value="001"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="48.94"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX16847
State: District:		REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		Date of Disbursement
Mailing Address 228 RHL Blvd.		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
South Charleston	WV	25309
Purpose of Disbursement Printer Ink	<input type="text" value="001"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="48.94"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX16848
State: District:		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="1548.88"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

15020127015

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 48

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Brickstreet Insurance Co</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address PO Box 11285		Amount of Each Disbursement this Period 853.00 Transaction ID : SB17-EX16759
City Charleston	State WV	
Zip Code 25339	Purpose of Disbursement Workers Comp Insurance	Workers Comp Insurance
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 3860.86 Transaction ID : SB17-EX16736
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement PAYMENT: SEE BELOW	PAYMENT: SEE BELOW
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 3800.00 Transaction ID : SB17-EX16737
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Accounting Services	[MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional).....

4713.86

**TOTAL** This Period (last page this line number only).....

15020127614

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)

**A. FEC Financial Inc.**

Mailing Address PO Box 651374

City Potomac Falls State VA Zip Code 20165

Purpose of Disbursement  
Postage Reimbursement

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2015

Amount of Each Disbursement this Period

60.86

Transaction ID : SB17-EX16738

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FEC Financial Inc.**

Mailing Address PO Box 651374

City Potomac Falls State VA Zip Code 20165

Purpose of Disbursement  
PAYMENT: SEE BELOW

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

Amount of Each Disbursement this Period

1565.59

Transaction ID : SB17-EX16760

PAYMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

**C. FEC Financial Inc.**

Mailing Address PO Box 651374

City Potomac Falls State VA Zip Code 20165

Purpose of Disbursement  
Accounting Services

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17-EX16761

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

1565.59

TOTAL This Period (last page this line number only).....

15020127615

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 48
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 65.59
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Postage Reimbursement	Transaction ID : <b>SB17-EX16762</b>  [MEMO ITEM]
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1527.00
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement PAYMENT: SEE BELOW	Transaction ID : <b>SB17-EX16783</b>  PAYMENT: SEE BELOW
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1500.00
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Accounting Services	Transaction ID : <b>SB17-EX16784</b>  [MEMO ITEM]
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1527.00
<b>TOTAL</b> This Period (last page this line number only).....	

91977102051

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 48			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2015
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 27.00
City Potomac Falls	State VA	
Zip Code 20165	Purpose of Disbursement Postage Reimbursement	Transaction ID : SB17-EX16785
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Suddenlink</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address PO Box 660365		Amount of Each Disbursement this Period 286.80
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Internet Service	Transaction ID : SB17-EX16752
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Internet Service
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Suddenlink</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2015
Mailing Address PO Box 660365		Amount of Each Disbursement this Period 8.78
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Internet Service	Transaction ID : SB17-EX16746
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Internet Service
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	295.58
<b>TOTAL</b> This Period (last page this line number only).....	

15020127617

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Vanco Services</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2015
Mailing Address 12600 Whitewater Dr Ste 200		Amount of Each Disbursement this Period 12.83
City Minnetonka	State MN	Zip Code 55343
Purpose of Disbursement Credit Card Service Fee	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX16844
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Service Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vanco Services</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 12600 Whitewater Dr Ste 200		Amount of Each Disbursement this Period 0.50
City Minnetonka	State MN	Zip Code 55343
Purpose of Disbursement Credit Card Service Fee	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX16841
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Service Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Targeted Victory</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2015
Mailing Address PO Box 2187		Amount of Each Disbursement this Period 2819.41
City Arlington	State VA	Zip Code 22202
Purpose of Disbursement Email Marketing & Online Advertising	Category/Type 004	
Candidate Name		Transaction ID : SB17-EX16740
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Email Marketing & Online Advertising
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2832.74
<b>TOTAL</b> This Period (last page this line number only).....	

15020127618

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 48

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)  
**A. Targeted Victory**

Mailing Address **PO Box 2187**

City **Arlington** State **VA** Zip Code **22202**

Purpose of Disbursement  
**Credit Card Processing**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**02 / 18 / 2015**

Amount of Each Disbursement this Period  
**187.20**

Transaction ID : **SB17-EX16845**

Category/ Type  
**001**

Credit Card Processing

Full Name (Last, First, Middle Initial)  
**B. BB&T Financial**

Mailing Address **PO Box 580340**

City **Charlotte** State **NC** Zip Code **28258**

Purpose of Disbursement  
**CREDIT CARD PAYMENT: SEE BELOW**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**02 / 10 / 2015**

Amount of Each Disbursement this Period  
**22654.98**

Transaction ID : **SB17-EX16813**

Category/ Type  
**001**

CREDIT CARD PAYMENT: SEE BELOW

Full Name (Last, First, Middle Initial)  
**C. AT&T**

Mailing Address **P.O. Box 8212**

City **Aurora** State **IL** Zip Code **60572**

Purpose of Disbursement  
**Data Plan**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) **Primay 2020**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**02 / 10 / 2015**

Amount of Each Disbursement this Period  
**30.00**

Transaction ID : **SB17-EX16787**

Category/ Type  
**001**

[MEMO ITEM]  
Data Plan

**SUBTOTAL** of Disbursements This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

**22842.18**

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6197102051



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)

**A. USAirways**

Mailing Address **Yeager Airport**

City **Charleston** State **WV** Zip Code **25311**

Purpose of Disbursement **Airfare** Category/Type **002**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) **Primay 2020**

State: District:

Date of Disbursement: **02 / 10 / 2015**

Amount of Each Disbursement this Period: **576.10**

Transaction ID : **SB17-EX16788**

**[MEMO ITEM]**  
Airfare

Full Name (Last, First, Middle Initial)

**B. Shell**

Mailing Address **1224 TJ Jackson Dr.**

City **Falling Waters** State **WV** Zip Code **25419**

Purpose of Disbursement **Fuel** Category/Type **002**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) **Primay 2020**

State: District:

Date of Disbursement: **02 / 10 / 2015**

Amount of Each Disbursement this Period: **28.31**

Transaction ID : **SB17-EX16789**

**[MEMO ITEM]**  
Fuel

Full Name (Last, First, Middle Initial)

**C. Airwatch**

Mailing Address **1155 Perimeter Center W Ste 100**

City **Atlanta** State **GA** Zip Code **30338**

Purpose of Disbursement **Cloud Storage** Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) **Primay 2020**

State: District:

Date of Disbursement: **02 / 10 / 2015**

Amount of Each Disbursement this Period: **300.00**

Transaction ID : **SB17-EX16790**

**[MEMO ITEM]**  
Cloud Storage

**SUBTOTAL** of Disbursements This Page (optional)..... **0.00**

**TOTAL** This Period (last page this line number only).....

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 48
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Hamilton Service Center</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 39258 E Colonial Hwy		Amount of Each Disbursement this Period 38.15
City Hamilton	State VA Zip Code 20158	
Purpose of Disbursement Fuel	Category/Type 002	Transaction ID : SB17-EX16791
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Fuel
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EZPass</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address PO Box 1234		Amount of Each Disbursement this Period 70.00
City Clifton Forge	State VA Zip Code 24422	
Purpose of Disbursement Tolls	Category/Type 002	Transaction ID : SB17-EX16792
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Tolls
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Congressional Institute</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 401 Wythe St. Suite 103		Amount of Each Disbursement this Period 416.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Conference Registration	Category/Type 002	Transaction ID : SB17-EX16793
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Conference Registration
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Harris Teeter</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 600 N Glebe Rd		Amount of Each Disbursement this Period 100.31
City Arlington	State VA	
Zip Code 22204	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX16794
Candidate Name	Category/ Type 007	
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Restaurant Associates</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 132 West 31st St Ste 601		Amount of Each Disbursement this Period 15642.75
City New York	State NY	
Zip Code 10001	Purpose of Disbursement Catering	Transaction ID : SB17-EX16795
Candidate Name	Category/ Type 007	
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Catering
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Old Ebbitt Grill</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 675 15th St NW		Amount of Each Disbursement this Period 1345.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX16796
Candidate Name	Category/ Type 007	
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Food and Beverage
State: District:		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)  
**A. Corner Bakery**

Mailing Address **777 6th Street NW**

City **Washington** State **DC** Zip Code **20001**

Purpose of Disbursement **Food and Beverage** Category/Type **007**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  
 Other (specify) **Primay 2020**

State: District:

Date of Disbursement: **02 / 10 / 2015**

Amount of Each Disbursement this Period: **238.45**

Transaction ID : **SB17-EX16797**

**[MEMO ITEM]**  
Food and Beverage

Full Name (Last, First, Middle Initial)  
**B. Crystal City Marriott**

Mailing Address **1999 Jefferson Davis Hwy**

City **Arlington** State **VA** Zip Code **22202**

Purpose of Disbursement **Lodging** Category/Type **002**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  
 Other (specify) **Primay 2020**

State: District:

Date of Disbursement: **02 / 10 / 2015**

Amount of Each Disbursement this Period: **1204.79**

Transaction ID : **SB17-EX16798**

**[MEMO ITEM]**  
Lodging

Full Name (Last, First, Middle Initial)  
**C. PMI**

Mailing Address **PO Box 698**

City **Marianna** State **FL** Zip Code **32447**

Purpose of Disbursement **Parking** Category/Type **002**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  
 Other (specify) **Primay 2020**

State: District:

Date of Disbursement: **02 / 10 / 2015**

Amount of Each Disbursement this Period: **20.00**

Transaction ID : **SB17-EX16799**

**[MEMO ITEM]**  
Parking

**SUBTOTAL** of Disbursements This Page (optional) ..... **0.00**

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 48
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)  
**A. Accurate Word**

Mailing Address **4481 White Plains Lanw**

City **White Plains** State **MD** Zip Code **20695**

Purpose of Disbursement **Printing** Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) **Primay 2020**

State: District:

Date of Disbursement: **02 / 10 / 2015**

Amount of Each Disbursement this Period: **1234.50**

Transaction ID : **SB17-EX16800**

**[MEMO ITEM]**  
Printing

Full Name (Last, First, Middle Initial)  
**B. Embassy Suites**

Mailing Address **300 Court St.**

City **Charleston** State **WV** Zip Code **25304**

Purpose of Disbursement **Lodging** Category/Type **002**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) **Primay 2020**

State: District:

Date of Disbursement: **02 / 10 / 2015**

Amount of Each Disbursement this Period: **118.13**

Transaction ID : **SB17-EX16801**

**[MEMO ITEM]**  
Lodging

Full Name (Last, First, Middle Initial)  
**C. Del Frisco's Grille**

Mailing Address **1201 Pennsylvania Ave NW**

City **Washington** State **DC** Zip Code **20004**

Purpose of Disbursement **Food and Beverage** Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) **Primay 2020**

State: District:

Date of Disbursement: **02 / 10 / 2015**

Amount of Each Disbursement this Period: **39.15**

Transaction ID : **SB17-EX16802**

**[MEMO ITEM]**  
Food and Beverage

**SUBTOTAL** of Disbursements This Page (optional) ..... **0.00**

**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 48
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Safeway Store</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 1525 Wilson Blvd.		Amount of Each Disbursement this Period 121.43
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement Food and Beverage	Category/Type 007	
Candidate Name		Transaction ID : SB17-EX16803
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	
State: District:	[MEMO ITEM] Food and Beverage	

Full Name (Last, First, Middle Initial) <b>B. US Senate Photo Service</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address United States Capitol Room S-151		Amount of Each Disbursement this Period 5.00
City Washington	State DC	Zip Code 20510
Purpose of Disbursement Photography	Category/Type 007	
Candidate Name		Transaction ID : SB17-EX16804
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	
State: District:	[MEMO ITEM] Photography	

Full Name (Last, First, Middle Initial) <b>c. Movin On Storage Center</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 200 Piedmont Rd		Amount of Each Disbursement this Period 163.00
City Charleston	State WV	Zip Code 25301
Purpose of Disbursement Storage	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX16805
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	
State: District:	[MEMO ITEM] Storage	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. McAfee</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015	
Mailing Address 2821 Mission College Blvd		Amount of Each Disbursement this Period 79.99	
City Santa Clara	State CA	Zip Code 95054	Transaction ID : SB17-EX16806
Purpose of Disbursement Computer Software	Category/ Type 001		
Candidate Name		[MEMO ITEM] Computer Software	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015	
Mailing Address 228 RHL Blvd.		Amount of Each Disbursement this Period 106.49	
City South Charleston	State WV	Zip Code 25309	Transaction ID : SB17-EX16807
Purpose of Disbursement Toner	Category/ Type 001		
Candidate Name		[MEMO ITEM] Toner	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Focus Receivable Management</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015	
Mailing Address 1130 Northchase Pkwy SE		Amount of Each Disbursement this Period 213.45	
City Marietta	State GA	Zip Code 30067	Transaction ID : SB17-EX16808
Purpose of Disbursement Printing	Category/ Type 001		
Candidate Name		[MEMO ITEM] Printing	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. First Watch Restaurant</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 164 Summers St		Amount of Each Disbursement this Period 23.39
City Charleston	State WV	Zip Code 25301
Purpose of Disbursement Food and Beverage	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX16809	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Suddenlink</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address PO Box 660365		Amount of Each Disbursement this Period 195.37
City Dallas	State TX	Zip Code 75266
Purpose of Disbursement Internet Service	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX16810	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Internet Service
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address Box 1140		Amount of Each Disbursement this Period 345.22
City Memphis	State TN	Zip Code 38101
Purpose of Disbursement Delivery	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX16812	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Delivery
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

15020127627



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T Financial</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address PO Box 580340		Amount of Each Disbursement this Period 9385.35
City Charlotte	State NC	Zip Code 28258
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		Transaction ID : SB17-EX16836
Candidate Name		Category/ Type 001
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PAYMENT: SEE BELOW
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address P.O. Box 8212		Amount of Each Disbursement this Period 60.00
City Aurora	State IL	Zip Code 60572
Purpose of Disbursement Data Plan		Transaction ID : SB17-EX16821
Candidate Name		Category/ Type 001
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Data Plan
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Yeager Airport</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 100 Airport Rd		Amount of Each Disbursement this Period 40.00
City Charleston	State WV	Zip Code 25311
Purpose of Disbursement Parking		Transaction ID : SB17-EX16822
Candidate Name		Category/ Type 002
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Parking
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	9385.35
TOTAL This Period (last page this line number only).....	

15020127628

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 800 Market St		Amount of Each Disbursement this Period 71.44
City San Francisco	State CA Zip Code 94102	
Purpose of Disbursement Taxi Fare	Category/Type 002	Transaction ID : SB17-EX16823
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Taxi Fare
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USAirways</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address Yeager Airport		Amount of Each Disbursement this Period 1281.40
City Charleston	State WV Zip Code 25311	
Purpose of Disbursement Airfare	Category/Type 002	Transaction ID : SB17-EX16824
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Airfare
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Matchbox</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 713 H St. NW		Amount of Each Disbursement this Period 243.10
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Food and Beverage	Category/Type 007	Transaction ID : SB17-EX16825
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Food and Beverage
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020127629

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 48			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 300 First St.		Amount of Each Disbursement this Period 1499.94
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food and Beverage	Transaction ID : <b>SB17-EX16826</b>
Candidate Name	Category/Type 007	
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Monocle</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 107 D Street NE		Amount of Each Disbursement this Period 26.95
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Food and Beverage	Transaction ID : <b>SB17-EX16827</b>
Candidate Name	Category/Type 001	
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address Yeager Airport		Amount of Each Disbursement this Period 653.20
City Charleston	State WV	
Zip Code 25311	Purpose of Disbursement Airfare	Transaction ID : <b>SB17-EX16828</b>
Candidate Name	Category/Type 002	
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Airfare
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020127630

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 48
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

**A. US Senate Photo Service**

Full Name (Last, First, Middle Initial)

Mailing Address **United States Capitol  
Room S-151**

City **Washington** State **DC** Zip Code **20510**

Purpose of Disbursement **Photography** Category/Type **007**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) **Primay 2020**

State: District:

Date of Disbursement **03 / 04 / 2015**

Amount of Each Disbursement this Period **40.00**

Transaction ID : **SB17-EX16829**

**[MEMO ITEM]**  
Photography

**B. Willard Hotel**

Full Name (Last, First, Middle Initial)

Mailing Address **1401 Pennsylvania Ave NW**

City **Washington** State **DC** Zip Code **20004**

Purpose of Disbursement **Lodging** Category/Type **002**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) **Primay 2020**

State: District:

Date of Disbursement **03 / 04 / 2015**

Amount of Each Disbursement this Period **1095.78**

Transaction ID : **SB17-EX16830**

**[MEMO ITEM]**  
Lodging

**C. Federal Express**

Full Name (Last, First, Middle Initial)

Mailing Address **Box 1140**

City **Memphis** State **TN** Zip Code **38101**

Purpose of Disbursement **Delivery** Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) **Primay 2020**

State: District:

Date of Disbursement **03 / 04 / 2015**

Amount of Each Disbursement this Period **56.68**

Transaction ID : **SB17-EX16831**

**[MEMO ITEM]**  
Delivery

**SUBTOTAL** of Disbursements This Page (optional)..... **0.00**

**TOTAL** This Period (last page this line number only).....

15927107051

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 79.16
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Online Advertising	Transaction ID : SB17-EX16832
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Online Advertising
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Network Solutions</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 10 Azalea Dr		Amount of Each Disbursement this Period 205.88
City Drums	State PA	
Zip Code 18222	Purpose of Disbursement Computer Software	Transaction ID : SB17-EX16833
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Computer Software
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Movin On Storage Center</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 200 Piedmont Rd		Amount of Each Disbursement this Period 163.00
City Charleston	State WV	
Zip Code 25301	Purpose of Disbursement Storage	Transaction ID : SB17-EX16834
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Storage
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

15020127632

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 48	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address P.O. Box 8212		Amount of Each Disbursement this Period 3868.82
City Aurora	State IL	
Zip Code 60572	Purpose of Disbursement Telephone Expense	Transaction ID : SB17-EX16835
Candidate Name	Category/ Type 001	
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Telephone Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 4992.75
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement PAYROLL: SEE BELOW	Transaction ID : SB17-EX16769
Candidate Name	Category/ Type 001	
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charles Flannery</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 307 Winwood Dr.		Amount of Each Disbursement this Period 3272.52
City Charleston	State WV	
Zip Code 25302	Purpose of Disbursement Net Salary	Transaction ID : SB17-EX16767
Candidate Name	Category/ Type 001	
Office Sought: House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Net Salary
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4992.75
<b>TOTAL</b> This Period (last page this line number only).....	

15020127633

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 48
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 1720.23
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement Withholding Taxes	Transaction ID : SB17-EX16768
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Withholding Taxes
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 308.44
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement Payroll Service Fee	Transaction ID : SB17-EX16770
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Payroll Service Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 4980.75
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement PAYROLL: SEE BELOW	Transaction ID : SB17-EX16773
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL: SEE BELOW
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5289.19
<b>TOTAL</b> This Period (last page this line number only).....	

15020127034

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 40 OF 48	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Charles Flannery</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015	
Mailing Address 307 Winwood Dr.		Amount of Each Disbursement this Period 3272.52	
City Charleston	State WV	Zip Code 25302	Transaction ID : SB17-EX16771
Purpose of Disbursement Net Salary		Category/ Type 001	
Candidate Name		[MEMO ITEM] Net Salary	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015	
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 1708.23	
City Glen Allen	State VA	Zip Code 25060	Transaction ID : SB17-EX16772
Purpose of Disbursement Withholding Taxes		Category/ Type 001	
Candidate Name		[MEMO ITEM] Withholding Taxes	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015	
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 70.15	
City Glen Allen	State VA	Zip Code 25060	Transaction ID : SB17-EX16774
Purpose of Disbursement Payroll Service Fee		Category/ Type 001	
Candidate Name		Payroll Service Fee	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	70.15
<b>TOTAL</b> This Period (last page this line number only).....	

15020127055



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

**A. Paychex**

Full Name (Last, First, Middle Initial)  
Mailing Address 3960 Stillman Parkway

City State Zip Code  
Glen Allen VA 25060

Purpose of Disbursement  
PAYROLL: SEE BELOW

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
02 / 13 / 2015

Amount of Each Disbursement this Period  
4925.25

Transaction ID : SB17-EX16777

PAYROLL: SEE BELOW

**B. Charles Flannery**

Full Name (Last, First, Middle Initial)  
Mailing Address 307 Winwood Dr.

City State Zip Code  
Charleston WV 25302

Purpose of Disbursement  
Net Salary

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) Primay 2020

State: District:

Date of Disbursement  
MM / DD / YYYY  
02 / 13 / 2015

Amount of Each Disbursement this Period  
3272.52

Transaction ID : SB17-EX16775

[MEMO ITEM]  
Net Salary

**c. Paychex**

Full Name (Last, First, Middle Initial)  
Mailing Address 3960 Stillman Parkway

City State Zip Code  
Glen Allen VA 25060

Purpose of Disbursement  
Withholding Taxes

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) Primay 2020

State: District:

Date of Disbursement  
MM / DD / YYYY  
02 / 13 / 2015

Amount of Each Disbursement this Period  
1652.73

Transaction ID : SB17-EX16776

[MEMO ITEM]  
Withholding Taxes

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4925.25

15020127656

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 48
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 69.94 Transaction ID : SB17-EX16778
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement Payroll Service Fee	Payroll Service Fee
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 4844.25 Transaction ID : SB17-EX16781
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement PAYROLL: SEE BELOW	PAYROLL: SEE BELOW
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charles Flannery</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 307 Winwood Dr.		Amount of Each Disbursement this Period 3272.52 Transaction ID : SB17-EX16779
City Charleston	State WV	
Zip Code 25302	Purpose of Disbursement Net Salary	[MEMO ITEM] Net Salary
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4914.19
<b>TOTAL</b> This Period (last page this line number only).....	

15020127657

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Paychex</b>		M M / D D / Y Y Y Y Y Y 02 / 27 / 2015	
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period	
City Glen Allen	State VA	Zip Code 25060	1571.73
Purpose of Disbursement Withholding Taxes		001	Transaction ID : SB17-EX16780
Candidate Name		Category/ Type	[MEMO ITEM] Withholding Taxes
Office Sought:	House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Paychex</b>		M M / D D / Y Y Y Y Y Y 02 / 27 / 2015	
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period	
City Glen Allen	State VA	Zip Code 25060	70.15
Purpose of Disbursement Payroll Service Fee		001	Transaction ID : SB17-EX16782
Candidate Name		Category/ Type	Payroll Service Fee
Office Sought:	House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Paychex</b>		M M / D D / Y Y Y Y Y Y 03 / 13 / 2015	
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period	
City Glen Allen	State VA	Zip Code 25060	4844.25
Purpose of Disbursement PAYROLL: SEE BELOW		001	Transaction ID : SB17-EX16839
Candidate Name		Category/ Type	PAYROLL: SEE BELOW
Office Sought:	House Senate President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4914.40
<b>TOTAL</b> This Period (last page this line number only).....	

15020127633

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial)  
**A. Charles Flannery**

Mailing Address 307 Winwood Dr.

City Charleston State WV Zip Code 25302

Purpose of Disbursement  
Net Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) Primay 2020

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2015

Amount of Each Disbursement this Period  
3272.52

Transaction ID : SB17-EX16837

**[MEMO ITEM]**  
Net Salary

Full Name (Last, First, Middle Initial)  
**B. Paychex**

Mailing Address 3960 Stillman Parkway

City Glen Allen State VA Zip Code 25060

Purpose of Disbursement  
Withholding Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) Primay 2020

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2015

Amount of Each Disbursement this Period  
1571.73

Transaction ID : SB17-EX16838

**[MEMO ITEM]**  
Withholding Taxes

Full Name (Last, First, Middle Initial)  
**C. Paychex**

Mailing Address 3960 Stillman Parkway

City Glen Allen State VA Zip Code 25060

Purpose of Disbursement  
Payroll Service Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 13 / 2015

Amount of Each Disbursement this Period  
69.94

Transaction ID : SB17-EX16840

Payroll Service Fee

**SUBTOTAL** of Disbursements This Page (optional)..... 69.94

**TOTAL** This Period (last page this line number only).....

15020127653

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 48			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 4844.25
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement PAYROLL: SEE BELOW	Transaction ID : SB17-EX16851
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Charles Flannery</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 307 Winwood Dr.		Amount of Each Disbursement this Period 3272.52
City Charleston	State WV	
Zip Code 25302	Purpose of Disbursement Net Salary	Transaction ID : SB17-EX16849
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Net Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 1571.73
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement Withholding Taxes	Transaction ID : SB17-EX16850
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	[MEMO ITEM] Withholding Taxes
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4844.25
<b>TOTAL</b> This Period (last page this line number only) .....	

15020127640

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 70.15 Transaction ID : SB17-EX16852
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement Payroll Service Fee	Payroll Service Fee
Candidate Name	Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Vineyard Vines</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 37 Brown House Rd		Amount of Each Disbursement this Period 6017.30 Transaction ID : SB17-EX16748
City Stamford	State CT	
Zip Code 06902	Purpose of Disbursement Campaign apparel	Campaign apparel
Candidate Name	Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Joel Brubaker</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2015
Mailing Address 5130 N 28th St		Amount of Each Disbursement this Period 102.00 Transaction ID : SB17-EX16853
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Mileage Reimbursement	Mileage Reimbursement
Candidate Name	Category/Type 002	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6189.45
<b>TOTAL</b> This Period (last page this line number only).....	

15020127541

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 48		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Jones Day</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2015
Mailing Address PO Box 7805		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20044	Purpose of Disbursement Legal Services	Transaction ID : SB17-EX16747
Candidate Name	Category/Type 001	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Legal Services
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	103907.68

15020127642

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 48	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito For West Virginia**

Full Name (Last, First, Middle Initial) <b>A. Moore For WV</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 398 Stafford Ln		Amount of Each Disbursement this Period 1000.00
City Harpers Ferry	State WV Zip Code 25425	
Purpose of Disbursement Non-Federal Political Contribution	Category/Type 011	Transaction ID : SB21-EX16766
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Non-Federal Political Contribution

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	1000.00

15020127643



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# United States Senate

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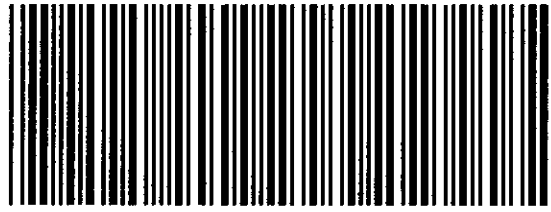
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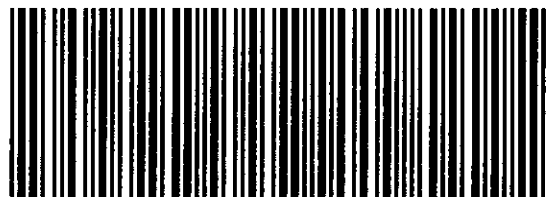
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**4-15-15**

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