

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 OCT 15 PM 4:32

Office Use Only

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

ADDRESS (number and street) P.O. Box 11519
 Check if different than previously reported. (ACC) Charleston WV 25339

2. **FEC IDENTIFICATION NUMBER** 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 _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2015 through 09 30 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 10 15 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.

Office Use Only
FEC FORM 3
(Revised 02/2003)

201510160200273661

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name
Capito For West Virginia

Report Covering the Period: From: ^M 07 ^D 01 ^Y 2015 To: ^M 09 ^D 30 ^Y 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	1000.00	23882.00
(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)) ...	1000.00	8582.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	34047.67	647441.09
(b) Total Offsets to Operating Expenditures (from Line 14)...	.00	12308.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	34047.67	635132.97
8. Cash on Hand at Close of Reporting Period (from Line 27)...	529914.15	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)00	

For further information contact:

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

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

201510160200273662

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name
Capito For West Virginia

Report Covering the Period: From: M M D D Y Y Y Y 07 01 2015 To: M M D D Y Y Y Y 09 30 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)...	.00	12150.00
(ii) Unitemized.....	.00	482.00
(iii) TOTAL of contributions from individuals	.00	12632.00
(b) Political Party Committees...	.00	.00
(c) Other Political Committees (such as PACs)...	1000.00	11250.00
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1000.00	23882.00
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.) ..		
	.00	12308.12
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	156.00	21738.34
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	1156.00	66871.33

201510160200273663

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	34047.67	647441.09
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 Loans00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees00	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 ...	2000.00	15500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	36047.67	678241.09

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	564805.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	1156.00
25. SUBTOTAL (add Line 23 and Line 24)...	565961.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	36047.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	529914.15

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**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 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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

Full Name (Last, First, Middle Initial) Barclays Group US Inc PAC		Date of Receipt
Mailing Address 2001 K St NW		M M D D Y Y 09 18 2015
City 11th Floor		Transaction ID : SA11C-CN51528
City	State Zip Code Washington DC 20006	
FEC ID number of contributing federal political committee. C C00448852		Amount of Each Receipt this Period
Name of Employer	Occupation	\$ 1000.00
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	\$ 1000.00

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City State Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C	Occupation	
Name of Employer	Occupation	\$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	\$

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City State Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C	Occupation	
Name of Employer	Occupation	\$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	\$

SUBTOTAL of Receipts This Page (optional).....	\$ 1000.00
TOTAL This Period (last page this line number only).....	\$ 1000.00

201510160200273665

**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 6 OF 35
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) BB&T			Date of Receipt M M D D Y Y 07 31 2015
A. Mailing Address 300 Summers Street			Transaction ID : SA15-RC590
City Charleston	State WV	Zip Code 25301	Amount of Each Receipt this Period \$ 67.39
FEC ID number of contributing federal political committee. C			Interest Earned \$ *
Name of Employer		Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ \$ 649.73	

Full Name (Last, First, Middle Initial) BB&T			Date of Receipt M M D D Y Y 08 31 2015
B. Mailing Address 300 Summers Street			Transaction ID : SA15-RC591
City Charleston	State WV	Zip Code 25301	Amount of Each Receipt this Period \$ 45.28
FEC ID number of contributing federal political committee. C			Interest Earned \$ *
Name of Employer		Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ \$ 695.01	

Full Name (Last, First, Middle Initial) BB&T			Date of Receipt M M D D Y Y 09 30 2015
C. Mailing Address 300 Summers Street			Transaction ID : SA15-RC592
City Charleston	State WV	Zip Code 25301	Amount of Each Receipt this Period \$ 43.33
FEC ID number of contributing federal political committee. C			Interest Earned \$ *
Name of Employer		Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ \$ 738.34	

SUBTOTAL of Receipts This Page (optional).....	\$ \$ 156.00
TOTAL This Period (last page this line number only).....	\$ \$ 156.00

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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 7 OF 35			
	<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) A. Trail Blazer Campaign Services Inc.		Date of Disbursement M M D D Y Y Y 09 16 2015
Mailing Address 5115 Excelsior Blvd #103		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17-EX17017
City Minneapolis	State MN	
Purpose of Disbursement Reporting Software	Zip Code 55416	Reporting Software
Candidate Name	001 Category/ Type	
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. City of Charleston		Date of Disbursement M M D D Y Y Y 07 06 2015
Mailing Address Box 7786		Amount of Each Disbursement this Period 18.00 Transaction ID : SB17-EX16946
City Charleston	State WV	
Purpose of Disbursement City Service Fee	Zip Code 25356	City Service Fee
Candidate Name	001 Category/ Type	
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) C. Charles Capito Jr.		Date of Disbursement M M D D Y Y Y 09 10 2015
Mailing Address Two Comstock Place		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17-EX16960
City Charleston	State WV	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Zip Code 25314	REIMBURSEMENT: SEE BELOW
Candidate Name	007 Category/ Type	
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).....	15083.00
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 8 OF 35	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. WV Chamber Of Commerce		Date of Disbursement M M / D D / Y Y Y 09 / 10 / 2015
Mailing Address 1624 Kanawha Blvd E		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17-EX16961 [MEMO ITEM]
City Charleston	State WV	
Zip Code 25311	Purpose of Disbursement Event Tickets	Category/ Type 007
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)	State: District:	

Full Name (Last, First, Middle Initial) B. Brickstreet Insurance Co		Date of Disbursement M M / D D / Y Y Y 09 / 24 / 2015
Mailing Address PO Box 11285		Amount of Each Disbursement this Period 876.00 Transaction ID : SB17-EX17020 Workers Comp Insurance
City Charleston	State WV	
Zip Code 25339	Purpose of Disbursement Workers Comp Insurance	Category/ Type 001
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)	State: District:	

Full Name (Last, First, Middle Initial) C. FEC Financial Inc.		Date of Disbursement M M / D D / Y Y Y 07 / 24 / 2015
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period 2050.98 Transaction ID : SB17-EX16948 PAYMENT: SEE BELOW
City Warrenton	State VA	
Zip Code 20186	Purpose of Disbursement PAYMENT: SEE BELOW	Category/ Type 001
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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2926.98
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 9 OF 35	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. FEC Financial Inc.		Date of Disbursement M M D D Y Y Y 07 24 2015	
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period	
City Warrenton	State VA	Zip Code 20186	2050.00
Purpose of Disbursement Accounting Services	Candidate Name		Transaction ID : SB17-EX16949
	Category/Type 001		[MEMO ITEM]
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. FEC Financial Inc.		Date of Disbursement M M D D Y Y Y 07 24 2015	
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period	
City Warrenton	State VA	Zip Code 20186	0.98
Purpose of Disbursement Postage Reimbursement	Candidate Name		Transaction ID : SB17-EX16950
	Category/Type 001		[MEMO ITEM]
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) C. FEC Financial Inc.		Date of Disbursement M M D D Y Y Y 08 26 2015	
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period	
City Warrenton	State VA	Zip Code 20186	1501.96
Purpose of Disbursement PAYMENT: SEE BELOW	Candidate Name		Transaction ID : SB17-EX16954
	Category/Type 001		PAYMENT: SEE BELOW
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).....	1501.96
TOTAL This Period (last page this line number only).....	

201510160200273669

**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 35			
	<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.		Date of Disbursement M M D D Y Y 08 26 2015	
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period \$ 1500.00	
City Warrenton	State VA	Zip Code 20186	Transaction ID : SB17-EX16955 [MEMO ITEM]
Purpose of Disbursement Accounting Services		001 Category/ Type	
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)		
State: District:			

Full Name (Last, First, Middle Initial) B. FEC Financial Inc.		Date of Disbursement M M D D Y Y 08 26 2015	
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period \$ 1.96	
City Warrenton	State VA	Zip Code 20186	Transaction ID : SB17-EX16956 [MEMO ITEM]
Purpose of Disbursement Postage Reimbursement		001 Category/ Type	
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)		
State: District:			

Full Name (Last, First, Middle Initial) C. FEC Financial Inc.		Date of Disbursement M M D D Y Y 09 01 2015	
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period \$ 1500.49	
City Warrenton	State VA	Zip Code 20186	Transaction ID : SB17-EX16957 PAYMENT: SEE BELOW
Purpose of Disbursement PAYMENT: SEE BELOW		001 Category/ Type	
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)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$ 1500.49
TOTAL This Period (last page this line number only).....	

201510160200273670

**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 35			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. FEC Financial Inc.		Date of Disbursement M M D D Y Y 09 01 2015
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17-EX16958 [MEMO ITEM]
City Warrenton	State VA	
Purpose of Disbursement Accounting Services		001
Candidate Name		Category/ Type
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. FEC Financial Inc.		Date of Disbursement M M D D Y Y 09 01 2015
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period 0.49 Transaction ID : SB17-EX16959 [MEMO ITEM]
City Warrenton	State VA	
Purpose of Disbursement Postage Reimbursement		001
Candidate Name		Category/ Type
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) C. Suddenlink		Date of Disbursement M M D D Y Y 09 21 2015
Mailing Address PO Box 660365		Amount of Each Disbursement this Period 85.26 Transaction ID : SB17-EX17019 Internet Service
City Dallas	State TX	
Purpose of Disbursement Internet Service		001
Candidate Name		Category/ Type
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).....	85.26
TOTAL This Period (last page this line number only).....	

201510160200273671

**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 35	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b
	<input type="checkbox"/> 20c	<input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. BB&T Financial		Date of Disbursement M M / D D / Y - Y Y Y 07 / 01 / 2015
Mailing Address PO Box 580340		Amount of Each Disbursement this Period \$ 4448.42
City Charlotte	State NC	
Zip Code 28258	Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	Transaction ID : SB17-EX16992
Candidate Name	001 Category/ Type	CREDIT CARD PAYMENT: SEE BELOW
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. AT&T		Date of Disbursement M M / D D / Y Y 07 / 01 / 2015
Mailing Address P.O. Box 8212		Amount of Each Disbursement this Period \$ 30.00
City Aurora	State IL	
Zip Code 60572	Purpose of Disbursement Data Plan	Transaction ID : SB17-EX16964
Candidate Name	001 Category/ Type	[MEMO ITEM] Data Plan
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) C. United Air		Date of Disbursement M M / D D / Y Y 07 / 01 / 2015
Mailing Address Yeager Airport		Amount of Each Disbursement this Period \$ 60.00
City Charleston	State WV	
Zip Code 25311	Purpose of Disbursement Baggage Fee	Transaction ID : SB17-EX16965
Candidate Name	002 Category/ Type	[MEMO ITEM] Baggage 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) Primay 2020	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 4448.42
TOTAL This Period (last page this line number only).....	\$

201510160200273672

**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 35			
	<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) A. Uber		Date of Disbursement M M D D / Y Y Y 07 01 2015
Mailing Address 800 Market St		Amount of Each Disbursement this Period 162.00 Transaction ID : SB17-EX16966
City San Francisco	State CA	
Zip Code 94102	Purpose of Disbursement Taxi Fare	Category/ Type 002
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	State: District:	[MEMO ITEM] Taxi Fare

Full Name (Last, First, Middle Initial) B. USAirways		Date of Disbursement M M D D / Y Y Y 07 01 2015
Mailing Address Yeager Airport		Amount of Each Disbursement this Period 671.20 Transaction ID : SB17-EX16967
City Charleston	State WV	
Zip Code 25311	Purpose of Disbursement Airfare	Category/ Type 002
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	State: District:	[MEMO ITEM] Airfare

Full Name (Last, First, Middle Initial) c. Yeager Airport		Date of Disbursement M M D D / Y Y Y 07 01 2015
Mailing Address 100 Airport Rd		Amount of Each Disbursement this Period 47.00 Transaction ID : SB17-EX16968
City Charleston	State WV	
Zip Code 25311	Purpose of Disbursement Parking	Category/ Type 002
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	State: District:	[MEMO ITEM] Parking

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

201510160200273673

**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 35			
	<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) A. Sunoco		Date of Disbursement M M D D Y Y Y 07 01 2015
Mailing Address 1735 Market Street Ste LL		
City Philadelphia	State PA	Zip Code 19103
Purpose of Disbursement Fuel	002	Amount of Each Disbursement this Period 37.29
Candidate Name	Category/Type	Transaction ID : SB17-EX16969
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. Martin's Fuel		Date of Disbursement M M D D Y Y Y 07 01 2015
Mailing Address 739 Park St		
City Cumberland	State MD	Zip Code 21502
Purpose of Disbursement Fuel	002	Amount of Each Disbursement this Period 112.98
Candidate Name	Category/Type	Transaction ID : SB17-EX16970
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) C. Sheetz		Date of Disbursement M M / D D Y Y Y Y 07 01 2015
Mailing Address 1220 Johnson Ave.		
City Bridgeport	State WV	Zip Code 26330
Purpose of Disbursement Fuel	002	Amount of Each Disbursement this Period 37.31
Candidate Name	Category/Type	Transaction ID : SB17-EX16971
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:		

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

201510160200273674

**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 35	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. Waterfront Place Hotel		Date of Disbursement M M D D Y Y Y 07 01 2015
Mailing Address 2 Waterfront Place		Amount of Each Disbursement this Period 269.08 Transaction ID : SB17-EX16972
City Morgantown State WV Zip Code 26501	Purpose of Disbursement Lodging	
Candidate Name	002 Category/Type	[MEMO ITEM] Lodging
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. Taylor Gourmet		Date of Disbursement M M D D Y Y Y 07 01 2015
Mailing Address 1750 Pennsylvania Ave NW		Amount of Each Disbursement this Period 207.03 Transaction ID : SB17-EX16973
City Washington State DC Zip Code 20006	Purpose of Disbursement Food and Beverage	
Candidate Name	007 Category/Type	[MEMO ITEM] Food and Beverage
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) C. Chick Fil A		Date of Disbursement M M D D Y Y Y 07 01 2015
Mailing Address 5200 Buffington Rd		Amount of Each Disbursement this Period 16.72 Transaction ID : SB17-EX16974
City Atlanta State GA Zip Code 30349	Purpose of Disbursement Food and Beverage	
Candidate Name	001 Category/Type	[MEMO ITEM] Food and Beverage
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:		

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

201510160200273675

**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 35			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. Federal Express		Date of Disbursement M M / D D / Y Y Y 07 / 01 / 2015
Mailing Address Box 1140		Amount of Each Disbursement this Period 82.88
City Memphis	State TN	
Zip Code 38101	Purpose of Disbursement Delivery	Transaction ID : SB17-EX16975
Candidate Name	001 Category/ Type	
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] Delivery
State: District:		

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement M M / D D / Y Y Y 07 / 01 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 158.32
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Online Advertising	Transaction ID : SB17-EX16976
Candidate Name	004 Category/ Type	
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) C. Movin On Storage Center		Date of Disbursement M M / D D / Y Y Y 07 / 01 / 2015
Mailing Address 200 Piedmont Rd		Amount of Each Disbursement this Period 326.00
City Charleston	State WV	
Zip Code 25301	Purpose of Disbursement Storage	Transaction ID : SB17-EX16977
Candidate Name	001 Category/ Type	
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:		

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)			
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. Walmart Super Center		Date of Disbursement M M O O Y Y 07 01 2015	
Mailing Address Rhl Blvd.		Amount of Each Disbursement this Period	
City South Charleston	State WV	Zip Code 25309	31.61
Purpose of Disbursement Paper Supplies	Candidate Name		Transaction ID : SB17-EX16978
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] Paper Supplies
State: District:	Category/ Type 001		

Full Name (Last, First, Middle Initial) B. 7-Eleven		Date of Disbursement M M O O Y Y 07 01 2015	
Mailing Address Oakwood Rd.		Amount of Each Disbursement this Period	
City Charleston	State WV	Zip Code 25314	107.64
Purpose of Disbursement Fuel	Candidate Name		Transaction ID : SB17-EX16979
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:	Category/ Type 002		

Full Name (Last, First, Middle Initial) C. FTD Floral		Date of Disbursement M M O O Y Y 07 01 2015	
Mailing Address 3113 Woodcreek Dr		Amount of Each Disbursement this Period	
City Downers Grove	State IL	Zip Code 60515	110.97
Purpose of Disbursement Event Decorations	Candidate Name		Transaction ID : SB17-EX16980
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] Event Decorations
State: District:	Category/ Type 007		

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

201510160200273677

**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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. U-Haul		Date of Disbursement M M D D / Y Y Y 07 01 2015
Mailing Address 1902 7th Ave		Amount of Each Disbursement this Period \$ 402.57 Transaction ID : SB17-EX16981 [MEMO ITEM] Office Moving
City Charleston	State WV Zip Code 25314	
Purpose of Disbursement Office Moving	001 Category/ Type	
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	
State: District:		

Full Name (Last, First, Middle Initial) B. Eventfarm.com		Date of Disbursement M M D D / Y Y Y 07 01 2015
Mailing Address 1806 T St NW Ste 250		Amount of Each Disbursement this Period \$ 50.00 Transaction ID : SB17-EX16982 [MEMO ITEM] Online Invitations
City Washington	State DC Zip Code 20009	
Purpose of Disbursement Online Invitations	007 Category/ Type	
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	
State: District:		

Full Name (Last, First, Middle Initial) C. PMI		Date of Disbursement M M D D / Y Y Y 07 01 2015
Mailing Address PO Box 698		Amount of Each Disbursement this Period \$ 45.00 Transaction ID : SB17-EX16983 [MEMO ITEM] Parking
City Marianna	State FL Zip Code 32447	
Purpose of Disbursement Parking	002 Category/ Type	
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	
State: District:		

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

201510160200273678

**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 35	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. Life Tributes		Date of Disbursement M M D D Y Y Y 07 01 2015
Mailing Address 407 E Fort St		Amount of Each Disbursement this Period \$ 59.90 Transaction ID : SB17-EX16984
City Detroit	State MI	
Purpose of Disbursement Website production	001	[MEMO ITEM] Website production
Candidate Name	Category/ Type	
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. Potbelly		Date of Disbursement M M D D Y Y Y 07 01 2015
Mailing Address 4300 Connecticut Ave NW		Amount of Each Disbursement this Period \$ 36.30 Transaction ID : SB17-EX16985
City Washington	State DC	
Purpose of Disbursement Food and Beverage	001	[MEMO ITEM] Food and Beverage
Candidate Name	Category/ Type	
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) C. Rosebuds		Date of Disbursement M M D D Y Y Y 07 01 2015
Mailing Address 320 Jefferson Ave		Amount of Each Disbursement this Period \$ 212.00 Transaction ID : SB17-EX16986
City Moundsville	State WV	
Purpose of Disbursement Event Decorations	007	[MEMO ITEM] Event Decorations
Candidate Name	Category/ Type	
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:		

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

201510160200273679

**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 20 OF 35			
	<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) A. American Airline		Date of Disbursement M M D D Y Y Y 07 01 2015	
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 631.20	
City Dallas	State TX	Zip Code 75261	Transaction ID : SB17-EX16987
Purpose of Disbursement Airfare	Category/ Type 002		
Candidate Name		[MEMO ITEM] Airfare	
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. The Greenbrier		Date of Disbursement M M D D Y Y Y 07 01 2015	
Mailing Address 300 West Main Street		Amount of Each Disbursement this Period 237.11	
City White Sulphursprings	State WV	Zip Code 24986	Transaction ID : SB17-EX16988
Purpose of Disbursement Lodging	Category/ Type 002		
Candidate Name		[MEMO ITEM] Lodging	
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) C. Hertz		Date of Disbursement M M D D Y Y Y 07 01 2015	
Mailing Address Yeager Airport		Amount of Each Disbursement this Period 230.79	
City Charleston	State WV	Zip Code 25339	Transaction ID : SB17-EX16989
Purpose of Disbursement Car Rental	Category/ Type 002		
Candidate Name		[MEMO ITEM] Car Rental	
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:			

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

201510160200273680

**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 35			
	<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. Exxon Mobil		Date of Disbursement M M D D Y Y 07 01 2015
Mailing Address 5959 Las Colinas Boulevard		Amount of Each Disbursement this Period \$ 53.46 Transaction ID : SB17-EX16990
City Irving	State TX	
Purpose of Disbursement Fuel		002
Candidate Name		Category/ Type
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. Marathon Oil		Date of Disbursement M M D D Y Y 07 01 2015
Mailing Address 703 Main St W		Amount of Each Disbursement this Period \$ 22.06 Transaction ID : SB17-EX16991
City Ripley	State WV	
Purpose of Disbursement Fuel		002
Candidate Name		Category/ Type
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) C. BB&T Financial		Date of Disbursement M M D D Y Y 07 29 2015
Mailing Address PO Box 580340		Amount of Each Disbursement this Period \$ 905.14 Transaction ID : SB17-EX17000
City Charlotte	State NC	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		001
Candidate Name		Category/ Type
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 PAYMENT: SEE BELOW
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 905.14
TOTAL This Period (last page this line number only).....	\$

201510160200273681

**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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. Movin On Storage Center		Date of Disbursement M M D D Y Y Y Y 07 29 2015
Mailing Address 200 Piedmont Rd		Amount of Each Disbursement this Period 163.00 Transaction ID : SB17-EX16993
City Charleston State WV Zip Code 25301	Category/Type 001	
Purpose of Disbursement Storage	Candidate Name	[MEMO ITEM] Storage
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. FTD Floral		Date of Disbursement M M D D Y Y Y Y 07 29 2015
Mailing Address 3113 Woodcreek Dr		Amount of Each Disbursement this Period 68.98 Transaction ID : SB17-EX16994
City Downers Grove State IL Zip Code 60515	Category/Type 007	
Purpose of Disbursement Event Decorations	Candidate Name	[MEMO ITEM] Event Decorations
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) C. Restaurant Associates		Date of Disbursement M M D D Y Y Y Y 07 29 2015
Mailing Address 132 West 31st St Ste 601		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17-EX16995
City New York State NY Zip Code 10001	Category/Type 001	
Purpose of Disbursement Food and Beverage	Candidate Name	[MEMO ITEM] Food and Beverage
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:	

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

201510160200273682

**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. US Senate Photo Service		Date of Disbursement MM DD YY 07 29 2015
Mailing Address United States Capitol Room S-151		Amount of Each Disbursement this Period 1.70 Transaction ID : SB17-EX16996
City Washington	State DC	
Purpose of Disbursement Photography	Zip Code 20510	Category/ Type 007
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] Photography
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement MM DD YY 07 29 2015
Mailing Address 5959 Las Colinas Boulevard		Amount of Each Disbursement this Period 121.81 Transaction ID : SB17-EX16997
City Irving	State TX	
Purpose of Disbursement Fuel	Zip Code 75039	Category/ Type 002
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) C. The Greenbrier		Date of Disbursement MM DD YY 07 29 2015
Mailing Address 300 West Main Street		Amount of Each Disbursement this Period 308.08 Transaction ID : SB17-EX16998
City White Sulphursprings	State WV	
Purpose of Disbursement Lodging	Zip Code 24986	Category/ Type 002
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] Lodging
State: _____	District: _____	

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

201510160200273683

**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 35	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. Charleston Business Machines		Date of Disbursement M M D D Y Y Y Y 07 29 2015
Mailing Address 309 West Washington		
City Charleston	State WV	Zip Code 25396
Purpose of Disbursement Printer Toner	001	Amount of Each Disbursement this Period 151.57
Candidate Name	Category/ Type	Transaction ID : SB17-EX16999
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] Printer Toner
State: District:		

Full Name (Last, First, Middle Initial) B. BB&T Financial		Date of Disbursement M M D D Y Y Y Y 08 28 2015
Mailing Address PO Box 580340		
City Charlotte	State NC	Zip Code 28258
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	001	Amount of Each Disbursement this Period 3494.55
Candidate Name	Category/ Type	Transaction ID : SB17-EX17016
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 PAYMENT: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) C. Movin On Storage Center		Date of Disbursement M M D D Y Y Y Y 08 28 2015
Mailing Address 200 Piedmont Rd		
City Charleston	State WV	Zip Code 25301
Purpose of Disbursement Storage	001	Amount of Each Disbursement this Period 163.00
Candidate Name	Category/ Type	Transaction ID : SB17-EX17001
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:		

SUBTOTAL of Disbursements This Page (optional).....	3494.55
TOTAL This Period (last page this line number only).....	

201510160200273684

**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 25 OF 35	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. US Senate Photo Service		Date of Disbursement M M D D Y Y Y 08 28 2015	
Mailing Address United States Capitol Room S-151		Amount of Each Disbursement this Period 1.90	
City Washington	State DC	Zip Code 20510	Transaction ID : SB17-EX17002
Purpose of Disbursement Photography		007 Category/ Type	
Candidate Name		[MEMO ITEM] Photography	
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. Hertz		Date of Disbursement M M D D Y Y Y 08 28 2015	
Mailing Address Yeager Airport		Amount of Each Disbursement this Period 605.01	
City Charleston	State WV	Zip Code 25339	Transaction ID : SB17-EX17003
Purpose of Disbursement Car Rental		002 Category/ Type	
Candidate Name		[MEMO ITEM] Car Rental	
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) C. AT&T		Date of Disbursement M M D D Y Y Y 08 28 2015	
Mailing Address P.O. Box 8212		Amount of Each Disbursement this Period 505.58	
City Aurora	State IL	Zip Code 60572	Transaction ID : SB17-EX17004
Purpose of Disbursement Telephone Expense		001 Category/ Type	
Candidate Name		[MEMO ITEM] Telephone Expense	
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:		

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. US Senate Stationery		Date of Disbursement M M D D Y Y 08 28 2015
Mailing Address Hart Senate Office Building		Amount of Each Disbursement this Period 18.75 Transaction ID : SB17-EX17005
City Washington State DC Zip Code 20510	Category/ Type 001	
Purpose of Disbursement Printing		[MEMO ITEM] Printing
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	
State: District:		

Full Name (Last, First, Middle Initial) B. US Senate Gift Shop		Date of Disbursement M M D D Y Y 08 28 2015
Mailing Address Dirksen Senate Office Building		Amount of Each Disbursement this Period 325.00 Transaction ID : SB17-EX17006
City Washington State DC Zip Code 20510	Category/ Type 007	
Purpose of Disbursement Host Gifts		[MEMO ITEM] Host Gifts
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	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M D D Y Y Y Y 08 28 2015
Mailing Address 1002 Lee St.		Amount of Each Disbursement this Period 60.96 Transaction ID : SB17-EX17007
City Charleston State WV Zip Code 25301	Category/ Type 001	
Purpose of Disbursement Postage		[MEMO ITEM] Postage
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	
State: District:		

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

201510160200273686

**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 27 OF 35	
	<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

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. USAirways		Date of Disbursement MM DD YY 08 28 2015
Mailing Address Yeager Airport		Amount of Each Disbursement this Period \$ 216.10 Transaction ID : SB17-EX17008
City Charleston	State WV Zip Code 25311	
Purpose of Disbursement Airfare	Category/Type 002	[MEMO ITEM] Airfare
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	
State: District:		

Full Name (Last, First, Middle Initial) B. Conklyn's Florist		Date of Disbursement MM DD YY 08 28 2015
Mailing Address 2100 Jefferson Davis Hwy		Amount of Each Disbursement this Period \$ 81.85 Transaction ID : SB17-EX17009
City Alexandria	State VA Zip Code 22301	
Purpose of Disbursement Event Decorations	Category/Type 007	[MEMO ITEM] Event Decorations
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	
State: District:		

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Date of Disbursement MM DD YY 08 28 2015
Mailing Address 5959 Las Colinas Boulevard		Amount of Each Disbursement this Period \$ 133.09 Transaction ID : SB17-EX17010
City Irving	State TX Zip Code 75039	
Purpose of Disbursement Fuel	Category/Type 002	[MEMO ITEM] Fuel
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	
State: District:		

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 28 OF 35	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. United Air		Date of Disbursement M M / D D / Y Y Y 08 / 28 / 2015
Mailing Address Yeager Airport		Amount of Each Disbursement this Period 461.10
City Charleston	State WV	
Zip Code 25311	Purpose of Disbursement Airfare	Transaction ID : SB17-EX17011
Candidate Name	002 Category/ Type	[MEMO ITEM] Airfare
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. Homestead		Date of Disbursement M M / D D / Y Y Y 08 / 28 / 2015
Mailing Address 1766 Homestead Dr.		Amount of Each Disbursement this Period 204.06
City Hot Springs	State VA	
Zip Code 24445	Purpose of Disbursement Lodging	Transaction ID : SB17-EX17012
Candidate Name	002 Category/ Type	[MEMO ITEM] Lodging
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) C. Hampton Inn		Date of Disbursement M M / D D / Y Y Y 08 / 28 / 2015
Mailing Address Virginia St.		Amount of Each Disbursement this Period 229.35
City Charleston	State WV	
Zip Code 25314	Purpose of Disbursement Lodging	Transaction ID : SB17-EX17013
Candidate Name	002 Category/ Type	[MEMO ITEM] Lodging
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:		

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

201510160200273688

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. The Greenbrier		Date of Disbursement M M D D Y Y 08 28 2015
Mailing Address 300 West Main Street		Amount of Each Disbursement this Period \$ 461.18 Transaction ID : SB17-EX17014 [MEMO ITEM] Lodging
City White Sulphursprings	State WV	
Zip Code 24986	Category/ Type 002	
Purpose of Disbursement Lodging	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	
State: District:		

Full Name (Last, First, Middle Initial) B. Goshen Country Store		Date of Disbursement M M D D Y Y 08 28 2015
Mailing Address 9625 Maury River Rd		Amount of Each Disbursement this Period \$ 27.62 Transaction ID : SB17-EX17015 [MEMO ITEM] Fuel
City Goshen	State VA	
Zip Code 24439	Category/ Type 002	
Purpose of Disbursement Fuel	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	
State: District:		

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement M M D D Y Y 07 10 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period \$ 54.00 Transaction ID : SB17-EX16962 Payroll Service Fee
City Glen Allen	State VA	
Zip Code 25060	Category/ Type 001	
Purpose of Disbursement Payroll Service Fee	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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 54.00
TOTAL This Period (last page this line number only).....	

201510160200273689

**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 35			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M D D Y Y 08 10 2015	
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period \$ 64.00	
City Glen Allen	State VA	Zip Code 25060	Transaction ID : SB17-EX16963
Purpose of Disbursement Payroll Service Fee		001 Category/ Type	
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:			

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M D D Y Y 08 31 2015	
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period \$ 517.47	
City Glen Allen	State VA	Zip Code 25060	Transaction ID : SB17-EX17025
Purpose of Disbursement PAYROLL: SEE BELOW		001 Category/ Type	
Candidate Name		PAYROLL: SEE BELOW	
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) c. Rebecca Trump		Date of Disbursement M M D D Y Y 08 31 2015	
Mailing Address 223 Eagle Run		Amount of Each Disbursement this Period \$ 362.40	
City Morgantown	State WV	Zip Code 26505	Transaction ID : SB17-EX17022
Purpose of Disbursement Net Salary		001 Category/ Type	
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:			

SUBTOTAL of Disbursements This Page (optional).....	581.47
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)
 17
 18
 19a
 19b
 20a
 20b
 20c
 21
 PAGE 31 OF 35

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M D Y Y Y 08 31 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period \$ 81.40 Transaction ID : SB17-EX17023
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement Withholding Taxes	Category/ Type 001
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	State: District:	[MEMO ITEM] Withholding Taxes

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M D Y Y Y 08 31 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period \$ 73.67 Transaction ID : SB17-EX17024
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement Payroll Service Fee	Category/ Type 001
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	State: District:	[MEMO ITEM] Payroll Service Fee

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement M M D Y Y Y 09 10 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period \$ 54.00 Transaction ID : SB17-EX17021
City Glen Allen	State VA	
Zip Code 25060	Purpose of Disbursement Payroll Service Fee	Category/ Type 001
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)	State: District:	Payroll Service Fee

SUBTOTAL of Disbursements This Page (optional) \$ 54.00
TOTAL This Period (last page this line number only)

201510160200273691

**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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M D D Y Y Y Y 09 30 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 887.60 Transaction ID : SB17-EX17028
City Glen Allen	State VA	
Purpose of Disbursement PAYROLL: SEE BELOW		Category/ Type 001
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)	
State:	District:	PAYROLL: SEE BELOW

Full Name (Last, First, Middle Initial) B. Rebecca Trump		Date of Disbursement M M D D Y Y Y Y 09 30 2015
Mailing Address 223 Eagle Run		Amount of Each Disbursement this Period 724.80 Transaction ID : SB17-EX17026
City Morgantown	State WV	
Purpose of Disbursement Net Salary		Category/ Type 001
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	
State:	District:	[MEMO ITEM] Net Salary

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement M M D D Y Y Y Y 09 30 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 162.80 Transaction ID : SB17-EX17027
City Glen Allen	State VA	
Purpose of Disbursement Withholding Taxes		Category/ Type 001
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	
State:	District:	[MEMO ITEM] Withholding Taxes

SUBTOTAL of Disbursements This Page (optional).....	887.60
TOTAL This Period (last page this line number only).....	

201510160200273692

**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 35	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M O D Y Y Y 09 30 2015
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 96.45 Transaction ID : SB17-EX17029
City Glen Allen	State VA	
Purpose of Disbursement Payroll Service Fee	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Payroll Service Fee	

Full Name (Last, First, Middle Initial) B. Rebecca Trump		Date of Disbursement M M O D Y Y Y 08 20 2015
Mailing Address 223 Eagle Run		Amount of Each Disbursement this Period 49.00 Transaction ID : SB17-EX16952
City Morgantown	State WV	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Date of Disbursement M M O D Y Y Y 08 20 2015
Mailing Address Lee Street		Amount of Each Disbursement this Period 49.00 Transaction ID : SB17-EX16953
City Charleston	State WV	
Purpose of Disbursement PO Box Rental	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	145.45
TOTAL This Period (last page this line number only).....	

201510160200273693

**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 35	
	<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. Joel Brubaker		Date of Disbursement M M D D Y Y 07 02 2015
Mailing Address 5130 N 28th St		Amount of Each Disbursement this Period \$ 250.00 Transaction ID : SB17-EX16947
City Arlington	State VA	
Purpose of Disbursement Mileage Reimbursement	Category/ Type 002	Mileage Reimbursement
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)	State: District:	

Full Name (Last, First, Middle Initial) B. Restaurant Associates		Date of Disbursement M M D D Y Y 07 02 2015
Mailing Address 132 West 31st St Ste 601		Amount of Each Disbursement this Period \$ 1949.35 Transaction ID : SB17-EX16945
City New York	State NY	
Purpose of Disbursement Catering	Category/ Type 007	Catering
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)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M D D Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2199.35
TOTAL This Period (last page this line number only).....	33867.67

201510160200273694

**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 35			
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 19b <input checked="" type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Capito For West Virginia

Full Name (Last, First, Middle Initial) A. Friends Of Joe Heck		Date of Disbursement M M U U Y Y Y Y 09 18 2015	
Mailing Address PO Box 753908		Amount of Each Disbursement this Period	
City Las Vegas	State NV	Zip Code 89136	2000.00
Purpose of Disbursement Contribution	Category/ Type 011		Transaction ID : SB21-EX17018
Candidate Name Joe Heck	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Contribution
State: NV District:	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement	
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) C.		Date of Disbursement	
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)		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

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United States Senate

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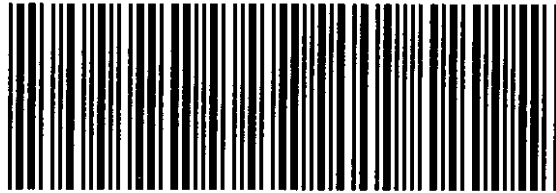
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