48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Capito for West \	/irginia							
ADDRESS (number and street) P	.O. Box 11519							
CITY STATE Charleston WV				2	ZIP COE 2533			
2. NAME OF CANDIDATE				3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATION NUMBER	
Capito, Shelley, , ,				Senate WV		C00539825		
5. IS THIS AN AMENDMENT?	NO, THIS IS A NE	W FILING	×	YES, IT AMEND	OS THE	NOTICE FILED ON	10 / 31	/
A. FULL NAME INTUIT 21ST CENTURY LEADERSHIP FUND				Name of Employer			Date (month, day, year)	Amount
MAILING ADDRESS 2700 COAST AVE				Transaction ID : TX68208			10/31/2020	1000.00
CITY	STATE ZIP CODE			Occupation				
MOUNTAIN VIEW	CA	94043-	1140	·				
B. FULL NAME MEMORIALHEALTHPAC				Name of Employer			Date (month, day, year)	Amount
MAILING ADDRESS 429 FOURTH STREET				Transaction ID : TX68214			10/31/2020	2000.00
CITY	STATE	ZIP COD		Occupation Occupation				
MARIETTA	ОН	45750	-2004					
C. FULL NAME	1 -			Name of Employ	yer		Date (month,	Amount
CLOROX EMPLOYEES' PC	LITICAL ACTION	I COMMIT	ΓEE				day, year)	
MAILING ADDRESS 1221 BROADWAY				Transaction ID: TX68216			10/31/2020	2000.00
CITY	STATE	ZIP COD	E	Occupation				
OAKLAND	CA	94612-						
BOYLE , EDWARD, PATRICK, MR., II				Name of Employer MOUNTAINEER CONTRACTORS, INC. Transaction ID: TX68210			Date (month, day, year)	Amount
MAILING ADDRESS RT 26 SOUTH							10/31/2020	2800.00
KI 20 3001FI								
CITY	STATE	ZIP COD		Occupation				
KINGWOOD	WV	26537	'-	CONTRACTOR				
E. FULL NAME BOYLE, KAREN, M., ,				Name of Employer INFORMATION REQUESTED PER BEST EFFORTS			Date (month, day, year)	Amount
MAILING ADDRESS 217 SEEMONT DRIVE						10/31/2020	2800.00	
				Transaction ID : TX68217				
CITY	STATE	ZIP COD	E	Occupation				
KINGWOOD	WV	26537	-	INFORMATIO	ON RE	QUESTED PER BI		
SIGNATURE (optional) Spangler, Reed, , ,			l	Electronically F	iled]	DATE 11/05/2020	Federal E 999 E Street, N\	information contact: lection Commission N, Washington, DC 20463 -9530, Local 202-694-1100



Any information copied from reports and statements filed under the Federal Election Campaign Act 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.



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NAME OF COMMITTEE IN FULL Capito for West Virginia]	
ADDRESS (number and street) P.O. Box 1151	9				
CITY, STATE, and ZIP CODE			MAY 25220	continuatio	on page
Charleston			WV 25339 3. OFFICE SOUGHT (State and District)		
2. NAME OF CANDIDATE Capito, Shelley, , ,		Senate WV	4. FEC IDENTIFICATION NUMBER C00539825		
5. ISTHIS AN AMENDMENT? NO, THIS IS	A NEW FIL	ING X	YES, IT AMENDS THE NOTICE FILED ON	10/31	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount
BOYLE, KATHARINE, A., M	IRS		K STYLE	day, year)	
RT 26 SOUTH	.,			10/31/2020	2800.00
K1 20 300111			Transaction ID : TX68213		
			Occupation		
KINGWOOD	WV	26537-	OWNER		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount
BOYLE , RYAN, P., MR.,			MOUNTAINEER CONTRACTORS	day, year)	
BOTEE , 1(17(14, 1 ., 10)1(.,			INC	10/31/2020	2800.00
PO BOX 606				13.5 17.25	
			Transaction ID : TX68209		
KINGWOOD	1407	26527 0606	Occupation		
KINGWOOD	WV	26537-0606	SUPERVISOR		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month, day, year)	Amount
BOYLE, WILLIAM, G., MR.	,		PRESTON CONTRACTORS INC	day, year)	
				10/31/2020	2800.00
217 SEEMONT DRIVE					
			Transaction ID : TX68211		
KINGWOOD	WV	26537-1705	Occupation EXECUTIVE		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount
COLBURN, RICHARD, W., MR.,			INSURANCE GROUP	day, year)	
COLDONN, MONAND, W.,	ivii v.,		INSURANCE GROOT	10/31/2020	2800.00
555 SKOKIE BLVD, STE 555				10/01/2020	2000.00
			Transaction ID : TX68215		
NORTHROOM			Occupation		
NORTHBROOK	IL	60062-	VICE PRESIDENT		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month, day, year)	Amount
COYNE, KEVIN, P., MR.,			INFORMATION REQUESTED PER		
OO AADONIMOODO OT			BEST EFFORTS	10/31/2020	1000.00
99 AARONWOODS CT			Transaction ID - TVCCC40		
			Transaction ID : TX68218 Occupation	-	
WHEELING	WV	26003-	INFORMATION REQUESTED PER BI		



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1. NAME OF COMMITTEE IN FULL			
Capito for West Virginia ADDRESS (number and street) P.O. Box 11519		_	
ADDRESS (number and street) P.O. Box 11519			
CITY, STATE, and ZIP CODE		-	
Charleston	WV 25339	continuation	on page
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	N NUMBER
Capito, Shelley, , ,	Senate WV	C00539825	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	10/_31	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
MILLER, CHRIS, , MR.,	CROSSROADS STRATEGIES	day, year)	
		10/31/2020	1000.00
800 NORTH CAPITOL STREET NW			
	Transaction ID : TX68219 Occupation	_	
WASHINGTON DC 20002-	CONSULTANT		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
PROUDFOOT, LINDA, G., MS.,	RETIRED	day, year)	
		10/31/2020	1000.00
PO BOX 268			
	Transaction ID : TX68212		
PHILIPPI WV 26416-	Occupation 0268 RETIRED		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
O. I DE NAME, MAIENG ADDIESS AND 211 CODE	Name of Employer	day, year)	Amount
	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
	name of Employor	day, year)	
	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
	Tamo of Employor	day, year)	
		_	
	Occupation		