**FEC** 

Only

## STATEMENT OF

PAGE 1/6

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. West Virginia Bankers Association 3601 MacCorkle Avenue SE ADDRESS (number and street) Suite 100 (Check if address is changed) Charleston 25304 WVCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address mmangano@wvbankers.org is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.wvbankers.org (Check if address is changed) DATE 2024 C00450072 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Mangano, Mark,, Date 01 23 2024 Signature of Treasurer Mangano, Mark, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Compline information below.)	lete the candidate
Name of Candidate	
Candidate Office House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a	ocratic, blican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:
Corporation Corporation w/o Capital Stock La	abor Organization
Membership Organization Trade Association Co	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate seg-	regated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybridian Committee)	orid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	-
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1C	

1	FEC Form 1 (Revised 0)	2/2009)		Page <b>3</b>
V	Vrite or Type Committee Name			
		nkers Association		
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint	Fundraising Representat	ive, or Leadership PAC Sponsor
	Mailing Address			
		CITY A	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repres	eentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number option	onal) and position of the pe	rson in possession of committee
	Mangano, N	Иark, , ,		
	Full Name	,3601 MacCorkle Avenue SE		
	Mailing Address			
		Suite 100		
		Chester	wv	26034
		CITY A	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Custodian		Telephone number	304 - 343 - 8838
8.	any designated agent (e.g., a		he treasurer of the commi	ttee; and the name and address of
	Full Name Mangano, Mongano, Mo	Лаrk, , , 		
	Mailing Address	3601 MacCorkle Avenue SE		
		Suite 100		
		Charleston	WV	25304
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			. 204 242
	Treasurer		Telephone number	304 - 343 - 8838

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Witt, Brad, , ,		
Mailing Address	3601 MacCorkle Avenue SE Suite 100		
	Charleston	WV 25304	1-1 1
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position			
	Telephone nu	ımber <u>304</u> – <u></u>	343   -   8838
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the commit es or maintains funds.	tee deposits funds, hold	ds accounts, rents
Name of Bank, D	epository, etc.		
	FNB Bank		
Mailing Address	P.O. Box 1037		
	Romney	WV 26757	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	City National Bank		
Mailing Address	P.O. Box 7077		
	Charleston	WV 25356	
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_ **of** 6

1		1		
2.			FEC ID number	C
			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
Name of Any Connected	Organization, Affiliated	Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Spons
Mailing Address				
	1			7/0.005
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
Connected  Pesignated Agent: Identify		ed Committee Join	STATE ▲  nt Fundraising Representa	
Connected  Designated Agent: Identify  Full Name		ed Committee Join		
Connected  Pesignated Agent: Identify		ed Committee Join		
Connected  Designated Agent: Identify  Full Name		ed Committee Join		
Connected  Designated Agent: Identify  Full Name	by name, address (phor	ed Committee Join	nt Fundraising Representation	ative Leadership PAC Spo
Connected  Designated Agent: Identify  Full Name	by name, address (phor	ed Committee Join ne number – optional)		

FEC Form 1S (Revised 02/2017)

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

Page	of <sup>6</sup>
rade	01

5(g) or (h).	Joint Fundraising	Participant:		
1.		FE	EC ID number	С
2.		FE	EC ID number	С
3.		FE	EC ID number	С
4.		FE	EC ID number	C
6. Name	of Any Connected (	Organization, Affiliated Committee, Joint Fundraising	g Representative	e, or Leadership PAC Sponsor
L				
Ŋ	Mailing Address			
F	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		by name, address (phone number – optional)		I
Ful	Il Name	by name, address (phone number – optional)		
Ful		by name, address (phone number – optional)		
Ful	Il Name			
Ful Ma	Il Name	CITY	STATE A	ZIP CODE A
Ful Ma	Il Name	CITY A	STATE A	ZIP CODE A
Ful Ma  TI  9. Banks safety  Name Deposi	Il Nameilling Address  TLE OR POSITION  or Other Depositor deposit boxes or mai	CITY   Telepho  ies: List all banks or other depositories in which the co	one Number	