FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	ION	Office use call
NAME OF COMMITTEE (in to the community of the commun	(Check if name is changed)	Example: If typying, type over the lines	Office use only  12FE4M5
Shelley Moore	Capito For Congress		
ADDRESS (number and s	P.O. Box 11519		
(Check if address		11111111	
is changed)	Charleston		WV 25339 - 1
	CIT	ГУ▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail	address)	
(Check if address	marypayne@verizon.ne	t 	
is changed)			
COMMITTEE'S WER	PAGE ADDRESS (URL)		
			ı
(Check if address is changed)			
2. DATE M M	/ D D / Y Y Y Y		
2. DATE 0.2	04 2011		
3. FEC IDENTIFICA	TION NUMBER C	C00347849	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
Legrify that I have exami	ned this Statement and to the best of my knowled	ge and belief it is true, correct an	d complete
rootaly that mave oxami		go and bonor it is true, correct and	3 0011111010
Type or Print Name of	Treasurer Reed Spangler		
Signature of Treasurer	Electronically Filed by Reed Spangle	er	Date 02 / 04 / 2011
NOTE: Submission of fal	se, erroneous, or incomplete information may sub		
Office Use Only		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

	F	EC F	orm 1 (Revised 02/2009)	Page 2
5.			DMMITTEE (Check One)	
	(a)	X	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. (Compleinformation below.)	ete the candidate
	Name Candi		Shelley Moore Capito	
	Candio	date Affiliati	Office X House Senate Presider	00
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 02
	Name Candi			
	Party	Comm		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	ion Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:
			Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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.)	
	Joint F	undra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number C	
			2 FEC ID number C	
			3. FEC ID number	
			4. FEC ID number C	

FEC Form 1 (Revised 02	2/2009)		Page 3		
Write or Type Committee Name					
Shelley Moore Capito F	or Congress				
6. Name of Any Connected Org	ganization, Affiliated Committee, Joint	Fundraising Representative, or	Leadership PAC Sponsor		
None					
Mailing Address					
	CITY▲	STATE A	ZIP CODE 🛦		
Relationship:					
Connected Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor		
possession of Committee	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.  Full Name  Full Name				
Mailing Address	PO Box 651374				
	Potomac Falls	VA	20165		
Title or Position ♥  Custodian	CITY A	STATE A Telephone number 7	ZIP CODE 14 03 - 430 - 6635		
name and address of any	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name				
of Treasurer Reed S	Spangler				
Mailing Address	1959 Parkwood Road	d			
	Charleston	wv	25314		
Title or Position ♥	CITY A	STATE 4	ZIP CODE A		
Treasurer		Telephone number3	304 343 0168		

Mailing Address  Name of Bank, Depository,  BB&	1001 Bridge Road  Charleston  CITY   etc.	STATE A  WV	ZIP CODE
Mailing Address  Name of Bank, Depository, 6	1001 Bridge Road  Charleston  CITY   etc.  aT  300 Summers Street	WV STATE △	25314 ZIP CODE
Mailing Address  Name of Bank, Depository, 6	1001 Bridge Road  Charleston  CITY   etc.		25314 ZIP CODE
Mailing Address  Name of Bank, Depository, o	1001 Bridge Road  Charleston  CITY   etc.		25314
Mailing Address	1001 Bridge Road  Charleston  CITY		25314
	1001 Bridge Road  Charleston		25314
	1001 Bridge Road		
Chas			
Oha			
Name of Bank, Depository, o	etc.		
Banks or Other Depositor safety deposit boxes or mair	<b>ries:</b> List all banks or other depositories in which the contains funds.	nmittee deposits funds, ho	olds accounts, rents
	Telepho	one number	
itle or Position ▼	CITY A	STATE A	ZIP CODE A
· ·			
Mailing Address			
Designated Agent			

Banks or Other Depositories safety deposit boxes or maintai		ee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
United	Bank		
	500 Virginai St E		
Mailing Address			
	Charleston	WV	25301 
	CITY 🗖	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Ord	anization, Affiliated Committee, Joint Fundraising Repr	esentative. or Leade	[ ADDITIONAL ership PAC Sponsor
		1 1 1 1 1 1	
Mailing Address			
		ا ليا ل	
elationship:	CITY	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Repr	resentative Le	adership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE. <b>△</b>	ZIP CODE A
	Telenhoi	ne number	
Land Front David D			[ ADDITIONAL ]
Joint Fundraiser Participant			
	FE(	C ID number C	