SECRETARY OF THE SENATE
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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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)

CITY ▲ Charleston STATE ▲ WV ZIP CODE ▲ 25339 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00539825

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ WV DISTRICT

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)

☐ Convention (12C) Special (12S)

Election on M M 11 D D 04 Y Y 2014 in the State of WV

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M D in the State of

5. Covering Period M M 10 / D D 01 / Y Y Y Y 2014 through M M 10 D D 15 / Y Y Y Y 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Reed Spangler

Signature of Treasurer *Mr. Reed Spangler* Reed Spangler Date M M 10 D D 23 Y Y 2014

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

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FEC FORM 3 (Revised 02/2003)

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