## 2017-08 22-03-00172171

**FEC** FORM 1

Only

## STATEMENT OF **ORGANIZATION**

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1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
AYNE AM	JAD FOR	U.S.CONGR	? <b>€\$\$</b>
ADDRESS (number and street)	1038 N-	Eisenhouen D	ave
(Check if address is changed)	PMB 33	3	
. Containing of	BECKLE	<b>Y</b>	STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)	arneamia	d C westvirgin	rialst com
			COM
COMMITTEE'S WEB PAGE AD		18, com	
is changed)			
2. DATE 0"8" / 1"	7 2017		
3. FEC IDENTIFICATION N	IUMBER ▶ C	00651885	•
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the b	est of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	er LoLita	Amjad	
Signature of Treasurer	Ha any	Amjad	Date 08 17 2017.
NOTE: Submission of false, error		on may subject the person signing MATION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use		For further information Federal Election Commiss	EFL. ELIBIN I

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FE	C For	rm 1 (Revised 02/2009)	Page 2
TYPE (	OF C	COMMITTEE	
Candi	idate	e Committee:	
(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. (Complete information below.)	the candidate
Name of Candida	-	QUARTEL-AYNE AMTAD	
Candid Party A		on R Office Sought: House Senate President	tate WV
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	, •
Name of		QUARTEL-AYNE AMJAD	
Party	Com	nmittee:	
(d)			ocratic, olican, etc.) Party.
Politic	cal A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a
		Corporation Corporation w/o Capital Stock Lab	or Organization
		Membership Organization Trade Association Cod	perative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ited 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	Fund	draising Representative:	
(g)	+. + : 0	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)	i. Leil	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	. 1
	2.	FEC ID number C	1
	3.	FEC ID number C	
	4.		·

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Write or Type Committee Name	<b>;</b>	
<del></del>		·
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Solution Fundraising Representative Solution	dership PAC Sponso
Custodian of Records: Idea books and records.  Full Name	ntify by name, address (phone number optional) and position of the person in poss	session of committee
Mailing Address	<u> </u>	· 1 1 1 1 1 1
Maining / Idailood		
		-
Title or Position	CITY STATE 2	ZIP CODE
	Telephone number	
Treasurer: List the name an any designated agent (e.g., and the state of the s	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
Full Name of Treasurer		: 
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		U CODE

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

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	Optional Supplemental Information
EC Form 1S (Revised 02/2017)	for Lines 5(g) or (h), 6, 8 and/or 9

Page	of	

or(h). <b>Joint Fundrais</b>	ing Participant:		r at
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	·C.
4.		FEC ID number	
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Sponsor
		<u> </u>	
Mailing Address		1_1_1_1_1_1	
		<u> </u>	_ <b></b>
Relationship:	CITY ▲	STATE ▲	ZIP CODE A
riolationomp.			
Connec	•	Fundraising Represent	tative Leadership PAC Sponso
Connec	ted Organization Affiliated Committee : Joint	Fundraising Represent	Leadership PAC Sponso
Designated Agent: Identification	ted Organization Affiliated Committee : Joint	Fundraising Represent	Leadership PAC Sponso
Designated Agent: Identification	ted Organization Affiliated Committee : Joint	Fundraising Represent	tative Leadership PAC Sponso
Designated Agent: Identification of the Connection of the Connecti	ted Organization Affiliated Committee Joint diffy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sponso
Designated Agent: Identification	tify by name, address (phone number – optional)		
Designated Agent: Identify Name Mailing Address  TITLE OR POSITION	tify by name, address (phone number – optional)	STATE A	
Designated Agent: Identification of the Position of the Positi	tify by name, address (phone number – optional)  CITY ▲  CITY ▲  Telepositories: List all banks or other depositories in which	STATE A	ZIP CODE A
Designated Agent: Identification of the Connect Connec	tify by name, address (phone number – optional)  CITY ▲  CITY ▲  Telepositories: List all banks or other depositories in which	STATE A	ZIP CODE A
Designated Agent: Identify Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or respectively. Depository, etc.	tify by name, address (phone number – optional)  CITY ▲  CITY ▲  Telepositories: List all banks or other depositories in which	STATE A	ZIP CODE A
Designated Agent: Ident Full Name Mailing Address  TITLE OR POSITIO Banks or Other Depositions of Early Deposition boxes or in Name of Bank,	tify by name, address (phone number – optional)  CITY ▲  CITY ▲  tories: List all banks or other depositories in which maintains funds.	STATE A	ZIP CODE A
Designated Agent: Identify Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or respectively. Depository, etc.	tify by name, address (phone number – optional)  CITY ▲  CITY ▲  Telepositories: List all banks or other depositories in which maintains funds.	STATE A	ZIP CODE A

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