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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MANCHIN, JOE, , , III		
(b) Address (number and street) 1668 FAIRMONT AVENUE		☐ Check if address changed
(c) City, State, and ZIP Code FAIRMONT WV 26554		2. Candidate's FEC Identification Number S0WV00090
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement ☐ New (N) OR ☒ Amended (A)
5. Office Sought Senate		6. State & District of Candidate WV 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) MANCHIN FOR WEST VIRGINIA		
(b) Address (number and street) PO BOX 5202		
(c) City, State, and ZIP Code CHARLESTON WV 25361		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) MANCHIN VICTORY FUND		
(b) Address (number and street) PO BOX 11926		
(c) City, State, and ZIP Code CHARLESTON WV 25339		

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

Signature of Candidate MANCHIN, JOE, , , III	Date 09/09/2020
[Electronically Filed]	

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

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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

DEMOCRATIC SENATE PROBLEM SOVLERS FUND

(b) Address (number and street)

918 PENNSYLVANIA AVE SE

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code