**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lane for WV PO Box 11791 ADDRESS (number and street) (Check if address is changed) Charleston 25339 WV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address alane730@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.laneforwv.com (Check if address is changed) DATE 2013 C00546796 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Anne Lane [Electronically Filed] 10 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

F	EC Fo	orm 1 (Revised 02/2009)	Page <b>2</b>
		COMMITTEE	
		e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Candi		Charlotte R. Lane	
Candi	data	Office	State
	Affiliati		District 02
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name	of		
Candi	date		
Party	y Con	nmittee:	(Dama anaka
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo 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 se committee. (i.e., nonconnected committee)	egregated 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	Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number C	

FEC Form 1 (	Revised 02/2009)	
Write or Type Committ		i aye <b>3</b>
Lane for W		
	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
Mailing Address		
J		
	CITY STATE	ZIP CODE
Relationship: C	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Reco books and records.</li> </ol>	ords: Identify by name, address (phone number optional) and position of the person	in possession of committee
	Christopher M Marston	
Full Name	PO Box 26141	
Mailing Address		
	Alexandria VA 22	2313-6141
Title or Position	CITY STATE	ZIP CODE
Assistant Treasure	r 571 Telephone number	
	name and address (phone number optional) of the treasurer of the committee; and the first (e.g., assistant treasurer).	the name and address of
Full Name A of Treasurer	nne Lane	
Mailing Address	1108 Kanawha Blvd E	
	Apt 603	
	Charleston WV 25	301
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 301	- 342 - 1053

FEC Fo	m 1 (Revised 02/2009	9)				Pag	je <b>4</b>
Full Name of Designated	Christopher M Marst	ton					
Agent  Mailing Address	PO Box	x 26141					
Mailing Address							
	Alexan	ıdria 		VA	22313		
		CITY		STATE		ZIP CODE	
Title or Position Assistant Trea	surer		Telephone	number _	571	482	7690
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