FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Capito for West Virginia P.O. Box 11519 ADDRESS (number and street) (Check if address is changed) Charleston 25339 WVCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address bev@bsbsolutions.net is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00539825 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 Shea, Beverly, , Shea, Beverly, , , Date 12 17 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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. (Complet information below.)	e the candidate
Name of Capito, Shelley, Moore, ,	
Candidate Party Affiliation REP Office Sought: House X Senate President	State WV District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republic	cratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
Corporation Corporation w/o Capital Stock Labor	or Organization
Membership Organization Trade Association Coo	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 segrecommittee. (i.e., nonconnected committee)	gated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	d PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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.	vo or more political
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
Committees Participating in Joint Fundraiser	
1. C	

	FEC Form 1 (Revised	02/2009)		Page 3
٧	Vrite or Type Committee Name			
	Capito for West			
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint	Fundraising Representative	ve, or Leadership PAC Sponsor
	2025 Seriators Class			
	Mailing Address	228 S WASHINGTON STREET, SUITE 115	5	
		ALEXANDRIA	VA	22314
		CITY ▲	STATE	▲ ZIP CODE ▲
	Relationship: Connected	d Organization Affiliated Organization	★ Joint Fundraising Representation ★ Joint Fundraising Repre	entative Leadership PAC Sponso
	Ticiationship.	Annated Organization	V John Fundraising Fiepresc	Ecadorship TAO oponso
7.	Custodian of Records: Iden books and records.	ntify by name, address (phone number opti	ional) and position of the per	son in possession of committee
	Shea, Bev	/erly, , ,		
	Full Name			
	Mailing Address	3538 South Wakefield Street		
		1		
		Arlinton	, VA	22206
		CITY A	CTATE	▲ ZIP CODE ▲
	Title or Position ▼	CITY ▲	STATE	ZIP CODE A
	Asst. Treasurer		Telephone number	703 - 309 - 6584
8.	any designated agent (e.g.,	nd address (phone number optional) of tassistant treasurer).	the treasurer of the commit	tee; and the name and address of
	Full Name Shea, Bev	/erly, , ,		
	Mailing Address	3538 South Wakefield Street		
	Walling Address			
		Arlington	ı VA	
		,g.cri		
	Tills on Don't on	CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼ Treasurer	1		703 309 6584
			Telephone number	

	FEC Form 1	(Revised 02/2009)	Page 4
	Full Name of Designated Agent		
	Mailing Address		
	Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
•		Depositories: List all banks or other depositories in which the committee deposits funds, holkes or maintains funds.	ds accounts, rents
	Name of Bank, D	epository, etc.	
		CHAIN BRIDGE BANK	
	Mailing Address	1445-A LAUGHLIN AVE	
		MCLEAN VA 22101	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
		SERVIFIRST BANK	
	Mailing Address	300 GALLERIA PARKWAY SE	
		ATLANTA GA 30339	
		CITY ▲ STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi r	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Spon
Capito Victory			
Mailing Address	3538 South Wakefield Street		
, and the second			
	Arlington	VA	22206
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identif	d Organization Affiliated Committee X Joint	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	d Organization Affiliated Committee X Joint by by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif	d Organization Affiliated Committee X Joint by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint by by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material deposition for the property of the position of Bank, epository, etc.	Affiliated Committee	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.				
		FEC	ID number	С
2.		FEC	ID number	С
3.		FEC	ID number	С
4.		FEC	ID number	С
lame of Any Conne	eted Organization, Affiliated Committee, J	loint Fundraising R	epresentative	e. or Leadership PAC Spons
_	EEDOM COALITION			
Mailing Address	126 C STREET NW			
	THIRD FLOOR			
	WASHINGTON		DC	20001
Relationship:	CITY A		STATE A	ZIP CODE ▲
	ected Organization Affiliated Committee entify by name, address (phone number – o	X Joint Fundrais		ative Leadership PAC Sp
esignated Agent: Id				
esignated Agent: Id				
esignated Agent: Id				
esignated Agent: Id	entify by name, address (phone number – o		STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spons
GOP Winning Wome	en 2026		
Mailing Address	228 S Washington St		
	1		
	Alexandria	VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte		oint Fundraising Represen	tative Leadership PAC Sp
			tative Leadership PAC Sp
	ed Organization Affiliated Committee X		tative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X		tative Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X	STATE A	
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1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Benresentative	or Leadershin PAC Snon
One Team Senate M			
Mailing Address	421 Office Park Drive		
		1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1
	Mountain Brook	AL	35223
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name		STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A pries: List all banks or other depositories in which	Telephone Number	
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