Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Paula Jean for West Virginia P. O. Box 1688 ADDRESS (number and street) (Check if address is changed) Sophia 25921 WV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS paulajean@paulajean.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://paulajean.com (Check if address is changed) DATE 2020 C00708891 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT NEW (N) OR 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. Swearengin, Paula, , , Type or Print Name of Treasurer Swearengin, Paula, , , [Electronically Filed] 06 2020 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

TYPE OF COMMITTEE Candidate Committee: (a)	TYPE OF COMMITTEE Candidate Committee: (a) This committee is an authorized committee. (Complete the candidate information below.) Name of Candidate	Dogo 2
Candidate Committee: (a)	Candidate Committee: (a)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Party Affiliation Swearengin, Paula, , ,	(b) This committee is an authorized committee, and is NOT a principal campaign information below.) Name of Candidate Party Affiliation Candidate Party Affiliation DEM Office Sought: House Senate (c) This committee supports/opposes only one candidate, and is NOT an authorized committee: (d) This committee is a (National, State or subordinate) committee of the Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line) Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a federal committee of a federal committees Participating in Joint Fundraiser 1. FEC ID 1	
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FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na		
Paula Jean fo	r West Virginia	
	d Organization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the p	erson in possession of committee
	s, DeVeria, , ,	
Full Name	P. O. Box 621264	
Mailing Address		
	Charlotte	28262
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; a., assistant treasurer).	; and the name and address of
	ngin, Paula, , ,	
of Treasurer	P. O. Box 1688	
Mailing Address		
	. Oartis	
	Sophia	25921
Title or Position Candidate	CITY STATE Telephone number	ZIP CODE 304 - 894 - 7472

FEC Forr	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Scapelliti, Stephen, , ,	
Mailing Address	35019 Quaker Way	
	Farmington Hills MI 4833	1 - -
	CITY STATE	ZIP CODE
Title or Position		1 1 1
	Telephone number	
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, h	olds accounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit bo	oxes or maintains funds.	
safety deposit bo	oxes or maintains funds. Depository, etc.	
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Form/Schedule: F1N Transaction ID:

Amendment done to change email address and add website.

Form/Schedule: Transaction ID: