

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 283

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Capito for West Virginia

A. Full Name (Last, First, Middle Initial)
LAWRENCE, MICHAEL, , MR.,
Mailing Address 120 TISKELWAH AVE

City
ELKVIEWState
WVZip Code
25071-9219FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		02		2020

Transaction ID : SA11A.55229

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LETNAUNCHYN, JOSEPH, M., MR.,
Mailing Address 225 ARIEL HEIGHTS

City
CHARLESTONState
WVZip Code
25311-1143FEC ID number of contributing
federal political committee.

C

Name of Employer
WV HOSPITAL ASSOCIATIONOccupation
DIRECTOR

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		02		2020

Transaction ID : SA11A.55207

Amount of Each Receipt this Period

1300.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LETNAUNCHYN, JOSEPH, M., MR.,
Mailing Address 225 ARIEL HEIGHTS

City
CHARLESTONState
WVZip Code
25311-1143FEC ID number of contributing
federal political committee.

C

Name of Employer
WV HOSPITAL ASSOCIATIONOccupation
DIRECTOR

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		02		2020

Transaction ID : SA11A.55208

Amount of Each Receipt this Period

700.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

2100.00