Image# 201803029095642653				PAGE 1 / 4 -
FEC FORM 1	STATEMEN ORGANIZ	_		
			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Rupie For Congre	ess, Inc.			
	204 Gardenia Lane			
ADDRESS (number and street)				
is changed)				
	Lundale CITY ▲		WV 25603 STATE ▲	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	eric.lycan@dinsmore.c	om 		
	Optional Second E-Mail Add	dress aol, com		
COMMITTEE'S WEB PAGE AD (Check if address is changed)				
2. DATE 03 / 07				
3. FEC IDENTIFICATION N	UMBER ► C C	00647099		
I. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined th	his Statement and to the best	of my knowledge and belief it	is true correct and o	omplete
		e. my knowlodge and benefit	.e and, concet and b	
Type or Print Name of Treasure	r Sizemore, Michael, E, ,			
Signature of Treasurer	nore, Michael, E, ,	[Electronically Filed]	Date 03	02 / Y Y Y Y 02 2018
NOTE: Submission of false, erron		may subject the person signing t ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g
Office		For further information c		EC FORM 1
Use Only		Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on	(Revised 06/2012)

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		OMMITTEE	
Can	didate	e Committee:	
(a)	×	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. (Compinformation below.)	lete the candidate
Name Candi		Phillips, Rupert, Wilson, , Jr	
Candi Party	idate Affiliati	on REP Office Sought: K House Senate President	State WV District 03
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is a:
		Corporation Corporation w/o 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 seg committee. (i.e., nonconnected committee)	gregated 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	t Func	Iraising Representative:	
(g)		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.	o or more political
(h)		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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.		
	4.		

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Write or Type Committee Name

## Rupie For Congress, Inc.

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE																																			
Mailing Addr	ess																																		
			l																																
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										CI	TΥ										S	TAT	ΓE					2	ZIP	Р С	OD	θE			
Relationship:	Co	onnec	ted (	Orga	nizat	tion		Aff	iliat	ed	Cor	nm	itte	e	Jo	int	Fur	ndra	aisi	ng	Rej	ore	ser	ntat	ive	C	L	.ea	der	shi	ip F	PAC	; SI	pon	isor
	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.								tee																										
	Siz	zemoi	re, N	licha	el, E	<u>:</u> , ,												1																	.
Full Name Mailing Addr	ess			1650	) Kin	ng St	reet																												
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			Į	Sou	th C	harle	esto	n													Ĺ	W۷	′			253	803				-				
Title or Posit	on									CI	ΓY										ST	ATE	Ξ					Z	ZIP	С	OD	E			
Treasurer																Tele	eph	ione	e n	um	ber		L	3	04		- [	4	119 		-		17	00	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Sizemore, Michael, E, ,
of Treasurer	
Mailing Address	1650 King Street
	South Charleston
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 304 419 1700

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Full Name of Designated Agent	Lycan, D, Eric, ,	
Mailing Address	250 West Main Street	
	Suite 1400	
	Lexington	
	CITY STATE ZIP CODE	
Title or Position	er Telephone number 859 425 1047	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Fifth Th	nird Bank	
Mailing Address	702 Virginia Street East	
	Charleston	WV 25301
	CITY	STATE ZIP CODE
Name of Bank, Depository,	etc.	
Mailing Address		
	CITY	STATE ZIP CODE