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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Capito, Shelley, Moore, ,

(b) Address (number and street) ☐ Check if address changed
2 Comstock Place

2. Candidate's FEC Identification Number
S4WV00159

(c) City, State, and ZIP Code
Charleston WV 25314

3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

4. Party Affiliation
REPUBLICAN PARTY

5. Office Sought
Senate

6. State & District of Candidate
WV

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Capito For West Virginia

(b) Address (number and street)
PO Box 11519

(c) City, State, and ZIP Code
Charleston WV 25339

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
Capito Victory Committee

(b) Address (number and street)
3538 South Wakefield Street

(c) City, State, and ZIP Code
Arlington VA 22206

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate	**Date**
SHEA, BEVERLY, , ,	06/26/2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

FEC **Form 2S** (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

2025 SENATORS CLASSIC COMMITTEE

(b) Address (number and street)

228 S WASHINGTON ST, SUITE 115

(c) City, State, and ZIP Code

ALEXANDRIA VA 22314

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Capito Victory

(b) Address (number and street)

3538 South Wakefield Street

(c) City, State, and ZIP Code

Arlington VA 22206

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

One Team Senate Majority

(b) Address (number and street)

421 Office Park Drive

(c) City, State, and ZIP Code

Mountain Brook AL 35223

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code