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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: if typing, type over the line.

12 FEB 4 11 55

WEST VIRGINIA PUBLIC POLICY CENTER

ADDRESS (number and street)

PO BOX 36579

(Check if business is changed)

WHEELING

WV

26003

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 17 2002

3. FEC IDENTIFICATION NUMBER

C 210-0035116

4. IS THIS STATEMENT

NEW (N)

OR

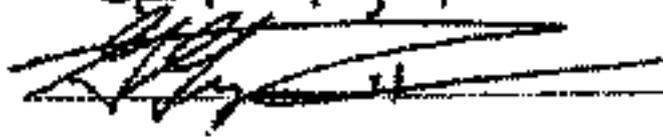
AMENDED (A)

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

Type or Print Name of Treasurer

Greg J. Sullivan, Jr.

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. 9487g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9690
Local 202-696-1199

FEC FORM 1
(Revised 1/01)

1. TYPE OF COMMITTEE (Check One)

- (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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

B. Name of Any Connected Organization or Affiliated Committee

none

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Cooperation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

WEST VIRGINIA ABLE POLICY COUNCIL

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name GARY, IRWIN SWANN II

Mailing Address PO BOX 6437
32 GREENWOOD AVENUE
WHEELING WV 26003

Title or Position CITY STATE ZIP CODE
TREASURER Telephone number 304-242-3366

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 of Treasurer GARY, IRWIN SWANN II

Mailing Address PO BOX 6437
32 GREENWOOD AVENUE
WHEELING WV 26003

Title or Position CITY STATE ZIP CODE
T. TREASURER Telephone number 304-242-3366

Full Name of Designated Agent NANCY JULIANNE SWANN

Mailing Address PO BOX 6437
32 GREENWOOD AVENUE
WHEELING WV 26003

Title or Position CITY STATE ZIP CODE
CONTROLLER Telephone number 304-242-3366

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.

WESBANK

Mailing Address

ONE BANK PLAZA

WHEELING

WV

26003

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc. n/a

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 4-23-02
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
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<i>Mad</i> PREPARER	5-1-02 DATE PREPARED