

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

25 CANYON ROAD

☐ Check if different than previously reported. (ACC)

MORGANTOWN

WV

26508

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00157537

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☒ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

MM / DD /

YY

2016

in the
State of

WV

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

MM / DD /

YY

in the
State of

5. Covering Period

MM / DD /

YY

2016

through

MM / DD /

YY

2016

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

Type or Print Name of Treasurer Mary Anne Buchanan

Signature of Treasurer

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD /

YY

2016

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
04 / 20 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		2003.00
(b) Cash on Hand at Beginning of Reporting Period.....	2003.00	
(c) Total Receipts (from Line 19)	1000.00	1000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3003.00	3003.00
7. Total Disbursements (from Line 31)	12.90	12.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2990.10	2990.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	755.07	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
04 / 01 / 2016

To:

M M / D D / Y Y Y Y Y
04 / 20 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1000.00

1000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1000.00

1000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

1000.00

1000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1000.00

1000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

1000.00

1000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	12.90	12.90
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12.90	12.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12.90	12.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1000.00	1000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1000.00	1000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. John H Curry

Mailing Address 174 Hamilton Dr

City

Mount Clare

State

WV

Zip Code

26408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dominion Transmission, Inc.

Occupation

Engineer II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : SA11AI.6668

Amount of Each Receipt this Period

500.00

☐ Memo Item

Donation

Full Name (Last, First, Middle Initial)

B. Louise Deal

Mailing Address 459 Bakers Ridge Rd

City

Morgantown

State

WV

Zip Code

26505

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.6667

Amount of Each Receipt this Period

500.00

☐ Memo Item

Donation

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 7 OF 49

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Creative Designs

Nature of Debt (Purpose):

Design Postcards

Mailing Address 24 Hillview Est

City State

Zip Code

Morgantown

WV

26501

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6824

Amount Incurred This Period

42.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

42.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Postmaster

Nature of Debt (Purpose):

Postage

Mailing Address 1902 El Jazid St.

City State

Zip Code

Dellslow

WV

26531

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6692

Amount Incurred This Period

10.44

Payment This Period

10.44

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Postmaster

Nature of Debt (Purpose):

Postage

Mailing Address 40 High St., Ste 101

City

State

Zip Code

Morgantown

WV

26505

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6694

Amount Incurred This Period

2.46

Payment This Period

2.46

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

42.80

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 OF 49

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc.Nature of Debt (Purpose):
Postage and Printing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6671

Amount Incurred This Period

2.96

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc.Nature of Debt (Purpose):
Printing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6680

Amount Incurred This Period

5.92

Payment This Period

0.00

Outstanding Balance at Close of This Period

5.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc.Nature of Debt (Purpose):
Postage and Printing

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6685

Amount Incurred This Period

2.67

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.67

1) **SUBTOTALS** This Period This Page (optional)..... ►

11.55

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 49

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc.Nature of Debt (Purpose):
Printing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6686

Amount Incurred This Period

1.28

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.28

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc.Nature of Debt (Purpose):
Printing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7146

Amount Incurred This Period

0.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc.Nature of Debt (Purpose):
Postage and Printing

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6687

Amount Incurred This Period

0.05

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.05

1) **SUBTOTALS** This Period This Page (optional)..... ►

2.06

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 49

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc.

Nature of Debt (Purpose):

Postage and Printing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6688

Amount Incurred This Period

3.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc.

Nature of Debt (Purpose):

Printing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6693

Amount Incurred This Period

4.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc.

Nature of Debt (Purpose):

Print Labels

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6823

Amount Incurred This Period

683.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

683.83

1) **SUBTOTALS** This Period This Page (optional)..... ►

691.71

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 49

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc.Nature of Debt (Purpose):
Printing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6695

Amount Incurred This Period

2.67

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.67

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc.Nature of Debt (Purpose):
Postage and Printing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6696

Amount Incurred This Period

1.85

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.85

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

West Virginians for Life, Inc State PAC FundNature of Debt (Purpose):
Postage

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6734

Amount Incurred This Period

2.43

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

6.95

2) **TOTALS** This Period (last page this line number only)..... ►

755.07

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

755.07

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00157537
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY		

Full Name of Payee Creative Designs		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 02 / 2016
Mailing Address 24 Hillview Est			Amount 11.67
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.6840
Purpose of Expenditure Design Postcard	Category/Type 		Date of Disbursement or Obligation MM / DD / YYYYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Creative Designs		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 02 / 2016
Mailing Address 24 Hillview Est			Amount 0.29
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.6841
Purpose of Expenditure Design Postcard	Category/Type 		Date of Disbursement or Obligation MM / DD / YYYYYY
Name of Federal Candidate MARK ALLEN HUNT		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYYYY
07 / 12 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00157537
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY		

Full Name of Payee Creative Designs		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 02 / 2016
Mailing Address 24 Hillview Est			Amount 0.20
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.6842
Purpose of Expenditure Design Postcard	Category/ Type 		Date of Disbursement or Obligation MM / DD / YYYYYY
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Creative Designs		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 02 / 2016
Mailing Address 24 Hillview Est			Amount 0.25
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.6843
Purpose of Expenditure Design Postcard	Category/ Type 		Date of Disbursement or Obligation MM / DD / YYYYYY
Name of Federal Candidate MIKE MANYPENNY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYYYY
07 / 12 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00157537

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name of Payee
Creative Designs☒ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

Mailing Address 24 Hillview Est

Amount

0.25

City State Zip Code
Morgantown WV 26501

Transaction ID : SE.6844

Date of Disbursement or Obligation

Purpose of Expenditure
Design PostcardCategory/
Type

M M / D D / Y Y Y Y Y Y

Name of Federal Candidate

DAVID B MCKINLEY

☒ Support
☐ OpposeOffice Sought: ☒ House District: 01
☐ President ☐ Senate State: WVCalendar Year-To-Date
Per Election for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶Full Name of Payee
Creative Designs☒ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

Mailing Address 24 Hillview Est

Amount

0.30

City State Zip Code
Morgantown WV 26501

Transaction ID : SE.6845

Date of Disbursement or Obligation

Purpose of Expenditure
Design PostcardCategory/
Type

M M / D D / Y Y Y Y Y Y

Name of Federal Candidate

ALEXANDER XAVIER MOONEY

☒ Support
☐ OpposeOffice Sought: ☒ House District: 02
☐ President ☐ Senate State: WVCalendar Year-To-Date
Per Election for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

0.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Creative Designs		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2016	
Mailing Address 24 Hillview Est		Amount 0.30		
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.6846	
Purpose of Expenditure Design Postcard	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Creative Designs		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 03 / 2016	
Mailing Address 24 Hillview Est		Amount 0.66		
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.6847	
Purpose of Expenditure Design Postcard	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate MARK ALLEN HUNT		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00157537

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name of Payee
Creative Designs☒ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Mailing Address 24 Hillview Est

Amount

City
MorgantownState
WVZip Code
26501

0.66

Transaction ID : SE.6848

Date of Disbursement or Obligation

Purpose of Expenditure
Design PostcardCategory/
Type

M M / D D / Y Y Y Y Y Y

Name of Federal Candidate

ALEXANDER XAVIER MOONEY

☒ Support
☐ Oppose

Office Sought:

☒ House

District: 02

☐ President☐ Senate

State: WV

Calendar Year-To-Date
Per Election for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶Full Name of Payee
Creative Designs☒ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
05 / 03 / 2016

Mailing Address 24 Hillview Est

Amount

City
MorgantownState
WVZip Code
26501

0.66

Transaction ID : SE.6849

Date of Disbursement or Obligation

Purpose of Expenditure
Design PostcardCategory/
Type

M M / D D / Y Y Y Y Y Y

Name of Federal Candidate

HARVEY D. PEYTON

☒ Support
☐ Oppose

Office Sought:

☒ House

District: 02

☐ President☐ Senate

State: WV

Calendar Year-To-Date
Per Election for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

0.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

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Mary Anne Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE			FEC IDENTIFICATION NUMBER ▼ C C00157537	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Creative Designs			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 24 Hillview Est			Date of Public Distribution/Dissemination 05 / 03 / 2016	
City Morgantown		State WV	Zip Code 26501	Amount 0.55
Purpose of Expenditure Design Postcard		Category/ Type 		Transaction ID : SE.6850 Date of Disbursement or Obligation MM / DD / YYYYYY
Name of Federal Candidate MIKE MANYPENNY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Creative Designs			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 24 Hillview Est			Date of Public Distribution/Dissemination 05 / 03 / 2016	
City Morgantown		State WV	Zip Code 26501	Amount 0.55
Purpose of Expenditure Design Postcard		Category/ Type 		Transaction ID : SE.6851 Date of Disbursement or Obligation MM / DD / YYYYYY
Name of Federal Candidate DAVID B MCKINLEY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Mary Anne Buchanan</i>			Date 07 / 12 / 2016 <i>[Electronically Filed]</i>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Creative Designs		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 03 / 2016	
Mailing Address 24 Hillview Est		Amount 0.47		
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.6852	
Purpose of Expenditure Design Postcard	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Creative Designs		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 03 / 2016	
Mailing Address 24 Hillview Est		Amount 25.99		
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.6853	
Purpose of Expenditure Design Postcard	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee Postmaster		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 15 / 2016 </div>	
Mailing Address 1902 El Jazid St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.13</div>	
City Dellslow	State WV	Zip Code 26531	Transaction ID : SE.6726
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 04 / 15 / 2016</div>
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Postmaster		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 15 / 2016 </div>	
Mailing Address 1902 El Jazid St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.15</div>	
City Dellslow	State WV	Zip Code 26531	Transaction ID : SE.6727
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 04 / 15 / 2016</div>
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6.28</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00157537	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY			
Full Name of Payee Postmaster		<input type="checkbox"/> Memo Item	
Mailing Address 1902 El Jazid St.		Date of Public Distribution/Dissemination MM / DD / YYYYYY 04 / 15 / 2016	
City Dellslow		State WV	
Zip Code 26531		Amount 0.38	
Purpose of Expenditure Postage		Category/Type 	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 03 State: WV	
Calendar Year-To-Date Per Election for Office Sought 0.38		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Postmaster		<input type="checkbox"/> Memo Item	
Mailing Address 1902 El Jazid St.		Date of Public Distribution/Dissemination MM / DD / YYYYYY 04 / 15 / 2016	
City Dellslow		State WV	
Zip Code 26531		Amount 1.63	
Purpose of Expenditure Postage		Category/Type 	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 01 State: WV	
Calendar Year-To-Date Per Election for Office Sought 1.63		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		2.01	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Mary Anne Buchanan</i>		Date MM / DD / YYYYYY 07 / 12 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY		

Full Name of Payee Postmaster		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Mailing Address 1902 El Jazid St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 04 / 15 / 2016 </div>	
City Dellslow	State WV	Zip Code 26531	Transaction ID : SE.6730 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 04 / 15 / 2016 </div>
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4.30 </div>	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Postmaster		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Mailing Address 40 High St., Ste 101		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 04 / 18 / 2016 </div>	
City Morgantown	State WV	Zip Code 26505	Transaction ID : SE.6731 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 04 / 15 / 2016 </div>
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4.39 </div>	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2.41 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee Postmaster		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016	
Mailing Address 40 High St., Ste 101		Amount 1.95		Transaction ID : SE.6732 Date of Disbursement or Obligation MM / DD / YYYY 04 / 18 / 2016	
City Morgantown	State WV	Zip Code 26505	Category/ Type 		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		6.34		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Postmaster		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016	
Mailing Address 40 High St., Ste 101		Amount 0.25		Transaction ID : SE.6733 Date of Disbursement or Obligation MM / DD / YYYY 04 / 18 / 2016	
City Morgantown	State WV	Zip Code 26505	Category/ Type 		
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		4.55		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	2.20
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

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Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 01 / 2016 </div>
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.74 </div>
City Morgantown	State WV	
Zip Code 26508	Transaction ID : SE.6672 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure Postage and Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 01 / 2016 </div>
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.74 </div>
City Morgantown	State WV	
Zip Code 26508	Transaction ID : SE.6675 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure Postage and Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00157537	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY			
Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 25 Canyon Rd		Date of Public Distribution/Dissemination 04 / 01 / 2016	
City Morgantown	State WV	Zip Code 26508	Amount 0.74
Purpose of Expenditure Postage and Printing		Category/ Type 	Transaction ID : SE.6676 Date of Disbursement or Obligation MM / DD / YYYYYY
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 25 Canyon Rd		Date of Public Distribution/Dissemination 04 / 01 / 2016	
City Morgantown	State WV	Zip Code 26508	Amount 0.74
Purpose of Expenditure Postage and Printing		Category/ Type 	Transaction ID : SE.6677 Date of Disbursement or Obligation MM / DD / YYYYYY
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mary Anne Buchanan		[Electronically Filed]	
Signature		Date 07 / 12 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 08 / 2016	
Mailing Address 25 Canyon Rd		Amount 2.96		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6681	
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 08 / 2016	
Mailing Address 25 Canyon Rd		Amount 1.29		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6682	
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00157537</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee West Virginians for Life, Inc.			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 08 / 2016</div>	
Mailing Address 25 Canyon Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1.67</div>	
City Morgantown		State WV	Zip Code 26508	
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>		
Name of Federal Candidate DAVID B MCKINLEY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee West Virginians for Life, Inc.			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 12 / 2016</div>	
Mailing Address 25 Canyon Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1.07</div>	
City Morgantown		State WV	Zip Code 26508	
Purpose of Expenditure Postage and Printing		Category/Type <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">0.00</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Mary Anne Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 12 / 2016</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYYYY</div> 04 / 12 / 2016	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.53</div>		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6698	
Purpose of Expenditure Postage and Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYYYY</div>	
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYYYY</div> 04 / 12 / 2016	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.53</div>		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6699	
Purpose of Expenditure Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYYYY</div>	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

MM

 /

DD

 /

YYYYYY

07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 28 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00157537</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>			
Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 12 / 2016	
Mailing Address 25 Canyon Rd		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.54	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6700 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>
Purpose of Expenditure Printing		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 12 / 2016	
Mailing Address 25 Canyon Rd		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.64	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6701 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>
Purpose of Expenditure Printing		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Mary Anne Buchanan</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 07 / 12 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00157537</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>			
Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 12 / 2016	
Mailing Address 25 Canyon Rd		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.64	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6702 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>
Purpose of Expenditure Printing		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President State: WV	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 14 / 2016	
Mailing Address 25 Canyon Rd		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.01	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6703 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>
Purpose of Expenditure Printing & Printing		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Mary Anne Buchanan</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 07 / 12 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00157537	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY			
Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 25 Canyon Rd		Date of Public Distribution/Dissemination 04 / 14 / 2016	
City Morgantown	State WV	Zip Code 26508	Amount 0.02
Purpose of Expenditure Printing & Printing		Category/ Type 	Transaction ID : SE.6704 Date of Disbursement or Obligation MM / DD / YYYYYY
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 25 Canyon Rd		Date of Public Distribution/Dissemination 04 / 14 / 2016	
City Morgantown	State WV	Zip Code 26508	Amount 0.02
Purpose of Expenditure Postage and Printing		Category/ Type 	Transaction ID : SE.6705 Date of Disbursement or Obligation MM / DD / YYYYYY
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Mary Anne Buchanan</i>		Date 07 / 12 / 2016 <i>[Electronically Filed]</i>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00157537
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 04 / 15 / 2016	
Mailing Address 25 Canyon Rd			Amount 0.39	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6706	
Purpose of Expenditure Postage and Printing	Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 04 / 15 / 2016	
Mailing Address 25 Canyon Rd			Amount 0.39	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6707	
Purpose of Expenditure Postage and Printing	Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 04 / 15 / 2016 </div>
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.84</div>
City Morgantown	State WV	
Zip Code 26508	Transaction ID : SE.6708 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Purpose of Expenditure Postage and Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 04 / 15 / 2016 </div>
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.41</div>
City Morgantown	State WV	
Zip Code 26508	Transaction ID : SE.6709 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Purpose of Expenditure Postage and Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Mary Anne Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 15 / 2016	
Mailing Address 25 Canyon Rd		Amount 1.65		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6710	
Purpose of Expenditure Postage and Printing	Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 15 / 2016	
Mailing Address 25 Canyon Rd		Amount 0.75		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6711	
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Mary Anne Buchanan

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Date

MM / DD / YYYY
 07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00157537
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 15 / 2016
Mailing Address 25 Canyon Rd			Amount 0.75
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6712
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 15 / 2016
Mailing Address 25 Canyon Rd			Amount 0.74
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6713
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mary Anne Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 15 / 2016	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.25</div>		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6714	
Purpose of Expenditure Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 15 / 2016	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.71</div>		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6715	
Purpose of Expenditure Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Mary Anne Buchanan

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Date

MM / DD / YYYY

 07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016	
Mailing Address 25 Canyon Rd		Amount 1.23		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6716	
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016	
Mailing Address 25 Canyon Rd		Amount 0.90		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6718	
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Mary Anne Buchanan

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Date

MM / DD / YYYY
 07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 37 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00157537	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY			
Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 25 Canyon Rd		Date of Public Distribution/Dissemination 04 / 18 / 2016	
City Morgantown	State WV	Zip Code 26508	Amount 0.23
Purpose of Expenditure Printing	Category/ Type 	Transaction ID : SE.6719 Date of Disbursement or Obligation MM / DD / YYYYYY	
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u> District: <u>02</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 25 Canyon Rd		Date of Public Distribution/Dissemination 04 / 18 / 2016	
City Morgantown	State WV	Zip Code 26508	Amount 0.08
Purpose of Expenditure Printing	Category/ Type 	Transaction ID : SE.6721 Date of Disbursement or Obligation MM / DD / YYYYYY	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u> District: <u>01</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Mary Anne Buchanan</i>		Date 07 / 12 / 2016 <i>[Electronically Filed]</i>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00157537
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016
Mailing Address 25 Canyon Rd			Amount 0.23
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6722
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 20 / 2016
Mailing Address 25 Canyon Rd			Amount 0.62
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6723
Purpose of Expenditure Postage and Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

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Mary Anne Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 12 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00157537
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 20 / 2016	
Mailing Address 25 Canyon Rd			Amount 0.62	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6724	
Purpose of Expenditure Postage and Printing	Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 20 / 2016	
Mailing Address 25 Canyon Rd			Amount 0.61	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6725	
Purpose of Expenditure Postage and Printing	Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00157537

Check if ☐ 24-hour report ☐ 48-hour report☐ New report ☐ Amends report filed on
 M M / D D / Y Y Y Y Y Y
 / / /

Full Name of Payee

West Virginians for Life, Inc.

☒ Memo Item

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2016

Mailing Address

25 Canyon Rd

Amount

City

Morgantown

State

WV

Zip Code

26508

Purpose of Expenditure

Printing Labels

Category/
Type

185.93

Transaction ID : SE.6825

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y
 / / /

Name of Federal Candidate

RAFAEL EDWARD 'TED' CRUZ

☒ Support☐ Oppose

Office Sought:

☐ House

District: _____

☒ President☐ Senate

State: _____

Calendar Year-To-Date

Per Election for Office Sought

0.00

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶

Full Name of Payee

West Virginians for Life, Inc.

☒ Memo Item

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2016

Mailing Address

25 Canyon Rd

Amount

City

Morgantown

State

WV

Zip Code

26508

Purpose of Expenditure

Printing Labels

Category/
Type

4.08

Transaction ID : SE.6826

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y
 / / /

Name of Federal Candidate

MARK ALLEN HUNT

☐ Support☒ Oppose

Office Sought:

☒ House

District: 02

☐ President☐ Senate

State: WV

Calendar Year-To-Date

Per Election for Office Sought

0.00

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

0.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

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Mary Anne Buchanan

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00157537

Check if ☐ 24-hour report ☐ 48-hour report☐ New report ☐ Amends report filed on
 M M / D D / Y Y Y Y Y Y

Full Name of Payee

West Virginians for Life, Inc.

☒ Memo Item

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2016

Mailing Address

25 Canyon Rd

Amount

City

Morgantown

State

WV

Zip Code

26508

Purpose of Expenditure

Printing Labels

Category/
Type
 M M / D D / Y Y Y Y Y Y
 0.26

Transaction ID : SE.6827

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y

Name of Federal Candidate

EVAN H JENKINS

☒ Support☐ Oppose

Office Sought:

☒ House

District: 03

☐ President☐ Senate

State: WV

 Calendar Year-To-Date
 Per Election for Office Sought

. 0.00

 Disbursement For:
 2016
☒ Primary☐ General☐ Other (specify) ►

Full Name of Payee

West Virginians for Life, Inc.

☒ Memo Item

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2016

Mailing Address

25 Canyon Rd

Amount

City

Morgantown

State

WV

Zip Code

26508

Purpose of Expenditure

Printing Labels

Category/
Type
 M M / D D / Y Y Y Y Y Y
 6.78

Transaction ID : SE.6828

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y

Name of Federal Candidate

MIKE MANYPENNY

☐ Support☒ Oppose

Office Sought:

☒ House

District: 01

☐ President☐ Senate

State: WV

 Calendar Year-To-Date
 Per Election for Office Sought

. 0.00

 Disbursement For:
 2016
☒ Primary☐ General☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures..... ►

. 0.00

(b) SUBTOTAL of Unitemized Independent Expenditures ►

.

(c) TOTAL Independent Expenditures..... ►

.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 05 / 02 / 2016	
Mailing Address 25 Canyon Rd		Amount 6.78		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6829	
Purpose of Expenditure Printing Labels	Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>01</u> State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 		
0.00				

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 05 / 02 / 2016	
Mailing Address 25 Canyon Rd		Amount 4.08		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6830	
Purpose of Expenditure Printing Labels	Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 		
0.00				

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 43 OF 49
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00157537</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Full Name of Payee West Virginians for Life, Inc.			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 05 / 02 / 2016	
Mailing Address 25 Canyon Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 4.08	
City Morgantown		State WV	Zip Code 26508	
Purpose of Expenditure Printing Labels		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Name of Federal Candidate HARVEY D. PEYTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00			<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00	
Full Name of Payee West Virginians for Life, Inc.			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 05 / 03 / 2016	
Mailing Address 25 Canyon Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 413.83	
City Morgantown		State WV	Zip Code 26508	
Purpose of Expenditure Printing Labels		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00			<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Mary Anne Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 07 / 12 / 2016	

[Electronically Filed]

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 03 / 2016	
Mailing Address 25 Canyon Rd			Amount 21.47	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6834 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Printing Labels		Category/ Type		
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
			District: 03	State: WV
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">03</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div>		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6835	
Purpose of Expenditure Printing Labels	Category/ Type <div style="border: 1px solid black; padding: 0 20px;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYYYY</div>		
Name of Federal Candidate MIKE MANYPENNY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>				

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">05</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">03</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div>		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6836	
Purpose of Expenditure Printing Labels	Category/ Type <div style="border: 1px solid black; padding: 0 20px;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYYYY</div>		
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>				

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

07

 /

12

 /

2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 03 / 2016</div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.86</div>		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6838	
Purpose of Expenditure Printing Labels	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 03 / 2016</div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.86</div>		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6839	
Purpose of Expenditure Printing Labels	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Mary Anne Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00157537
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 04 / 12 / 2016	
Mailing Address 25 Canyon Rd			Amount 0.36	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.7147	
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee West Virginians for Life, Inc.		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 04 / 12 / 2016	
Mailing Address 25 Canyon Rd			Amount 0.37	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.7148	
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee West Virginians for Life, Inc State PAC Fund		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 18 / 2016 </div>
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.34 </div>
City Morgantown	State WV	
Zip Code 26508	Transaction ID : SE.6735 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure Postage and Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee West Virginians for Life, Inc State PAC Fund		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 18 / 2016 </div>
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1.40 </div>
City Morgantown	State WV	
Zip Code 26508	Transaction ID : SE.6736 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure Postage and Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 07 / 12 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 49
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee West Virginians for Life, Inc State PAC Fund		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016	
Mailing Address 25 Canyon Rd		Amount 0.22		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6740	
Purpose of Expenditure Postage	Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate HARVEY D. PEYTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
0.00				

Full Name of Payee West Virginians for Life, Inc State PAC Fund		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2016	
Mailing Address 25 Canyon Rd		Amount 0.47		
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.6744	
Purpose of Expenditure Postage	Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
0.00				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	12.90

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 07 / 12 / 2016

Signature