

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

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

Full Name of Payee <b>Katrina S Bragg</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 03 / 2016</b>
Mailing Address <b>PO Box 2638</b>		Amount <b>32.92</b>
City <b>Westover</b>	State <b>WV</b>	Zip Code <b>26502</b>
Purpose of Expenditure <b>Travel Deliver Mailings</b>	Category/Type	Transaction ID : <b>SE.6820</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>		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 <b>Creative Designs</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 03 / 2016</b>
Mailing Address <b>24 Hillview Est</b>		Amount <b>25.99</b>
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26501</b>
Purpose of Expenditure <b>Design Postcard</b>	Category/Type	Transaction ID : <b>SE.6816</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>		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..... ▶	<b>58.91</b>
(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  
**05 / 04 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 4  
FOR SE OF FORM 24/48

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

Full Name of Payee <b>Elan</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 03 / 2016</b>
Mailing Address <b>PO Box 790408</b>		Amount <b>44.09</b>
City <b>St. Louis</b>	State <b>MO</b>	Zip Code <b>63179-0408</b>
Purpose of Expenditure <b>Travel Deliver Mailings</b>	Category/Type	Transaction ID : <b>SE.6822</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>		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 <b>Fairmont Printing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 03 / 2016</b>
Mailing Address <b>PO Box 2000</b>		Amount <b>1029.57</b>
City <b>Fairmont</b>	State <b>WV</b>	Zip Code <b>26555</b>
Purpose of Expenditure <b>Print Postcards</b>	Category/Type	Transaction ID : <b>SE.6818</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>		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..... ▶	<b>1073.66</b>
(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  
**05 / 04 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 4  
FOR SE OF FORM 24/48

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

Full Name of Payee <b>Katherine D Hoag</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 03 / 2016</b>
Mailing Address <b>775 Fairmont Rd</b>		Amount <b>36.88</b>
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26501</b>
Purpose of Expenditure <b>Travel Deliver Mailings</b>	Category/Type	Transaction ID : <b>SE.6821</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>	<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	MM / DD / YYYY <b>0.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 03 / 2016</b>
Mailing Address <b>40 High St., Ste 101</b>		Amount <b>1069.31</b>
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26505</b>
Purpose of Expenditure <b>Postage</b>	Category/Type	Transaction ID : <b>SE.6815</b> Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 02 / 2016</b>
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>	<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	MM / DD / YYYY <b>2720.35</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	MM / DD / YYYY <b>1106.19</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	MM / DD / YYYY
(c) TOTAL Independent Expenditures.....▶	MM / DD / YYYY

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  
**05 / 04 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 4  
FOR SE OF FORM 24/48

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

Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 03 / 2016</b>
Mailing Address <b>25 Canyon Rd</b>		Amount <b>413.83</b>
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26508</b>
Purpose of Expenditure <b>Print Labels</b>	Category/Type	Transaction ID : <b>SE.6817</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>		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 <b>West Virginians for Life, Inc State PAC Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 03 / 2016</b>
Mailing Address <b>25 Canyon Rd</b>		Amount <b>1622.11</b>
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26508</b>
Purpose of Expenditure <b>Postage</b>	Category/Type	Transaction ID : <b>SE.6819</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>		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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2035.94</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>4274.70</b>

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  
**05 / 04 / 2016**

Signature