

**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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 24 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

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

M M M / D D D / Y Y Y Y Y Y
07 07 2014

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 04 / 24 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		12.12
(b) Cash on Hand at Beginning of Reporting Period.....	1347.12	
(c) Total Receipts (from Line 19)	925.00	2260.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2272.12	2272.12
7. Total Disbursements (from Line 31)	2140.77	2140.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	131.35	131.35
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)	1899.27	



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 24 2014

To:

 M M / D D / Y Y Y Y Y
 06 30 2014
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).....

500.00

500.00

(ii) Unitemized

425.00

1760.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

925.00

2260.00

(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) ▶

925.00

2260.00

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))..... ▶

925.00

2260.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

925.00

2260.00

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)	2140.77	2140.77
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)) ..	2140.77	2140.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2140.77	2140.77

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)	925.00	2260.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	925.00	2260.00
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: PAGE 6 OF 50
(check only one)

☒ 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. Douglas M Epling

Mailing Address 1414 Maxwell Hill Rd

City State Zip Code
Beckley WV 25801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Owner - Mountain Edge Mining

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.5361

Amount of Each Receipt this Period

500.00

Donation

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

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

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

500.00

500.00

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

PAGE 7 OF 50

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

Jeff Armstrong

Nature of Debt (Purpose):

Deliver Mailing

Mailing Address 503 Lower Hildebrand Rd.

City State

Zip Code

Morgantown

WV

26501

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5283

Amount Incurred This Period

12.76

Payment This Period

12.76

Outstanding Balance at Close of This Period

0.00

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

Jeff Armstrong

Nature of Debt (Purpose):

Deliver Mailing

Mailing Address 503 Lower Hildebrand Rd.

City State

Zip Code

Morgantown

WV

26501

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5284

Amount Incurred This Period

13.05

Payment This Period

13.05

Outstanding Balance at Close of This Period

0.00

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

Richard Armstrong

Nature of Debt (Purpose):

Deliver Mailing

Mailing Address 503 Lower Hildebrand Rd.

City

State

Zip Code

Morgantown

WV

26501

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5285

Amount Incurred This Period

12.76

Payment This Period

12.76

Outstanding Balance at Close of This Period

0.00

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

0.00

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 50

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

Richard ArmstrongNature of Debt (Purpose):
Deliver Mailing

Mailing Address 503 Lower Hildebrand Rd.

City State

Zip Code

Morgantown

WV

26501

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5286

Amount Incurred This Period

13.05

Payment This Period

13.05

Outstanding Balance at Close of This Period

0.00

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

ElanNature of Debt (Purpose):
Travel Deliver Mailing

Mailing Address PO Box 790408

City State

Zip Code

St. Louis

MO

63179-0408

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5279

Amount Incurred This Period

25.42

Payment This Period

25.42

Outstanding Balance at Close of This Period

0.00

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

ElanNature of Debt (Purpose):
Travel Deliver Mailings

Mailing Address PO Box 790408

City

State

Zip Code

St. Louis

MO

63179-0408

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5280

Amount Incurred This Period

39.34

Payment This Period

39.34

Outstanding Balance at Close of This Period

0.00

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

0.00

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 50

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

Fairmont PrintingNature of Debt (Purpose):
Printing

Mailing Address PO Box 2000

City State

Zip Code

Fairmont

WV

26555

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5273

Amount Incurred This Period

690.48

Payment This Period

690.48

Outstanding Balance at Close of This Period

0.00

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

PostmasterNature of Debt (Purpose):
Postage

Mailing Address 300 Postal Plaza

City State

Zip Code

Morgantown

WV

26505

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5274

Amount Incurred This Period

673.91

Payment This Period

673.91

Outstanding Balance at Close of This Period

0.00

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

PostmasterNature of Debt (Purpose):
Postage

Mailing Address 300 Postal Plaza

City

State

Zip Code

Morgantown

WV

26505

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5275

Amount Incurred This Period

660.00

Payment This Period

660.00

Outstanding Balance at Close of This Period

0.00

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

0.00

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)
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numbered line)

PAGE 10 OF 50

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):
Print Labels

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

180.84

Transaction ID : SD10.4827

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

180.84

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

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

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

7.37

Transaction ID : SD10.4846

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.37

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

0.24

Transaction ID : SD10.4847

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.24

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

188.45

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 50

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

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

2.55

Transaction ID : SD10.4848

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.55

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

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

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

3.48

Transaction ID : SD10.4849

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.48

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

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

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

6.63

Transaction ID : SD10.5021

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6.63

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

12.66

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 12 OF 50

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

33.65

Transaction ID : SD10.5022

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33.65

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

3.72

Transaction ID : SD10.5023

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.72

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

7.95

Transaction ID : SD10.5024

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.95

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

45.32

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 13 OF 50

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):

Travel Deliver Mailings

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

35.64

Transaction ID : SD10.5052

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35.64

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

0.23

Transaction ID : SD10.5025

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.23

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

West Virginians for Life, Inc.

Nature of Debt (Purpose):

Travel Deliver Mailings

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

51.59

Transaction ID : SD10.5051

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

51.59

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

87.46

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 14 OF 50

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

0.79

Transaction ID : SD10.5026

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.79

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

West Virginians for Life, Inc.

Nature of Debt (Purpose):

Labels

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

429.68

Transaction ID : SD10.5209

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

429.68

C. 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

8.12

Transaction ID : SD10.5210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.12

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

438.59

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 15 OF 50

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

15.37

Transaction ID : SD10.5211

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.37

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

3.00

Transaction ID : SD10.5212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.00

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

71.08

Transaction ID : SD10.5214

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

71.08

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

89.45

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 16 OF 50

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

7.13

Transaction ID : SD10.5215

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.13

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

58.00

Transaction ID : SD10.5216

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

58.00

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

1.74

Transaction ID : SD10.5219

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.74

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

66.87

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 17 OF 50

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

15.18

Transaction ID : SD10.5217

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.18

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

5.74

Transaction ID : SD10.5218

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5.74

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

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

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5268

Amount Incurred This Period

2.97

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.97

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

23.89

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 18 OF 50

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 and Postage

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5269

Amount Incurred This Period

8.89

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.89

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

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

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5270

Amount Incurred This Period

3.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.60

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

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

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5271

Amount Incurred This Period

4.06

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.06

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

16.55

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 19 OF 50

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 State PAC FundNature of Debt (Purpose):
Printing and Mailing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.51

Transaction ID : SD10.4824

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.51

B. 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

8.58

Transaction ID : SD10.5030

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.58

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

73.36

Transaction ID : SD10.5048

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

73.36

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

82.45

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 20 OF 50

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 State PAC FundNature of Debt (Purpose):
Postage

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

3.68

Transaction ID : SD10.5213

Amount Incurred This Period

0.00

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 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 : SD10.5272

Amount Incurred This Period

843.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

843.90

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

847.58

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

1899.27

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) ►

1899.27

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 50
 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 Jeff Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014
Mailing Address 503 Lower Hildebrand Rd.		Amount 3.19
City Morgantown	State WV	Zip Code 26501
Purpose of Expenditure Deliver Mailing	Category/Type	Transaction ID : SE.5304 Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" 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 2014 <input type="checkbox"/> Other (specify) ▶
		1047.36

Full Name of Payee Jeff Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014
Mailing Address 503 Lower Hildebrand Rd.		Amount 3.19
City Morgantown	State WV	Zip Code 26501
Purpose of Expenditure Deliver Mailing	Category/Type	Transaction ID : SE.5305 Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014
Name of Federal Candidate NATALIE TENNANT		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input checked="" 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 2014 <input type="checkbox"/> Other (specify) ▶
		1050.55

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6.38
(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 / 07 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 50
 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		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Jeff Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 503 Lower Hildebrand Rd.		Amount 3.19	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5306
Purpose of Expenditure Deliver Mailing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014	
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		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
153.87			

Full Name of Payee Jeff Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 503 Lower Hildebrand Rd.		Amount 3.19	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5307
Purpose of Expenditure Deliver Mailing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014	
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
207.01			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6.38
(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

Signature _____

[Electronically Filed]

Date

MM / DD / YYYY

07 / 07 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 50
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 M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeff Armstrong		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 06 / 2014	
Mailing Address 503 Lower Hildebrand Rd.		Amount 3.39	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5309
Purpose of Expenditure Deliver Mailing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2014	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought 1053.94		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jeff Armstrong		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 06 / 2014	
Mailing Address 503 Lower Hildebrand Rd.		Amount 3.39	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5310
Purpose of Expenditure Deliver Mailing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2014	
Name of Federal Candidate NATALIE TENNANT		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought 1057.33		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		6.78	
(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 M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 50
 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 Jeff Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 503 Lower Hildebrand Rd.		Amount 1.31	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5311
Purpose of Expenditure Deliver Mailing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> Oppose <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 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeff Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 503 Lower Hildebrand Rd.		Amount 3.39	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5312
Purpose of Expenditure Deliver Mailing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014	
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 03 <input checked="" type="checkbox"/> Oppose <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 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4.70
(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 / YYYY
07 / 07 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 50
 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 Richard Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014
Mailing Address 503 Lower Hildebrand Rd.		Amount 3.19
City Morgantown	State WV	Zip Code 26501
Purpose of Expenditure Deliver Mailing	Category/ Type	Transaction ID : SE.5315 Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014
Name of Federal Candidate NATALIE TENNANT	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 1063.71		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Richard Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014
Mailing Address 503 Lower Hildebrand Rd.		Amount 3.19
City Morgantown	State WV	Zip Code 26501
Purpose of Expenditure Deliver Mailing	Category/ Type	Transaction ID : SE.5316 Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014
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 158.37		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6.38
(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 / 07 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 50
 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 Richard Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 06 / 2014</div>	
Mailing Address 503 Lower Hildebrand Rd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div>	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5317
Purpose of Expenditure Deliver Mailing		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;">05 / 13 / 2014</div>
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support <input checked="" 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;">215.16</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Richard Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 06 / 2014</div>	
Mailing Address 503 Lower Hildebrand Rd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div>	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5318
Purpose of Expenditure Deliver Mailing		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;">05 / 13 / 2014</div>
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" 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;">1067.10</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">6.58</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.			
Signature <u>Mary Anne Buchanan</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 07 / 2014</div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 50
 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 Richard Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>06</div><div>2014</div></div>	
Mailing Address 503 Lower Hildebrand Rd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div>	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5319
Purpose of Expenditure Deliver Mailing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>13</div><div>2014</div></div>	
Name of Federal Candidate NATALIE TENNANT		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Richard Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>06</div><div>2014</div></div>	
Mailing Address 503 Lower Hildebrand Rd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.31</div>	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5320
Purpose of Expenditure Deliver Mailing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>13</div><div>2014</div></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: <u>01</u> <input type="checkbox"/> President State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.70</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

07

2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 50
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 Richard Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 503 Lower Hildebrand Rd.		Amount 3.39	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5321
Purpose of Expenditure Deliver Mailing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support <input checked="" 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 218.55		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Richard Armstrong		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 503 Lower Hildebrand Rd.		Amount 1.57	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.5322
Purpose of Expenditure Deliver Mailing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014
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 220.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		4.96	
(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 / YYYY 07 / 07 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 50
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 Elan			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address PO Box 790408			Amount 6.35	
City St. Louis	State MO	Zip Code 63179-0408	Transaction ID : SE.5294	
Purpose of Expenditure Travel Deliver Mailing		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2014	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought 1017.35			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Elan			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address PO Box 790408			Amount 6.36	
City St. Louis	State MO	Zip Code 63179-0408	Transaction ID : SE.5295	
Purpose of Expenditure Travel Deliver Mailing		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2014	
Name of Federal Candidate NATALIE TENNANT			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought 1023.71			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12.71	
(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 / YYYY 07 / 07 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 50
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 Elan		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address PO Box 790408		Amount 6.35	
City St. Louis	State MO	Zip Code 63179-0408	Transaction ID : SE.5296
Purpose of Expenditure Travel Deliver Mailing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2014
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 146.75		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Elan		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address PO Box 790408		Amount 6.36	
City St. Louis	State MO	Zip Code 63179-0408	Transaction ID : SE.5297
Purpose of Expenditure Travel Deliver Mailing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2014
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support <input checked="" 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 188.87		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		12.71	
(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 / YYYY 07 / 07 / 2014	
		[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 ▼ 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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>					
Full Name of Payee Elan			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Mailing Address PO Box 790408			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 05 / 06 / 2014 </div>		
City St. Louis		State MO	Zip Code 63179-0408		Transaction ID : SE.5298
Purpose of Expenditure Travel Deliver Mailing		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate NATALIE TENNANT			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: WV		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1033.94 </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Elan			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Mailing Address PO Box 790408			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 05 / 06 / 2014 </div>		
City St. Louis		State MO	Zip Code 63179-0408		Transaction ID : SE.5300
Purpose of Expenditure Travel Deliver Mailing		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: WV		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1044.17 </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 20.46 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 00.00 </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 20.46 </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 <u>Mary Anne Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </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		

Full Name of Payee Elan		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>06</div><div>2014</div></div>	
Mailing Address PO Box 790408		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.93</div>	
City St. Louis	State MO	Zip Code 63179-0408	Transaction ID : SE.5301
Purpose of Expenditure Travel Deliver Mailings	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>13</div><div>2014</div></div>	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> Oppose <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;">150.68</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Elan		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>06</div><div>2014</div></div>	
Mailing Address PO Box 790408		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.23</div>	
City St. Louis	State MO	Zip Code 63179-0408	Transaction ID : SE.5302
Purpose of Expenditure Travel Deliver Mailings	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>13</div><div>2014</div></div>	
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input checked="" type="checkbox"/> Oppose <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;">199.10</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">14.16</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

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07

2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 34 OF 50
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 Elan			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address PO Box 790408			Amount 4.72	
City St. Louis	State MO	Zip Code 63179-0408	Transaction ID : SE.5303	
Purpose of Expenditure Travel Deliver Mailings		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 05 / 13 / 2014	
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 203.82		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Fairmont Printing			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address PO Box 2000			Amount 179.53	
City Fairmont	State WV	Zip Code 26555	Transaction ID : SE.5323	
Purpose of Expenditure Printing		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2014	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought 1250.02		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			184.25	
(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>		[Electronically Filed]		Date MM / DD / YYYY 07 / 07 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 35 OF 50
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 Fairmont Printing			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address PO Box 2000			Amount 179.52	
City Fairmont	State WV	Zip Code 26555	Transaction ID : SE.5324	
Purpose of Expenditure Printing		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2014	
Name of Federal Candidate NATALIE TENNANT			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought 1429.54			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Fairmont Printing			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address PO Box 2000			Amount 69.05	
City Fairmont	State WV	Zip Code 26555	Transaction ID : SE.5325	
Purpose of Expenditure Printing		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2014	
Name of Federal Candidate DAVID B MCKINLEY			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 228.73			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			248.57	
(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 / YYYY 07 / 07 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 50
 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 Fairmont Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address PO Box 2000		Amount 91.90	
City Fairmont	State WV	Zip Code 26555	Transaction ID : SE.5326
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2014	
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support <input checked="" 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 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Fairmont Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address PO Box 2000		Amount 87.62	
City Fairmont	State WV	Zip Code 26555	Transaction ID : SE.5327
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 25 / 2014	
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support <input checked="" 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 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	179.52
(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 / 07 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 50
 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 Fairmont Printing		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 06 / 2014 </div>	
Mailing Address PO Box 2000		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 82.86 </div>	
City Fairmont	State WV	Zip Code 26555	Transaction ID : SE.5328 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 06 / 25 / 2014 </div>
Purpose of Expenditure 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 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 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 482.50 </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 482.50 </div>	
Full Name of Payee Postmaster		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 06 / 2014 </div>	
Mailing Address 300 Postal Plaza		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 175.51 </div>	
City Morgantown	State WV	Zip Code 26505	Transaction ID : SE.5287 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 06 / 2014 </div>
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" 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 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 175.51 </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 175.51 </div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 258.37 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 258.37 </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 <u>Mary Anne Buchanan</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 07 / 07 / 2014 </div>	

[Electronically Filed]

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 300 Postal Plaza		Amount 175.49	
City Morgantown	State WV	Zip Code 26505	Transaction ID : SE.5288 Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2014
Purpose of Expenditure Postage	Category/ Type		
Name of Federal Candidate NATALIE TENNANT		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other
Calendar Year-To-Date Per Election for Office Sought		351.00	District: _____ State: WV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee Postmaster			Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>05 / 06 / 2014</div> </div>		
Mailing Address 300 Postal Plaza			Amount <div> <div></div> <div>140.40</div> </div>		
City Morgantown	State WV	Zip Code 26505	Transaction ID : SE.5289 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>05 / 06 / 2014</div> </div>		
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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>140.40</div> </div>	District: <u>01</u> State: <u>WV</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	315.89
(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 EXPENDITURESPAGE 39 OF 50
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 Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 300 Postal Plaza		Amount 175.49	
City Morgantown	State WV	Zip Code 26505	Transaction ID : SE.5290
Purpose of Expenditure Postage		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2014
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support <input checked="" 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		175.49	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 300 Postal Plaza		Amount 7.02	
City Morgantown	State WV	Zip Code 26505	Transaction ID : SE.5291
Purpose of Expenditure Postage		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2014
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		182.51	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		182.51	
(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 / YYYY 07 / 07 / 2014	
		[Electronically Filed]	

C C00157537

The diagram illustrates three types of frames and their corresponding pin configurations:

- M (Mortise):** A rectangular frame with two pins (M) on the top edge and one pin (M) on the bottom edge.
- D (Dowel):** A rectangular frame with two pins (D) on the top edge and one pin (D) on the bottom edge.
- Y (Yoke):** A rectangular frame with four pins (Y) on the top edge and three pins (Y) on the bottom edge.

391.01

Category/ Type	
-------------------	--

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '06' with 'D' and 'D' above it. The third display shows '2014' with 'Y', 'Y', 'Y', and 'Y' above it.

Office Sought: ☐ House District: _____
☐ President ☒ Senate State: WV

742.01

Disbursement For: ☒ Primary ☐ General
2014 ☐ Other (specify) ▶

Three digital displays are shown, each with a different date format. The first display shows '05' with 'M' and 'M' above it. The second display shows '06' with 'D' and 'D' above it. The third display shows '2014' with 'Y', 'Y', 'Y', and 'Y' above it. They are separated by slashes.

268.99

Category/ Type	
-------------------	--

05 / 06 / 2014

Office Sought: ☐ House District: _____
☐ President ☒ Senate State: WV

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	1011.00

Disbursement For: ☒ Primary ☐ General
2014 ☐ Other (specify) ▶

660.00

A diagram of a rectangular frame structure. It consists of 12 vertical bars and 3 horizontal bars. The top horizontal bar is at the top, and the bottom horizontal bar is at the bottom. There are 12 vertical bars in total, with 6 on each side. The bars are labeled with numbers 1 through 12. The top horizontal bar is labeled 1, the middle horizontal bar is labeled 2, and the bottom horizontal bar is labeled 3. The vertical bars are labeled 4 through 12, starting from the left and moving right.

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 50
 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. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 25 Canyon Rd		Amount 0.75	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5334
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee West Virginians for Life, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 25 Canyon Rd		Amount 0.74	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5336
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <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 / 07 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 42 OF 50
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. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 25 Canyon Rd		Amount 0.74	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5337
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014	
Name of Federal Candidate NATALIE TENNANT		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" 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 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee West Virginians for Life, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 25 Canyon Rd		Amount 0.74	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5338
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014	
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support <input checked="" 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 2014 <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 / YYYY
07 / 07 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 43 OF 50
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. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2014	
Mailing Address 25 Canyon Rd		Amount 2.22	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5339
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2014	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" 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 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee West Virginians for Life, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2014	
Mailing Address 25 Canyon Rd		Amount 2.22	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5340
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2014	
Name of Federal Candidate NATALIE TENNANT		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" 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 2014 <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 Signature		[Electronically Filed] Date MM / DD / YYYY 07 / 07 / 2014	

Full Name of Payee West Virginians for Life, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2014	
Mailing Address 25 Canyon Rd		Amount 2.22	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5342
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2014	
Name of Federal Candidate NICK JOE II RAHALL	<input type="checkbox"/> Support <input checked="" 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	0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">0.00</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"> </div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 50
 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. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2014	
Mailing Address 25 Canyon Rd		Amount 0.55	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5343
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2014	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee West Virginians for Life, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2014	
Mailing Address 25 Canyon Rd		Amount 1.20	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5344
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 29 / 2014	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <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 / 07 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 46 OF 50
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: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee West Virginians for Life, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 04 / 29 / 2014	
Mailing Address 25 Canyon Rd		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1.20	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5345 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 04 / 29 / 2014
Purpose of Expenditure Printing and Postage		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate NATALIE TENNANT		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee West Virginians for Life, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 04 / 29 / 2014	
Mailing Address 25 Canyon Rd		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1.20	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5346 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 04 / 29 / 2014
Purpose of Expenditure Printing and Postage		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate NICK JOE II RAHALL		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 <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 07 / 07 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 50
 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. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2014	
Mailing Address 25 Canyon Rd		Amount 1.01	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5347
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2014	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" 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 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee West Virginians for Life, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2014	
Mailing Address 25 Canyon Rd		Amount 1.01	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5348
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 05 / 2014	
Name of Federal Candidate NATALIE TENNANT		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" 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 2014 <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 / 07 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 50
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 M / D 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 M / D D D / Y Y Y Y Y Y 05 / 05 / 2014	
Mailing Address 25 Canyon Rd		Amount 1.02	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5349
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2014	
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support <input checked="" 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 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee West Virginians for Life, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2014	
Mailing Address 25 Canyon Rd		Amount 1.02	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5350
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2014	
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 2014 <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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 49 OF 50
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 State PAC Fund [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 25 Canyon Rd		Amount 122.02	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5330
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2014	
Name of Federal Candidate NATALIE TENNANT		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" 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 2014 <input type="checkbox"/> Other (specify) ▶ _____	
		1011.00	

Full Name of Payee West Virginians for Life, Inc State PAC Fund [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 25 Canyon Rd		Amount 150.39	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5331
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2014	
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 2014 <input type="checkbox"/> Other (specify) ▶ _____	
		140.40	

(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 / YYYY
07 / 07 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 50 OF 50
 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 State PAC Fund [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 25 Canyon Rd		Amount 391.02	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5332
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2014	
Name of Federal Candidate NICK JOE II RAHALL		<input type="checkbox"/> Support <input checked="" 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 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee West Virginians for Life, Inc State PAC Fund [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 25 Canyon Rd		Amount 180.47	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5333
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2014	
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 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2140.77

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 / 07 / 2014

Signature