

**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

WV

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

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 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 2014		12.12
(b) Cash on Hand at Beginning of Reporting Period.....	1451.35	
(c) Total Receipts (from Line 19) .....	790.23	4370.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2241.58	4382.35
7. Total Disbursements (from Line 31) .....	1560.31	3701.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	681.27	681.27
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5775.10	



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
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

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).....	600.00	1450.00
(ii) Unitemized .....	190.23	2920.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	790.23	4370.23
(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) .....	790.23	4370.23
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)) .....	790.23	4370.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	790.23	4370.23

**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) .....	1560.31	3701.08
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)) ..	1560.31	3701.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1560.31	3701.08

# **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) .....	790.23	4370.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	790.23	4370.23
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 71  
(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. Wanda K Franz**

Mailing Address 913 Hawthorne Ave

City

Morgantown

State

WV

Zip Code

26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Virginians for Life, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.5845

Amount of Each Receipt this Period

600.00

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 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 Y Y

Amount of Each Receipt this Period

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

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

600.00

600.00

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

PAGE 7 OF 71

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 Printing**Nature of Debt (Purpose):  
Printing

Mailing Address PO Box 2000

City State

Zip Code

Fairmont

WV

26555

Outstanding Balance Beginning This Period

897.96

Transaction ID : SD10.5368

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

897.96

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

**Moorefield Examiner**Nature of Debt (Purpose):  
Ad

Mailing Address 132 S. Main St.

City State

Zip Code

Moorefield

WV

26836

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5688

Amount Incurred This Period

15.23

Payment This Period

15.23

Outstanding Balance at Close of This Period

0.00

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

**Postmaster**Nature of Debt (Purpose):  
Postage

Mailing Address 300 Postal Plaza

City

State

Zip Code

Morgantown

WV

26505

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5670

Amount Incurred This Period

1400.00

Payment This Period

1400.00

Outstanding Balance at Close of This Period

0.00

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

897.96

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 71

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

**Toni Shillingburg**Nature of Debt (Purpose):  
Ad

Mailing Address RR 5 Box 191

City State

Zip Code

Keyser

WV

26726

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5689

Amount Incurred This Period

145.08

Payment This Period

145.08

Outstanding Balance at Close of This Period

0.00

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

**Tigre Strategies**Nature of Debt (Purpose):  
Robo calls

Mailing Address 3817 W. Dale Ave. Unit 1

City State

Zip Code

Tampa

FL

33609

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5692

Amount Incurred This Period

582.64

Payment This Period

0.00

Outstanding Balance at Close of This Period

582.64

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

**West Virginians for Life, Inc.**Nature of Debt (Purpose):  
Print Labels

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

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

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

763.48

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)

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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

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

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

0.24

Transaction ID : SD10.4847

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.24

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

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

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

10.16

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

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

PAGE 10 OF 71

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

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

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

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

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

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

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

43.76

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 71

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

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

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

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

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

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

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

47.31

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 71

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

0.23

Transaction ID : SD10.5025

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.23

B. 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

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

0.79

Transaction ID : SD10.5026

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.79

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

52.61

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 71

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):  
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

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

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

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

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

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

453.17

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 71

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

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

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

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

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

7.13

Transaction ID : SD10.5215

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.13

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

81.21

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 71

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

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

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

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

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

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

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

74.92

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 71

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

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

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

2.97

Transaction ID : SD10.5268

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.97

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

8.89

Transaction ID : SD10.5269

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.89

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

17.60

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 71

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

3.60

Transaction ID : SD10.5270

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.60

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

4.06

Transaction ID : SD10.5271

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.06

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

2.28

Transaction ID : SD10.5365

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.28

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

9.94

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 71

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

538.62

Transaction ID : SD10.5366

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

538.62

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

4.86

Transaction ID : SD10.5411

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4.86

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

36.87

Transaction ID : SD10.5421

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36.87

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

580.35

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 71

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

72.36

Transaction ID : SD10.5422

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

72.36

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

3.79

Transaction ID : SD10.5435

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.79

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

10.92

Transaction ID : SD10.5436

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.92

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

87.07

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 71

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

1.50

Transaction ID : SD10.5448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.50

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

2.70

Transaction ID : SD10.5449

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.70

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

2.70

Transaction ID : SD10.5450

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.70

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

6.90

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 21 OF 71

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

2.77

Transaction ID : SD10.5468

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.77

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

2.77

Transaction ID : SD10.5469

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.77

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

0.19

Transaction ID : SD10.5371

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.19

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

5.73

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 22 OF 71

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

39.35

Transaction ID : SD10.5492

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39.35

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

11.98

Transaction ID : SD10.5503

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.98

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

10.80

Transaction ID : SD10.5502

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.80

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

62.13

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 23 OF 71

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

8.00

Transaction ID : SD10.5523

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.00

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

0.19

Transaction ID : SD10.5372

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.19

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

11.40

Transaction ID : SD10.5373

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.40

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

19.59

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)

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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

0.13

Transaction ID : SD10.5577

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.13

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

5.69

Transaction ID : SD10.5578

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5.69

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

6.05

Transaction ID : SD10.5579

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6.05

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

11.87

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 25 OF 71

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

0.53

Transaction ID : SD10.5580

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.53

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

0.53

Transaction ID : SD10.5581

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.53

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

0.82

Transaction ID : SD10.5582

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.82

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

1.88

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)

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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):

Deliver Mailings

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5673

Amount Incurred This Period

36.32

Payment This Period

0.00

Outstanding Balance at Close of This Period

36.32

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

**West Virginians for Life, Inc.**

Nature of Debt (Purpose):

Deliver Mailings

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5674

Amount Incurred This Period

38.08

Payment This Period

0.00

Outstanding Balance at Close of This Period

38.08

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

0.00

Transaction ID : SD10.5685

Amount Incurred This Period

1458.26

Payment This Period

0.00

Outstanding Balance at Close of This Period

1458.26

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

1532.66

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)

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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):

Deliver Mailings

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5675

Amount Incurred This Period

26.88

Payment This Period

0.00

Outstanding Balance at Close of This Period

26.88

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

**West Virginians for Life, Inc.**

Nature of Debt (Purpose):

Deliver Mailings

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5676

Amount Incurred This Period

33.63

Payment This Period

0.00

Outstanding Balance at Close of This Period

33.63

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 : SD10.5678

Amount Incurred This Period

5.47

Payment This Period

0.00

Outstanding Balance at Close of This Period

5.47

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

65.98

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 28 OF 71

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 : SD10.5680

Amount Incurred This Period

6.57

Payment This Period

0.00

Outstanding Balance at Close of This Period

6.57

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 : SD10.5681

Amount Incurred This Period

1.51

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.51

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 : SD10.5682

Amount Incurred This Period

3.65

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.65

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

11.73

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 29 OF 71

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 : SD10.5683

Amount Incurred This Period

7.06

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.06

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

**West Virginians for Life, Inc State PAC Fund**Nature 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

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

**West Virginians for Life, Inc State PAC Fund**Nature 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

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

16.15

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 30 OF 71

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 Fund**Nature 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

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

**West Virginians for Life, Inc State PAC Fund**Nature 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

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

**West Virginians for Life, Inc State PAC Fund**Nature of Debt (Purpose):  
Postage

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

843.90

Transaction ID : SD10.5272

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

843.90

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

920.94

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

5775.10

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) ►

5775.10

Full Name of Payee <b>Moorefield Examiner</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 28 / 2014</div> </div>	
Mailing Address 132 S. Main St.		Amount <div> <div>7.61</div> </div>	
City Moorefield	State WV	Zip Code 26836	Transaction ID : <b>SE.5697</b>
Purpose of Expenditure Ad	Category/ Type	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 22 / 2014</div> </div>	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		<div> <div>279.51</div> </div>	District: <u>02</u> State: <u>WV</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	15.23
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 32 OF 71  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537	
Check if <input 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 <b>Postmaster</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2014</b>	
Mailing Address <b>300 Postal Plaza</b>		Amount <b>564.05</b>	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26505</b>	Transaction ID : <b>SE.5693</b>
Purpose of Expenditure <b>Postage</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>NATALIE TENNANT</b>		<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: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		<b>564.05</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2014</b>	
Mailing Address <b>300 Postal Plaza</b>		Amount <b>564.05</b>	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26505</b>	Transaction ID : <b>SE.5694</b>
Purpose of Expenditure <b>Postage</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>
Name of Federal Candidate <b>SHELLEY MOORE MS. CAPITO</b>		<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: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1128.10</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>1128.10</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mary Anne Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY <b>01 / 29 / 2015</b>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 33 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537	
Check if <input 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 <b>Postmaster</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 300 Postal Plaza		Amount 271.90	
City Morgantown	State WV	Zip Code 26505	Transaction ID : SE.5695
Purpose of Expenditure Postage	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Postmaster</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 300 Postal Plaza		Amount 93.35	
City Morgantown	State WV	Zip Code 26505	Transaction ID : SE.5754
Purpose of Expenditure Postage	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		271.90	
(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 <u>Mary Anne Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>		Date MM / DD / YYYY 01 / 29 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 34 OF 71  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537	
Check if <input 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 <b>Postmaster</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>	
Mailing Address <b>300 Postal Plaza</b>		Amount <b>93.35</b>	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26505</b>	Transaction ID : <b>SE.5755</b>
Purpose of Expenditure <b>Postage</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>	
Name of Federal Candidate <b>SHELLEY MOORE MS. CAPITO</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: _____ State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Toni Shillingburg</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2014</b>	
Mailing Address <b>RR 5 Box 191</b>		Amount <b>14.51</b>	
City <b>Keyser</b>	State <b>WV</b>	Zip Code <b>26726</b>	Transaction ID : <b>SE.5858</b>
Purpose of Expenditure <b>Ad</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 27 / 2014</b>	
Name of Federal Candidate <b>DAVID B MCKINLEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>01</b> State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>14.51</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Mary Anne Buchanan</i>		Date MM / DD / YYYY <b>01 / 29 / 2015</b>	
[Electronically Filed]			

Full Name of Payee <b>Toni Shillingburg</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address RR 5 Box 191		Amount 14.51	
City	State	Zip Code	Transaction ID : <b>SE.5860</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Keyser	WV	26726	
Purpose of Expenditure Ad		Category/ Type	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: WV
Calendar Year-To-Date Per Election for Office Sought		294.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	29.02
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

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

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 36 OF 71  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Toni Shillingburg</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>11 / 01 / 2014</b>	
Mailing Address <b>RR 5 Box 191</b>			Amount <span style="border:1px solid black; padding:2px;">14.50</span>	
City <b>Keyser</b>	State <b>WV</b>	Zip Code <b>26726</b>	Transaction ID : <b>SE.5861</b>	
Purpose of Expenditure <b>Ad</b>		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>10 / 27 / 2014</b>	
Name of Federal Candidate <b>GEORGE NICHOLAS JR CASEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">308.52</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Toni Shillingburg</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>10 / 24 / 2014</b>	
Mailing Address <b>RR 5 Box 191</b>			Amount <span style="border:1px solid black; padding:2px;">14.51</span>	
City <b>Keyser</b>	State <b>WV</b>	Zip Code <b>26726</b>	Transaction ID : <b>SE.5862</b>	
Purpose of Expenditure <b>Ad</b>		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>10 / 27 / 2014</b>	
Name of Federal Candidate <b>NICK JOE II RAHALL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">14.51</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">29.01</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
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 <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>01 / 29 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 37 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537	
Check if <input 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 <b>Toni Shillingburg</b>			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> 11 / 01 / 2014	
Mailing Address RR 5 Box 191			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             14.50           </div>	
City Keyser	State WV	Zip Code 26726	Transaction ID : <b>SE.5863</b> 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> 10 / 27 / 2014	
Purpose of Expenditure Ad		Category/ Type	<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>	
Name of Federal Candidate NICK JOE II RAHALL			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           29.01         </div>	

  

Full Name of Payee <b>Toni Shillingburg</b>			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> 10 / 24 / 2014	
Mailing Address RR 5 Box 191			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             14.51           </div>	
City Keyser	State WV	Zip Code 26726	Transaction ID : <b>SE.5864</b> 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> 10 / 27 / 2014	
Purpose of Expenditure Ad		Category/ Type	<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>	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           1150.23         </div>	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           29.01         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           _____         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           _____         </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  
 \_\_\_\_\_  
 Signature

[Electronically Filed]    Date 

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

 01 / 29 / 2015

Full Name of Payee <b>Toni Shillingburg</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address RR 5 Box 191		Amount 14.51	
City	State	Zip Code	Transaction ID : <b>SE.5866</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Keyser	WV	26726	
Purpose of Expenditure Ad		Category/ Type	
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 <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1179.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	29.02
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 39 OF 71  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00157537</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Toni Shillingburg</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 01 / 2014</div>		
Mailing Address RR 5 Box 191			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14.51</div>		
City Keyser		State WV	Zip Code 26726		<b>Transaction ID : SE.5867</b>
Purpose of Expenditure Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 27 / 2014</div>	
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1193.76</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Tigre Strategies</b> <b>[MEMO ITEM]</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 27 / 2014</div>		
Mailing Address 3817 W. Dale Ave. Unit 1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">291.32</div>		
City Tampa		State FL	Zip Code 33609		<b>Transaction ID : SE.5812</b>
Purpose of Expenditure Robo Calls		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 24 / 2014</div>	
Name of Federal Candidate ALEXANDER XAVIER MOONEY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <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: 1px solid black; padding: 2px; margin: 0 5px;">279.51</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14.51</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature  <i>Mary Anne Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 29 / 2015</div></div></div>					

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00157537	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>			
Full Name of Payee <b>Tigre Strategies</b> [MEMO ITEM] Mailing Address 3817 W. Dale Ave. Unit 1		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> Amount <input type="text"/>	
City State Zip Code Tampa FL 33609		Transaction ID : SE.5813 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure Robo Calls		Category/Type <input type="text"/>	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>West Virginians for Life, Inc.</b> [MEMO ITEM] Mailing Address 25 Canyon Rd		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> Amount <input type="text"/>	
City State Zip Code Morgantown WV 26508		Transaction ID : SE.5723 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure Postage		Category/Type <input type="text"/>	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<input type="text"/>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶		<input type="text"/>	
(c) TOTAL Independent Expenditures.....▶		<input type="text"/>	
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  Mary Anne Buchanan		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
[Electronically Filed]			



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 41 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          . . . / . . . / . . . . . .       </div>	

  

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 17 / 2014       </div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 245.24       </div>	
City Morgantown	State WV	Zip Code 26508	<b>Transaction ID : SE.5725</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 17 / 2014       </div>
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">. . . . .</div>		
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 0.00       </div>		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

  

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 17 / 2014       </div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 245.24       </div>	
City Morgantown	State WV	Zip Code 26508	<b>Transaction ID : SE.5726</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 17 / 2014       </div>
Purpose of Expenditure Postage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">. . . . .</div>		
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 0.00       </div>		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

  

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

[Electronically Filed]

Date 

M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 42 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          . . . / . . . / . . . . . .       </div>	

  

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 17 / 2014       </div>		
Mailing Address 25 Canyon Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 306.55       </div>		
City Morgantown	State WV	Zip Code 26508	<b>Transaction ID : SE.5727</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 17 / 2014       </div>		
Purpose of Expenditure Postage		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . .       </div>		
Name of Federal Candidate ALEXANDER XAVIER MOONEY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 271.90       </div>		
Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 17 / 2014       </div>		
Mailing Address 25 Canyon Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 220.71       </div>		
City Morgantown	State WV	Zip Code 26508	<b>Transaction ID : SE.5728</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 17 / 2014       </div>		
Purpose of Expenditure Postage		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . .       </div>		
Name of Federal Candidate DAVID B MCKINLEY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 0.00       </div>		
Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

  

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

[Electronically Filed]

Date 

M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2014</div> </div>	
Mailing Address 25 Canyon Rd		Amount <div> <div>4.76</div> </div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5743</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2014</div> </div>
Purpose of Expenditure Deliver Mailings		Category/ Type	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>271.90</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

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

01 / 29 / 2015

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

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2014</div> </div>	
Mailing Address 25 Canyon Rd		Amount <div> <div>8.76</div> </div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5745</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2014</div> </div>
Purpose of Expenditure Deliver Mailings		Category/ Type	
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: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1128.10</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

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

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

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 45 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537
Check if <input 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2014</b>	
Mailing Address 25 Canyon Rd		Amount <b>8.76</b>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5746</b>
Purpose of Expenditure Deliver Mailings	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>	
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: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		<b>1128.10</b>	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2014</b>	
Mailing Address 25 Canyon Rd		Amount <b>3.81</b>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5747</b>
Purpose of Expenditure Deliver Mailings	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2014</b>	
Name of Federal Candidate EVAN H JENKINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		<b>0.00</b>	

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

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

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 29 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 46 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 25 Canyon Rd		Amount 3.81	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5748</b>
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 36.53	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5749</b>
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 47 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 50.73	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5750</b>
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 50.73	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5751</b>
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
 01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 48 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 40.59	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5752</b>
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 40.59	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5753</b>
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
01 / 29 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 49 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 25 Canyon Rd		Amount 3.28	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5729</b>
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 25 Canyon Rd		Amount 4.54	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5730</b>
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
 01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 50 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537	
Check if <input 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 25 Canyon Rd		Amount 3.63	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5731
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate EVAN H JENKINS		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

  

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 25 Canyon Rd		Amount 3.63	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5732
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
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 <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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  
 01 / 29 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 51 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y       </div>	

  

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 17 / 2014       </div>			
Mailing Address    25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         8.35       </div>			
City Morgantown	State WV	Zip Code 26508	<b>Transaction ID : SE.5734</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 20 / 2014       </div>		
Purpose of Expenditure Deliver Mailings		Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 20 / 2014       </div>	
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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         1128.10       </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

  

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 17 / 2014       </div>			
Mailing Address    25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         8.35       </div>			
City Morgantown	State WV	Zip Code 26508	<b>Transaction ID : SE.5735</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 20 / 2014       </div>		
Purpose of Expenditure Deliver Mailings		Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 20 / 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: WV	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         1128.10       </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

  

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

[Electronically Filed]

Date    

M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 52 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00157537       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;">             M M M / D D D / Y Y Y Y Y Y              10 / 17 / 2014           </div>	
Mailing Address 25 Canyon Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;">             4.54           </div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5739</b>
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;">             M M M / D D D / Y Y Y Y Y Y              10 / 20 / 2014           </div>	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		<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: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;">           271.90         </div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;">           271.90         </div>	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;">             M M M / D D D / Y Y Y Y Y Y              10 / 20 / 2014           </div>	
Mailing Address 25 Canyon Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;">             2.42           </div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5756</b>
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;">             M M M / D D D / Y Y Y Y Y Y              10 / 20 / 2014           </div>	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;">           0.00         </div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;">           0.00         </div>	

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

M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 53 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 3.36	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5757</b>
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 3.36	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5758</b>
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 54 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b> Mailing Address    25 Canyon Rd  <div style="display: flex; justify-content: space-between;"> <div>City Morgantown</div> <div>State WV</div> <div>Zip Code 26508</div> </div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           2.69         </div> <b>Transaction ID : SE.5760</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	
Purpose of Expenditure Deliver Mailings		Category/Type	
Name of Federal Candidate EVAN H JENKINS		<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House    District: 03  <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: WV         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           0.00         </div>	

  

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b> Mailing Address    25 Canyon Rd  <div style="display: flex; justify-content: space-between;"> <div>City Morgantown</div> <div>State WV</div> <div>Zip Code 26508</div> </div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           2.69         </div> <b>Transaction ID : SE.5761</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	
Purpose of Expenditure Deliver Mailings		Category/Type	
Name of Federal Candidate NICK JOE II RAHALL		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House    District: 03  <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: WV         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           0.00         </div>	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">         0.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">         0.00       </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*

Signature \_\_\_\_\_

**[Electronically Filed]**

Date

MM / DD / YYYY  
01 / 29 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 55 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 6.18	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5762</b>
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 7.73	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5764</b>
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 56 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537
Check if <input 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 6.18	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5765
Purpose of Expenditure Deliver Mailings	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		1128.10	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 3.36	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5766
Purpose of Expenditure Deliver Mailings	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		0.00	

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

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

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
01 / 29 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 57 OF 71  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537
Check if <input 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>
Mailing Address 25 Canyon Rd		Amount <b>3.36</b>
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Deliver Mailings	Category/ Type	Transaction ID : <b>SE.5767</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>
Name of Federal Candidate <b>NICK JOE II RAHALL</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>
Mailing Address 25 Canyon Rd		Amount <b>4.21</b>
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Deliver Mailings	Category/ Type	Transaction ID : <b>SE.5768</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>
Name of Federal Candidate <b>ALEXANDER XAVIER MOONEY</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought <b>271.90</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
**01 / 29 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 58 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 4.21	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5770</b>
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 3.03	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5771</b>
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 59 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 7.73	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5774
Purpose of Expenditure Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 1.10	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5775
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate    District: 01 <input type="checkbox"/> President    State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

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

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Date

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01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 60 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 1.10	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5777
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 1.09	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5779
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: WV	
Calendar Year-To-Date Per Election for Office Sought 271.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
 01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 61 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 1.09	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5781
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 25 Canyon Rd		Amount 1.09	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5782
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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: _____ <input type="checkbox"/> President    State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

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

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Mary Anne Buchanan

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Date

 MM / DD / YYYY  
 01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 62 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          . . . / . . . / . . . . . .       </div>

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 21 / 2014       </div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 1.32       </div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5783</b>
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 21 / 2014       </div>	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 0.00       </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 21 / 2014       </div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 1.32       </div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5784</b>
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M M / D D D / Y Y Y Y Y Y          10 / 21 / 2014       </div>	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         . . . . . 271.90       </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

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

M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 63 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537	
Check if <input 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-between;"><div>10</div><div>21</div><div>2014</div></div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.31</div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5785</b>
Purpose of Expenditure Printing and Postage	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-between;"><div>10</div><div>21</div><div>2014</div></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; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

  

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-between;"><div>10</div><div>21</div><div>2014</div></div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.31</div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5786</b>
Purpose of Expenditure Printing and Postage	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-between;"><div>10</div><div>21</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 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; text-align: right;">1128.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

  

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

Signature \_\_\_\_\_

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

01

29

2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 64 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537
Check if <input 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2014</b>	
Mailing Address 25 Canyon Rd		Amount 1.31	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5788</b>
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2014</b>	
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 <input type="checkbox"/> President State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		1128.10	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 22 / 2014</b>	
Mailing Address 25 Canyon Rd		Amount 0.31	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5789</b>
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 22 / 2014</b>	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		279.51	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
**01 / 29 / 2015**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 65 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 25 Canyon Rd		Amount 0.30	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5790
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 25 Canyon Rd		Amount 0.30	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5791
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate GEORGE NICHOLAS JR CASEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 66 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00157537
Check if <input 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 22 / 2014</b>	
Mailing Address 25 Canyon Rd		Amount 0.30	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5792</b>
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 22 / 2014</b>	
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: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		1135.72	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 22 / 2014</b>	
Mailing Address 25 Canyon Rd		Amount 0.30	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5793</b>
Purpose of Expenditure Printing and Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 22 / 2014</b>	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		1135.72	

(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  
**01 / 29 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 67 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00157537       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 23 / 2014         </div>	
Mailing Address 25 Canyon Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">           0.73         </div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5794</b>
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 23 / 2014         </div>	
Name of Federal Candidate <b>ALEXANDER XAVIER MOONEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">           279.51         </div>	
		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 23 / 2014         </div>	
Mailing Address 25 Canyon Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">           0.73         </div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5795</b>
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 23 / 2014         </div>	
Name of Federal Candidate <b>GEORGE NICHOLAS JR CASEY</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">           279.51         </div>	
		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px;">           0.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px;">           0.00         </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

M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 68 OF 71  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Mailing Address    25 Canyon Rd		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: right;">0.73</div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5797</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>
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 <b>NATALIE TENNANT</b>		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="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Mailing Address    25 Canyon Rd		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: right;">0.73</div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5798</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>
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 <b>SHELLEY MOORE MS. CAPITO</b>		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="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">0.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) <b>TOTAL</b> 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  <div style="text-align: right;"><i>Mary Anne Buchanan</i></div>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">29</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 69 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2014</div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.41</div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5799</b>
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2014</div>	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2014</div>	
Mailing Address 25 Canyon Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.41</div>	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5800</b>
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2014</div>	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

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

01 / 29 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 70 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 25 Canyon Rd		Amount 1.41	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5801</b>
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 25 Canyon Rd		Amount 0.41	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5802</b>
Purpose of Expenditure Printing and Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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  
01 / 29 / 2015

Signature

C	C00157537
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Date of Public Distribution/Dissemination

10 / 24 / 2014

Amount

1.01

Transaction ID : SE.5803

Category/ Type	
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Date of Disbursement or Obligation

MM / DD / YYYY

10 / 24 / 2014

☒ Support  
☐ Oppose

Office Sought: ☒ House District: 02  
☐ President ☐ Senate State: WV

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

10 / 24 / 2014

Amount

Transaction ID : SE.5804

Category/ Type	
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Date of Disbursement or Obligation

MM / DD / YYYY

10 / 24 / 2014

☐ Support

☒ Oppose

Office Sought: ☒ House District: 02  
☐ President ☐ Senate State: WV

279.51

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

(c) TOTAL Independent Expenditures.....	1560.31
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Date \_\_\_\_\_

01 / 29 / 2015

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