

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

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

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
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

24

2008

through

06

30

2008

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

Mercer Marla

Signature of Treasurer

Electronically Filed by Mercer Marla

Date

01

25

2010

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)

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Write or Type Committee Name

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M
0 4D D
2 4Y Y Y Y
2 0 0 8

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2008		13.81
(b) Cash on Hand at Beginning of Reporting Period	18.81	
(c) Total Receipts (from Line 19)	819.42	824.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	838.23	838.23
7. Total Disbursements (from Line 31)	812.80	812.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25.43	25.43
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	722.13	

☐ 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)

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Write or Type Committee Name

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	2	4	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

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)	0.00	0.00
(ii) Unitemized	360.00	365.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	360.00	365.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	360.00	365.00
12. Transfers From Affiliated/Other Party Committees	459.42	459.42
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 Transfer (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))	819.42	824.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	819.42	824.42

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared 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 Expenditure (use Schedule E)	812.80	812.80	
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	812.80	812.80	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	812.80	812.80	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	360.00	365.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	360.00	365.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 22

(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

A.

Full Name (Last, First, Middle Initial)

West Virginians for Life, Inc. State PAC Fund

Mailing Address 25 Canyon Rd.

City

Morgantown

State

WV

Zip Code

26508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

459.42

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA12.4198

Amount of Each Receipt this Period

459.42

SUBTOTAL of Receipts This Page (optional)

459.42

TOTAL This Period (last page this line number only)

459.42

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

PAGE 7 / 22

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

NAME OF COMMITTEE (In Full)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Fairmont PrintingNature of Debt (Purpose):
Lit Drop Fliers

Mailing Address PO Box 2000

City	State	ZIP Code
Fairmont	WV	26555

Outstanding Balance Beginning This Period

151.31

Transaction ID: SD10.4117

Amount Incurred This Period

0.00

Payment This Period

151.31

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Fairmont PrintingNature of Debt (Purpose):
Mail Pieces

Mailing Address PO Box 2000

City	State	ZIP Code
Fairmont	WV	26555

Outstanding Balance Beginning This Period

308.11

Transaction ID: SD10.4118

Amount Incurred This Period

0.00

Payment This Period

308.11

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
West Virginians for Life, IncNature of Debt (Purpose):
Mail Pieces

Mailing Address 25 Canyon Rd.

City	State	ZIP Code
Morgantown	WV	26508

Outstanding Balance Beginning This Period

19.11

Transaction ID: SD10.4121

Amount Incurred This Period

0.00

Payment This Period

19.11

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

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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):
 Lt Drop Fliers

Mailing Address 25 Canyon Rd.

City	State	ZIP Code
Morgantown	WV	26508

Outstanding Balance Beginning This Period

13.28

Transaction ID: SD10.4122

Amount Incurred This Period

0.00

Payment This Period

13.28

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 West Virginians for Life, Inc

 Nature of Debt (Purpose):
 Folding Mail Pieces

Mailing Address 25 Canyon Rd.

City	State	ZIP Code
Morgantown	WV	26508

Outstanding Balance Beginning This Period

7.40

Transaction ID: SD10.4120

Amount Incurred This Period

0.00

Payment This Period

7.40

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 West Virginians for Life, Inc

 Nature of Debt (Purpose):
 Tabs

Mailing Address 25 Canyon Rd.

City	State	ZIP Code
Morgantown	WV	26508

Outstanding Balance Beginning This Period

34.27

Transaction ID: SD10.4119

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

34.27

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

34.27

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

3.92

Transaction ID: SD10.4123

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.92

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

0.00

Transaction ID: SD10.4165

Amount Incurred This Period

672.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

672.93

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: SD10.4166

Amount Incurred This Period

11.01

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.01

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

687.86

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

722.13

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)

722.13

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C C00157537	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fairmont Printing		Date MM / DD / YYYY 05 / 15 / 2008	
Mailing Address PO Box 2000		Amount 54.47	
City State Zip Code Fairmont WV 26555		Transaction ID: SE.4199	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: WV District: _____	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sheirl Fletcher		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008	

Full Name (Last, First, Middle, Initial) of Payee Fairmont Printing		Date MM / DD / YYYY 05 / 15 / 2008	
Mailing Address PO Box 2000		Amount 54.47	
City State Zip Code Fairmont WV 26555		Transaction ID: SE.4200	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: WV District: _____	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Wolfe		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	108.94
(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.

Melissa Adkins
Signature

Date MM / DD / YYYY
01 / 25 / 2010

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C C00157537	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fairmont Printing		Date MM / DD / YYYY 05 / 15 / 2008	
Mailing Address PO Box 2000		Amount 24.21	
City State Zip Code Fairmont WV 26555		Transaction ID: SE.4201	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alan Mollohan		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008	
Full Name (Last, First, Middle, Initial) of Payee Fairmont Printing		Date MM / DD / YYYY 05 / 15 / 2008	
Mailing Address PO Box 2000		Amount 18.16	
City State Zip Code Fairmont WV 26555		Transaction ID: SE.4202	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Nick Rahall		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		42.37	
(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.			
Melissa Adkins Signature		Date MM / DD / YYYY 01 / 25 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C C00157537	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fairmont Printing		Date MM / DD / YYYY 05 / 15 / 2008	
Mailing Address PO Box 2000		Amount 110.92	
City State Zip Code Fairmont WV 26555		Transaction ID: SE.4203	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sheirl Fletcher		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008	

Full Name (Last, First, Middle, Initial) of Payee Fairmont Printing		Date MM / DD / YYYY 05 / 15 / 2008	
Mailing Address PO Box 2000		Amount 110.92	
City State Zip Code Fairmont WV 26555		Transaction ID: SE.4204	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Wolfe		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	221.84
(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.

Melissa Adkins _____ Date MM / DD / YYYY
Signature 01 / 25 / 2010

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C C00157537	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fairmont Printing		Date MM / DD / YYYY 05 / 15 / 2008	
Mailing Address PO Box 2000		Amount 49.30	
City State Zip Code Fairmont WV 26555		Transaction ID: SE.4205	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alan Mollohan		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008	
Full Name (Last, First, Middle, Initial) of Payee Fairmont Printing		Date MM / DD / YYYY 05 / 15 / 2008	
Mailing Address PO Box 2000		Amount 36.97	
City State Zip Code Fairmont WV 26555		Transaction ID: SE.4206	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Nick Rahall		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		86.27	
(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.			
Melissa Adkins Signature		Date MM / DD / YYYY 01 / 25 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE		FEC IDENTIFICATION NUMBER C C00157537	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Federal Express		Date M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8	
Mailing Address 3965 Airways, Module G		Amount 1.13	
City State Zip Code Memphis TN 38116		Transaction ID: SE.4160	
Purpose of Expenditure Pstotage		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sheirl Fletcher		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 226.59		2008	

Full Name (Last, First, Middle, Initial) of Payee Federal Express		Date M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8	
Mailing Address 3965 Airways, Module G		Amount 1.13	
City State Zip Code Memphis TN 38116		Transaction ID: SE.4161	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Wolfe		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 227.72		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	2.26
(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.

Melissa Adkins
Signature

Date M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 1 0

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00157537 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Federal Express		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 6</div> <div style="border: 1px solid black; padding: 2px;">D D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 3965 Airways, Module G		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.12</div>	
City State Zip Code Memphis TN 38116		Transaction ID: SE.4162	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alan Mollohan		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 6</div> <div style="border: 1px solid black; padding: 2px;">D D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 25 Canyon Rd.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">112.73</div>	
City State Zip Code Morgantown WV 26508		Transaction ID: SE.4148	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sheirl Fletcher		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">113.85</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></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.			
Melissa Adkins Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 1</div> <div style="border: 1px solid black; padding: 2px;">D D 2 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C C00157537	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date MM / DD / YYYY 06 / 04 / 2008	
Mailing Address 25 Canyon Rd.		Amount 112.73	
City State Zip Code Morgantown WV 26508		Transaction ID: SE.4149	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Wolfe		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 225.46		2008	
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date MM / DD / YYYY 06 / 04 / 2008	
Mailing Address 25 Canyon Rd.		Amount 47.22	
City State Zip Code Morgantown WV 26508		Transaction ID: SE.4150	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alan Mollohan		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 47.22		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		159.95	
(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.			
Melissa Adkins Signature		Date MM / DD / YYYY 01 / 25 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Transaction ID: SE.4151	
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 6</div> <div style="border: 1px solid black; padding: 2px;">D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 25 Canyon Rd.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37.53</div>	
City State Zip Code Morgantown WV 26508		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Purpose of Expenditure Postage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	
Name of Federal Candidate supported or Opposed by expenditure: Nick Rahall		Check One: <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; text-align: right;">37.53</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 6</div> <div style="border: 1px solid black; padding: 2px;">D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 25 Canyon Rd.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.40</div>	
City State Zip Code Morgantown WV 26508		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	
Name of Federal Candidate supported or Opposed by expenditure: Sheirl Fletcher		Check One: <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; text-align: right;">235.12</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">44.93</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></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.			
Melissa Adkins Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 5</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 1 0</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE		FEC IDENTIFICATION NUMBER C C00157537	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8	
Mailing Address 25 Canyon Rd.		Amount 7.40	
City State Zip Code Morgantown WV 26508		Transaction ID: SE.4212	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Wolfe		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 235.12		2008	
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8	
Mailing Address 25 Canyon Rd.		Amount 4.31	
City State Zip Code Morgantown WV 26508		Transaction ID: SE.4213	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alan Mollohan		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 48.34		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		11.71	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Melissa Adkins Signature		Date M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00157537 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 6</div> <div style="border: 1px solid black; padding: 2px;">D D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 25 Canyon Rd.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.78</div>	
City State Zip Code Morgantown WV 26508		Transaction ID: SE.4215	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sheirl Fletcher		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 6</div> <div style="border: 1px solid black; padding: 2px;">D D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 25 Canyon Rd.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.78</div>	
City State Zip Code Morgantown WV 26508		Transaction ID: SE.4216	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Wolfe		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">9.56</div>	
(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.			
Melissa Adkins Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 1</div> <div style="border: 1px solid black; padding: 2px;">D D 2 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C C00157537	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date MM / DD / YYYY 06 / 04 / 2008	
Mailing Address 25 Canyon Rd.		Amount 2.13	
City State Zip Code Morgantown WV 26508		Transaction ID: SE.4217	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alan Mollohan		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 48.34		2008	
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date MM / DD / YYYY 06 / 04 / 2008	
Mailing Address 25 Canyon Rd.		Amount 1.59	
City State Zip Code Morgantown WV 26508		Transaction ID: SE.4218	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Nick Rahall		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		3.72	
(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.			
Melissa Adkins Signature		Date MM / DD / YYYY 01 / 25 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C C00157537	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date MM / DD / YYYY 06 / 04 / 2008	
Mailing Address 25 Canyon Rd.		Amount 2.47	
City State Zip Code Morgantown WV 26508		Transaction ID: SE.4219	
Purpose of Expenditure Folding		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sheirl Fletcher		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008	
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc		Date MM / DD / YYYY 06 / 04 / 2008	
Mailing Address 25 Canyon Rd.		Amount 2.47	
City State Zip Code Morgantown WV 26508		Transaction ID: SE.4220	
Purpose of Expenditure Folding		Office Sought: <input type="checkbox"/> House State: WV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Wolfe		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 235.12		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		4.94	
(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.			
Melissa Adkins Signature		Date MM / DD / YYYY 01 / 25 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE			FEC IDENTIFICATION NUMBER ▼ C C00157537		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee West Virginians for Life, Inc			Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 6</div> <div><small>D D</small> 0 4</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>		
Mailing Address 25 Canyon Rd.			Amount <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">2.46</div>		
City Morgantown		State WV	Transaction ID: SE.4221		
Zip Code 26508		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential			
Purpose of Expenditure Folding		Category/ Type		006	
Name of Federal Candidate supported or Opposed by expenditure: Alan Mollohan			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008		
			<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">48.34</div>		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">2.46</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">812.80</div>
<p>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.</p>	
Melissa Adkins _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>