

**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  
10 18 2012

through

M M M / D D D / Y Y Y Y Y Y  
11 26 2012

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

Type or Print Name of Treasurer Mary Anne Buchanan

Signature of Treasurer

Mary Anne Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 01 2015

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 18 2012 To: M M / D D / Y Y Y Y Y Y  
11 26 2012

	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 Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		85.90
(b) Cash on Hand at Beginning of Reporting Period.....	3106.86	
(c) Total Receipts (from Line 19) .....	21360.00	29043.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24466.86	29129.43
7. Total Disbursements (from Line 31) .....	24454.74	29117.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12.12	12.12
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) .....	417.13	



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)

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	8		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

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).....	20360.00	27535.00
(ii) Unitemized .....	0.00	508.53
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	20360.00	28043.53
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	21360.00	29043.53
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)) ..... ►	21360.00	29043.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	21360.00	29043.53

**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) .....	24454.74	29117.31
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)) ..	24454.74	29117.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24454.74	29117.31

**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) .....	21360.00	29043.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21360.00	29043.53
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 PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 71

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Kathy Baliker**

Mailing Address 1126 Blue Horizon Dr

City	State	Zip Code
Morgantown	WV	26501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Danny's Garage Door Service

Occupation

Co-Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2012

Transaction ID : SA11AI.4988

Amount of Each Receipt this Period

1000.00

Donation

Full Name (Last, First, Middle Initial)

**B. Kathy Baliker**

Mailing Address 1126 Blue Horizon Dr

City	State	Zip Code
Morgantown	WV	26501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Danny's Garage Door Service

Occupation

Co-Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : SA11AI.4989

Amount of Each Receipt this Period

3000.00

Donation

Full Name (Last, First, Middle Initial)

**C. Linda Day**

Mailing Address 1414 Eastern Ave

City	State	Zip Code
Morgantown	WV	26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pediatric Dentistry

Occupation

Co-owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period

3000.00

Donation

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 71  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Linda Day**

Mailing Address 1414 Eastern Ave

City State Zip Code  
Morgantown WV 26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pediatric Dentistry

Occupation

Co-owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11AI.4979**

Amount of Each Receipt this Period

1300.00

Donation

Full Name (Last, First, Middle Initial)

**B. Linda Day**

Mailing Address 1414 Eastern Ave

City State Zip Code  
Morgantown WV 26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pediatric Dentistry

Occupation

Co-owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11AI.4980**

Amount of Each Receipt this Period

25.00

Donation

Full Name (Last, First, Middle Initial)

**C. JOHN Reeves RAESE**

Mailing Address 590 CANYON ROAD

City State Zip Code  
MORGANTOWN WV 26508

FEC ID number of contributing  
federal political committee.

C S4WV00084

Name of Employer

Greer Industries

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11AI.4998**

Amount of Each Receipt this Period

4500.00

Donation

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

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

5825.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Stephanie Solomon**

Mailing Address 214 Sheridan Ln

City

Morgantown

State

WV

Zip Code

26508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4035.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2012

Transaction ID : SA11AI.4987

Amount of Each Receipt this Period

4035.00

Donation

Full Name (Last, First, Middle Initial)

**B. Rachel Turak**

Mailing Address 26 Madora Dr

City

Morgantown

State

WV

Zip Code

26505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pediatric &amp; Teenage Dentistry

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : SA11AI.4993

Amount of Each Receipt this Period

3500.00

Donation

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

7535.00

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

20360.00



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

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

FOR LINE NUMBER: PAGE 9 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. MCKINLEY FOR CONGRESS**

Mailing Address PO BOX 642

City State Zip Code  
MORGANTOWN WV 26507

FEC ID number of contributing  
federal political committee.

**C** C00473132

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 22 2012

Transaction ID : SA11C.4996

Amount of Each Receipt this Period

1000.00

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)..... ►

1000.00

1000.00

**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

**Adventure Radio**

Nature of Debt (Purpose):

Political Radio Ads

Mailing Address 900 Bluefield Ave

City State

Zip Code

Bluefield

WV

24701

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5088

Amount Incurred This Period

870.00

Payment This Period

870.00

Outstanding Balance at Close of This Period

0.00

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

**Alleghany Radio Corp**

Nature of Debt (Purpose):

Radio Political Ads

Mailing Address 15 East Industrial Park

City State

Zip Code

Cumberland

MD

21502

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5104

Amount Incurred This Period

1280.00

Payment This Period

1280.00

Outstanding Balance at Close of This Period

0.00

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

**Capper Broadcasting**

Nature of Debt (Purpose):

Radio Political Ads

Mailing Address 440 Radio Station Ln

City

State

Zip Code

Berkeley Springs

WV

25411

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5098

Amount Incurred This Period

420.00

Payment This Period

420.00

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

**Fairmont Printing**Nature of Debt (Purpose):  
Printing

Mailing Address PO Box 2000

City State

Zip Code

Fairmont

WV

26555

Outstanding Balance Beginning This Period

620.44

Transaction ID : SD10.4826

Amount Incurred This Period

0.00

Payment This Period

620.44

Outstanding Balance at Close of This Period

0.00

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

**Kindred Communications**Nature of Debt (Purpose):  
Political Radio Ads

Mailing Address 401 11th St, Ste 200

City State

Zip Code

Huntington

WV

25701

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5091

Amount Incurred This Period

960.00

Payment This Period

960.00

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 198 Emily Dr

City

State

Zip Code

Clarksburg

WV

26301

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5029

Amount Incurred This Period

429.75

Payment This Period

429.75

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

PAGE 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

**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 : SD10.5039

Amount Incurred This Period

1478.26

Payment This Period

1478.26

Outstanding Balance at Close of This Period

0.00

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

**The Summit Media Group**Nature of Debt (Purpose):  
Political Radio Ads

Mailing Address 180 Main St

City State

Zip Code

Sutton

WV

26601

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5076

Amount Incurred This Period

1140.00

Payment This Period

1140.00

Outstanding Balance at Close of This Period

0.00

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

**WCWV**Nature of Debt (Purpose):  
Radio Political Ads

Mailing Address 712 Main St

City

State

Zip Code

Summersville

WV

26651

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5101

Amount Incurred This Period

700.00

Payment This Period

700.00

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

**WELC/WAMN**Nature of Debt (Purpose):  
Political Radio Ads

Mailing Address 494 Blue Prince Rd

City State

Zip Code

Bluefield

WV

24701

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5082

Amount Incurred This Period

400.00

Payment This Period

400.00

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):  
Printing and Mailing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

1.02

Transaction ID : SD10.4819

Amount Incurred This Period

0.00

Payment This Period

1.02

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):  
Printing and Mailing

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.51

Transaction ID : SD10.4823

Amount Incurred This Period

0.00

Payment This Period

0.51

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

PAGE 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

57.74

Transaction ID : SD10.4799

Amount Incurred This Period

0.00

Payment This Period

57.74

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):  
Postage and Printing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

7.40

Transaction ID : SD10.4800

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):  
Print Labels

Mailing Address 25 Canyon Rd

City

State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

394.17

Transaction ID : SD10.4827

Amount Incurred This Period

0.00

Payment This Period

213.33

Outstanding Balance at Close of This Period

180.84

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

180.84

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

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 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

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

0.00

Transaction ID : SD10.5021

Amount Incurred This Period

6.63

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

0.00

Transaction ID : SD10.5022

Amount Incurred This Period

33.65

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 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):  
Postage and Printing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5023

Amount Incurred This Period

3.72

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

0.00

Transaction ID : SD10.5024

Amount Incurred This Period

7.95

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

0.00

Transaction ID : SD10.5052

Amount Incurred This Period

35.64

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 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):  
Postage and Printing

Mailing Address 25 Canyon Rd

City State

Zip Code

Morgantown

WV

26508

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5025

Amount Incurred This Period

0.23

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

0.00

Transaction ID : SD10.5051

Amount Incurred This Period

51.59

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

0.00

Transaction ID : SD10.5026

Amount Incurred This Period

0.79

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 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 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

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

0.00

Transaction ID : SD10.5030

Amount Incurred This Period

8.58

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.58

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

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

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 : SD10.5048

Amount Incurred This Period

73.36

Payment This Period

0.00

Outstanding Balance at Close of This Period

73.36

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

82.45

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

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

PAGE 20 OF 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 Virginia Radio Corporation**

Nature of Debt (Purpose):

Political Radio Ads

Mailing Address PO Box 1900

City State

Zip Code

Morgantown

WV

26507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5073

Amount Incurred This Period

4991.29

Payment This Period

4991.29

Outstanding Balance at Close of This Period

0.00

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

**West Virginia Radio Corporation**

Nature of Debt (Purpose):

Political Radio Ads

Mailing Address 1111 Virginia St East

City State

Zip Code

Charleston

WV

25301

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5085

Amount Incurred This Period

5760.00

Payment This Period

5760.00

Outstanding Balance at Close of This Period

0.00

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

**WKQR/WKOB**

Nature of Debt (Purpose):

Political Radio Ads

Mailing Address 494 Blue Prince Rd

City

State

Zip Code

Bluefield

WV

24701

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5079

Amount Incurred This Period

400.00

Payment This Period

400.00

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

**WOVK-FM**Nature of Debt (Purpose):  
Radio Political Ads

Mailing Address 1015 Main St

City State

Zip Code

Wheeling

WV

26003

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5095

Amount Incurred This Period

4050.00

Payment This Period

4050.00

Outstanding Balance at Close of This Period

0.00

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

**WVOW**Nature of Debt (Purpose):  
Political Radio Ad

Mailing Address 204 Main St., Suite 201

City State

Zip Code

Logan

WV

25601

Outstanding Balance Beginning This Period

675.00

Transaction ID : SD10.4884

Amount Incurred This Period

0.00

Payment This Period

675.00

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

0.00

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

417.13

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) ►

417.13

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 22 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		M M / D D / Y Y Y Y Y Y	
Full Name of Payee <b>Adventure Radio</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 900 Bluefield Ave		Amount 435.00	
City Bluefield	State WV	Zip Code 24701	Transaction ID : <b>SE.5089</b>
Purpose of Expenditure Political Radio Ads	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 26 / 2012	
Name of Federal Candidate JOE MANCHIN III		<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 2012 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Adventure Radio</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 900 Bluefield Ave		Amount 435.00	
City Bluefield	State WV	Zip Code 24701	Transaction ID : <b>SE.5090</b>
Purpose of Expenditure Political Radio Ads	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 26 / 2012	
Name of Federal Candidate JOHN Reeves RAESE		<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 2012 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		870.00	
(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]	
Signature		Date M M / D D / Y Y Y Y Y Y 07 / 01 / 2015	

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

 PAGE 23 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>Alleghany Radio Corp</b>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 15 East Industrial Park		Amount 640.00
City Cumberland	State MD	Zip Code 21502
Purpose of Expenditure Radio Political Ads	Category/Type	Transaction ID : SE.5105 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2012
Name of Federal Candidate JOE MANCHIN III	<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 21688.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Alleghany Radio Corp</b>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 15 East Industrial Park		Amount 640.00
City Cumberland	State MD	Zip Code 21502
Purpose of Expenditure Radio Political Ads	Category/Type	Transaction ID : SE.5106 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2012
Name of Federal Candidate JOHN Reeves RAESE	<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 22328.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1280.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 01 / 2015

Signature

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Capper Broadcasting		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 440 Radio Station Ln		Amount 210.00	
City Berkeley Springs	State WV	Zip Code 25411	Transaction ID : SE.5099
Purpose of Expenditure Radio Political Ads		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2012
Name of Federal Candidate JOE MANCHIN III		<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		20138.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Capper Broadcasting		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 440 Radio Station Ln		Amount 210.00	
City Berkeley Springs	State WV	Zip Code 25411	Transaction ID : SE.5100
Purpose of Expenditure Radio Political Ads		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2012
Name of Federal Candidate JOHN Reeves RAESE		<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		20348.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	420.00
(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 07 / 01 / 2015



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

 PAGE 25 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="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>

Full Name of Payee <b>Fairmont Printing</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Mailing Address <b>PO Box 2000</b>		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>105.77</span> </div> </div>
City <b>Fairmont</b>	State <b>WV</b>	Zip Code <b>26555</b>
Purpose of Expenditure <b>Printing</b>	Category/Type	<b>Transaction ID : SE.4969</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>10 / 31 / 2012</span> </div> </div>
Name of Federal Candidate <b>BARACK OBAMA</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" 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 2012 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Fairmont Printing</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> </div>
Mailing Address <b>PO Box 2000</b>		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>105.77</span> </div> </div>
City <b>Fairmont</b>	State <b>WV</b>	Zip Code <b>26555</b>
Purpose of Expenditure <b>Printing</b>	Category/Type	<b>Transaction ID : SE.4971</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>10 / 31 / 2012</span> </div> </div>
Name of Federal Candidate <b>MITT ROMNEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>211.54</span> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span></span> </div> </div>

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

Mary Anne Buchanan

[Electronically Filed]

Date

07 / 01 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 26 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;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Fairmont Printing</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address <b>PO Box 2000</b>			Amount <span style="border:1px solid black; padding:2px;">105.76</span>	
City <b>Fairmont</b>	State <b>WV</b>	Zip Code <b>26555</b>	Transaction ID : <b>SE.4972</b>	
Purpose of Expenditure <b>Printing</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;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 31 / 2012</b>	
Name of Federal Candidate <b>JOE MANCHIN III</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 <span style="border:1px solid black; padding:2px;">22433.93</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Fairmont Printing</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address <b>PO Box 2000</b>			Amount <span style="border:1px solid black; padding:2px;">105.77</span>	
City <b>Fairmont</b>	State <b>WV</b>	Zip Code <b>26555</b>	Transaction ID : <b>SE.4973</b>	
Purpose of Expenditure <b>Printing</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;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 31 / 2012</b>	
Name of Federal Candidate <b>JOHN Reeves RAESE</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 <span style="border:1px solid black; padding:2px;">22539.70</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">211.53</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;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 01 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 27 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>Fairmont Printing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address <b>PO Box 2000</b>		Amount <b>48.30</b>	
City <b>Fairmont</b>	State <b>WV</b>	Zip Code <b>26555</b>	Transaction ID : <b>SE.4974</b>
Purpose of Expenditure <b>Printing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2012</b>
Name of Federal Candidate <b>DAVID B MCKINLEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought <b>200.38</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Fairmont Printing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address <b>PO Box 2000</b>		Amount <b>48.45</b>	
City <b>Fairmont</b>	State <b>WV</b>	Zip Code <b>26555</b>	Transaction ID : <b>SE.4975</b>
Purpose of Expenditure <b>Printing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2012</b>
Name of Federal Candidate <b>Rick Snuffer</b>		<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 <b>336.81</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>96.75</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  
**07 / 01 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 28 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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Fairmont Printing</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address <b>PO Box 2000</b>		Amount 40.57	
City <b>Fairmont</b>	State <b>WV</b>	Zip Code <b>26555</b>	Transaction ID : <b>SE.4976</b>
Purpose of Expenditure <b>Printing</b>	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 31 / 2012</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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Fairmont Printing</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address <b>PO Box 2000</b>		Amount 60.05	
City <b>Fairmont</b>	State <b>WV</b>	Zip Code <b>26555</b>	Transaction ID : <b>SE.4977</b>
Purpose of Expenditure <b>Printing</b>	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 31 / 2012</b>	
Name of Federal Candidate <b>SHELLEY MOORE MS. CAPITO</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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		100.62	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Mary Anne Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 29 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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Kindred Communications</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address <b>401 11th St, Ste 200</b>		Amount <b>480.00</b>	
City <b>Huntington</b>	State <b>WV</b>	Zip Code <b>25701</b>	Transaction ID : <b>SE.5092</b>
Purpose of Expenditure <b>Political Radio Ads</b>	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 26 / 2012</b>	
Name of Federal Candidate <b>JOE MANCHIN III</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>15398.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Kindred Communications</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address <b>401 11th St, Ste 200</b>		Amount <b>480.00</b>	
City <b>Huntington</b>	State <b>WV</b>	Zip Code <b>25701</b>	Transaction ID : <b>SE.5093</b>
Purpose of Expenditure <b>Political Radio Ads</b>	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 26 / 2012</b>	
Name of Federal Candidate <b>JOHN Reeves RAESE</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>15878.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>960.00</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.			
Signature  <i>Mary Anne Buchanan</i>		Date <b>07 / 01 / 2015</b> <i>[Electronically Filed]</i>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 30 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	
Mailing Address <b>198 Emily Dr</b>		Amount 72.72	
City <b>Clarksburg</b>	State <b>WV</b>	Zip Code <b>26301</b>	Transaction ID : <b>SE.5031</b>
Purpose of Expenditure <b>Postage</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2012</b>	
Name of Federal Candidate <b>BARACK OBAMA</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought 72.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address <b>198 Emily Dr</b>		Amount 72.72	
City <b>Clarksburg</b>	State <b>WV</b>	Zip Code <b>26301</b>	Transaction ID : <b>SE.5032</b>
Purpose of Expenditure <b>Postage</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2012</b>	
Name of Federal Candidate <b>MITT ROMNEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought 145.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	145.44
(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]

Signature

Date

MM / DD / YYYY  
07 / 01 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 31 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	
Mailing Address <b>198 Emily Dr</b>		Amount <b>72.71</b>	
City <b>Clarksburg</b>	State <b>WV</b>	Zip Code <b>26301</b>	Transaction ID : <b>SE.5033</b>
Purpose of Expenditure <b>Postage</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2012</b>	
Name of Federal Candidate <b>JOE MANCHIN III</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>751.66</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address <b>198 Emily Dr</b>		Amount <b>72.72</b>	
City <b>Clarksburg</b>	State <b>WV</b>	Zip Code <b>26301</b>	Transaction ID : <b>SE.5034</b>
Purpose of Expenditure <b>Postage</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2012</b>	
Name of Federal Candidate <b>JOHN Reeves RAESE</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>824.38</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>145.43</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  
**07 / 01 / 2015**

Signature

**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	
Mailing Address <b>198 Emily Dr</b>		Amount 72.71	
City <b>Clarksburg</b>	State <b>WV</b>	Zip Code <b>26301</b>	Transaction ID : <b>SE.5035</b>
Purpose of Expenditure <b>Postage</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2012</b>	
Name of Federal Candidate <b>DAVID B MCKINLEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought 74.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address <b>198 Emily Dr</b>		Amount 15.69	
City <b>Clarksburg</b>	State <b>WV</b>	Zip Code <b>26301</b>	Transaction ID : <b>SE.5036</b>
Purpose of Expenditure <b>Postage</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2012</b>	
Name of Federal Candidate <b>Rick Snuffer</b>		<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 15.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		88.40	
(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 <b>07 / 01 / 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>		<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: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Mailing Address <b>198 Emily Dr</b>		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> <b>50.48</b>	
City <b>Clarksburg</b>	State <b>WV</b>	Zip Code <b>26301</b>	<b>Transaction ID : SE.5037</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>10 / 23 / 2012</b>
Purpose of Expenditure <b>Postage</b>		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate <b>SHELLEY MOORE MS. CAPITO</b>		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 <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>50.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Mailing Address <b>300 Postal Plaza</b>		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> <b>266.29</b>	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26505</b>	<b>Transaction ID : SE.5040</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>10 / 23 / 2012</b>
Purpose of Expenditure <b>Postage</b>		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>411.73</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> <b>316.77</b>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Mary Anne Buchanan</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>07 / 01 / 2015</b>	
[Electronically Filed]			

**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>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 300 Postal Plaza		Amount 266.28	
City Morgantown	State WV	Zip Code 26505	Transaction ID : <b>SE.5041</b>
Purpose of Expenditure Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012	
Name of Federal Candidate MITT ROMNEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 300 Postal Plaza		Amount 266.25	
City Morgantown	State WV	Zip Code 26505	Transaction ID : <b>SE.5042</b>
Purpose of Expenditure Postage	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012	
Name of Federal Candidate JOE MANCHIN III		<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 2012 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	532.53
(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  
07 / 01 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 35 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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address <b>300 Postal Plaza</b>		Amount 266.25	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26505</b>	Transaction ID : <b>SE.5043</b>
Purpose of Expenditure <b>Postage</b>		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 23 / 2012</b>
Name of Federal Candidate <b>JOHN Reeves RAESE</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		1356.88	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address <b>300 Postal Plaza</b>		Amount 77.39	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26505</b>	Transaction ID : <b>SE.5044</b>
Purpose of Expenditure <b>Postage</b>		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 23 / 2012</b>
Name of Federal Candidate <b>DAVID B MCKINLEY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		152.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		343.64	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mary Anne Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2015</b>	

**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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address <b>300 Postal Plaza</b>		Amount 142.13	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26505</b>	Transaction ID : <b>SE.5045</b>
Purpose of Expenditure <b>Postage</b>		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 23 / 2012</b>
Name of Federal Candidate <b>Rick Snuffer</b>		<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 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address <b>300 Postal Plaza</b>		Amount 130.54	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26505</b>	Transaction ID : <b>SE.5046</b>
Purpose of Expenditure <b>Postage</b>		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 23 / 2012</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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		272.67	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mary Anne Buchanan Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 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		MM / DD / YYYY

Full Name of Payee <b>Postmaster</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address <b>300 Postal Plaza</b>		Amount 63.13	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26505</b>	Transaction ID : <b>SE.5047</b>
Purpose of Expenditure <b>Postage</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2012</b>
Name of Federal Candidate <b>SHELLEY MOORE MS. CAPITO</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		113.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>The Summit Media Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address <b>180 Main St</b>		Amount 570.00	
City <b>Sutton</b>	State <b>WV</b>	Zip Code <b>26601</b>	Transaction ID : <b>SE.5077</b>
Purpose of Expenditure <b>Political Radio Ads</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2012</b>
Name of Federal Candidate <b>JOE MANCHIN III</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		6918.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	633.13
(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  
**07 / 01 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 38 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;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>The Summit Media Group</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address <b>180 Main St</b>			Amount <span style="border:1px solid black; padding:2px;">570.00</span>	
City <b>Sutton</b>	State <b>WV</b>	Zip Code <b>26601</b>	Transaction ID : <b>SE.5078</b>	
Purpose of Expenditure <b>Political Radio Ads</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;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 25 / 2012</b>	
Name of Federal Candidate <b>JOHN Reeves RAESE</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 <span style="border:1px solid black; padding:2px;">7488.17</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>WCWV</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address <b>712 Main St</b>			Amount <span style="border:1px solid black; padding:2px;">350.00</span>	
City <b>Summersville</b>	State <b>WV</b>	Zip Code <b>26651</b>	Transaction ID : <b>SE.5102</b>	
Purpose of Expenditure <b>Radio Political Ads</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;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 26 / 2012</b>	
Name of Federal Candidate <b>JOE MANCHIN III</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 <span style="border:1px solid black; padding:2px;">20698.17</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">920.00</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>		Date <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 01 / 2015</b>		
			[Electronically Filed]	

C C00157537

Amount

350.00

Category/ Type	
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Office Sought: ☐ House District: \_\_\_\_\_  
☐ President ☒ Senate State: WV

21048.17

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Amount

200.00

Category/ Type	
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Three digital displays are shown side-by-side, separated by slashes. The first display shows '10' with two small 'M' icons above it. The second display shows '25' with two small 'D' icons above it. The third display shows '2012' with four small 'Y' icons above it.

Office Sought: ☐ House District: \_\_\_\_\_  
☐ President ☒ Senate State: WV

8088.17

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

550.00

**\_\_\_\_\_**

**\_\_\_\_\_**

Date \_\_\_\_\_

07 / 01 / 2015

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

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 40 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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>WELC/WAMN</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 494 Blue Prince Rd		Amount 200.00	
City Bluefield	State WV	Zip Code 24701	Transaction ID : <b>SE.5084</b>
Purpose of Expenditure Political Radio Ads	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012	
Name of Federal Candidate JOHN Reeves RAESE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought	8288.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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 M M M / D D D / Y Y Y Y Y Y	
Mailing Address 25 Canyon Rd		Amount 6.28	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5999</b>
Purpose of Expenditure Postage and Printing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012	
Name of Federal Candidate BARACK OBAMA	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	3.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		200.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mary Anne Buchanan Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015	



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

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 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
Mailing Address 25 Canyon Rd		Amount 6.29
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/ Type	Transaction ID : <b>SE.6000</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2012
Name of Federal Candidate MITT ROMNEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 3.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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
Mailing Address 25 Canyon Rd		Amount 2.02
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/ Type	Transaction ID : <b>SE.6001</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2012
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 1.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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  
07 / 01 / 2015

Signature

**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>		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
Mailing Address 25 Canyon Rd		Amount 2.18
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/Type	Transaction ID : <b>SE.6002</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2012
Name of Federal Candidate Rick Snuffer	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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
Mailing Address 25 Canyon Rd		Amount 2.19
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/Type	Transaction ID : <b>SE.6003</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2012
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 2012 <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  
07 / 01 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 43 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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 25 Canyon Rd		Amount 2.11	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.6004</b>
Purpose of Expenditure Postage and Printing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		<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 2012 <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 M M M / D D D / Y Y Y Y Y Y	
Mailing Address 25 Canyon Rd		Amount 0.75	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.6005</b>
Purpose of Expenditure Postage and Printing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012	
Name of Federal Candidate BARACK OBAMA		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mary Anne Buchanan		[Electronically Filed]	
Signature		Date 07 / 01 / 2015	

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

 PAGE 44 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
Mailing Address 25 Canyon Rd		Amount 0.75
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/Type	Transaction ID : <b>SE.6006</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2012
Name of Federal Candidate MITT ROMNEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 3.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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
Mailing Address 25 Canyon Rd		Amount 0.74
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/Type	Transaction ID : <b>SE.6007</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2012
Name of Federal Candidate SHELLEY MOORE MS. CAPITO	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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  
07 / 01 / 2015

Signature

**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
Mailing Address 25 Canyon Rd		Amount 6.06
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Travel Deliver Mailings	Category/Type	Transaction ID : SE.5053 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012
Name of Federal Candidate BARACK OBAMA	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 678.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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
Mailing Address 25 Canyon Rd		Amount 6.06
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Travel Deliver Mailings	Category/Type	Transaction ID : SE.5054 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012
Name of Federal Candidate MITT ROMNEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 678.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

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

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

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 01 / 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>		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
Mailing Address 25 Canyon Rd		Amount 6.06
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Travel Deliver Mailings	Category/Type	Transaction ID : <b>SE.5057</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012
Name of Federal Candidate JOE MANCHIN III	<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 1356.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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
Mailing Address 25 Canyon Rd		Amount 6.05
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Travel Deliver Mailings	Category/Type	Transaction ID : <b>SE.5058</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012
Name of Federal Candidate JOHN Reeves RAESE	<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 1356.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 01 / 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 <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee <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: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Mailing Address    25 Canyon Rd		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 5.70	
City Morgantown	State WV	Zip Code 26508	<b>Transaction ID : SE.5059</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 10 / 23 / 2012
Purpose of Expenditure Travel Deliver Mailings		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate <b>DAVID B MCKINLEY</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WV</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 152.08			
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: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Mailing Address    25 Canyon Rd		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 1.07	
City Morgantown	State WV	Zip Code 26508	<b>Transaction ID : SE.5060</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 10 / 23 / 2012
Purpose of Expenditure Travel Deliver Mailings		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate <b>Rick Snuffer</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WV</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 288.36			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Mary Anne Buchanan</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 07 / 01 / 2015	
[Electronically Filed]			

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

 PAGE 48 OF 71  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00157537

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

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

Full Name of Payee

West Virginians for Life, Inc.

**[MEMO ITEM]**

Mailing Address

25 Canyon Rd

City

Morgantown

State

WV

Zip Code

26508

Date of Public Distribution/Dissemination

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

Amount

. . . . . 0.36

Transaction ID : SE.5061

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

Purpose of Expenditure

Travel Deliver Mailings

Category/  
Type

. . . . .

Name of Federal Candidate

NICK JOE II RAHALL

☐ Support☒ Oppose

Office Sought:

☒ House

District: 03

☐ President☐ Senate

State: WV

 Calendar Year-To-Date  
 Per Election for Office Sought

. . . . . 288.36

 Disbursement For: ☐ Primary ☒ General  
 2012 ☐ Other (specify) ▶

Full Name of Payee

West Virginians for Life, Inc.

**[MEMO ITEM]**

Mailing Address

25 Canyon Rd

City

Morgantown

State

WV

Zip Code

26508

Date of Public Distribution/Dissemination

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

Amount

. . . . . 4.28

Transaction ID : SE.5062

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

Purpose of Expenditure

Travel Deliver Mailings

Category/  
Type

. . . . .

Name of Federal Candidate

SHELLEY MOORE MS. CAPITO

☒ Support☐ Oppose

Office Sought:

☒ House

District: 02

☐ President☐ Senate

State: WV

 Calendar Year-To-Date  
 Per Election for Office Sought

. . . . . 113.61

 Disbursement For: ☐ Primary ☒ General  
 2012 ☐ Other (specify) ▶

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

. . . . . 0.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

. . . . .

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

. . . . .

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

Mary Anne Buchanan

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 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>		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
Mailing Address 25 Canyon Rd		Amount 1.84
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/Type	Transaction ID : <b>SE.6009</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012
Name of Federal Candidate BARACK OBAMA	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 3.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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
Mailing Address 25 Canyon Rd		Amount 1.84
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/Type	Transaction ID : <b>SE.6010</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012
Name of Federal Candidate MITT ROMNEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 3.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 01 / 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		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
Mailing Address 25 Canyon Rd		Amount 0.04
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/ Type	Transaction ID : <b>SE.6011</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012
Name of Federal Candidate Rick Snuffer	<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 288.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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
Mailing Address 25 Canyon Rd		Amount 0.04
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/ Type	Transaction ID : <b>SE.6012</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012
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 288.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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  
07 / 01 / 2015

Signature

**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		

Full Name of Payee <b>West Virginians for Life, Inc.</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address    25 Canyon Rd		Amount 0.50	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.6013</b>
Purpose of Expenditure Postage and Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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	
Mailing Address    25 Canyon Rd		Amount 8.77	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5063</b>
Purpose of Expenditure Travel Deliver Mailings	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2012	
Name of Federal Candidate BARACK OBAMA		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" 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 2012 <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  
 07 / 01 / 2015

Signature

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

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 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
Mailing Address 25 Canyon Rd		Amount 8.77
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Travel Deliver Mailings	Category/Type	Transaction ID : <b>SE.5064</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2012
Name of Federal Candidate MITT ROMNEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought 678.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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
Mailing Address 25 Canyon Rd		Amount 1.11
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Travel Deliver Mailings	Category/Type	Transaction ID : <b>SE.5067</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2012
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 152.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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  
07 / 01 / 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>		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
Mailing Address 25 Canyon Rd		Amount 6.31
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Travel Deliver Mailings	Category/Type	Transaction ID : <b>SE.5069</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2012
Name of Federal Candidate Rick Snuffer	<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 288.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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
Mailing Address 25 Canyon Rd		Amount 5.75
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Travel Deliver Mailings	Category/Type	Transaction ID : <b>SE.5070</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2012
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 288.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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  
07 / 01 / 2015

Signature

C C00157537

Full Name of Payee <b>West Virginians for Life, Inc.</b> [MEMO ITEM]		Date of Public Distribution/Dissemination
Mailing Address      25 Canyon Rd		Amount
City	State	
Morgantown	WV	0.05
Purpose of Expenditure Postage and Printing	Category/ Type	<b>Transaction ID : SE.6014</b> Date of Disbursement or Obligation
Name of Federal Candidate	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		

(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.

Date \_\_\_\_\_

Signature

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

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 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
Mailing Address 25 Canyon Rd		Amount 0.05
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/Type	Transaction ID : SE.6015 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2012
Name of Federal Candidate MITT ROMNEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 3.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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
Mailing Address 25 Canyon Rd		Amount 0.03
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/Type	Transaction ID : SE.6016 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2012
Name of Federal Candidate SHELLEY MOORE MS. CAPITO	<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 113.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

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

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

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 01 / 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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 25 Canyon Rd		Amount 0.51	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5001</b>
Purpose of Expenditure Printing and Mailing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2012	
Name of Federal Candidate Rick Snuffer		<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 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 25 Canyon Rd		Amount 0.51	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5002</b>
Purpose of Expenditure Printing and Mailing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2012	
Name of Federal Candidate JOHN Reeves RAESE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		1.02	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mary Anne Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015	



**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		M M / D D / Y Y Y Y Y Y	
Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 25 Canyon Rd		Amount 0.51	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5003</b>
Purpose of Expenditure Printing and Mailing	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 16 / 2012	
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 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 25 Canyon Rd		Amount 11.18	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5004</b>
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 16 / 2012	
Name of Federal Candidate BARACK OBAMA		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input checked="" 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 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		11.69	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mary Anne Buchanan Signature		[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 01 / 2015	

**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>		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>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 25 Canyon Rd		Amount 11.19
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Printing	Category/Type	Transaction ID : SE.5005 Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2012
Name of Federal Candidate MITT ROMNEY		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" 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 2012 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 25 Canyon Rd		Amount 11.19
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Printing	Category/Type	Transaction ID : SE.5006 Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2012
Name of Federal Candidate JOE MANCHIN III		Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <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 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22.38
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 01 / 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>		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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 25 Canyon Rd		Amount 11.19	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5007</b>
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2012	
Name of Federal Candidate JOHN Reeves RAESE		<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 2012 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 25 Canyon Rd		Amount 2.75	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5008</b>
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2012	
Name of Federal Candidate DAVID B MCKINLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		13.94	
(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.			
Mary Anne Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015	

**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>		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		M M / D D / Y Y Y Y Y Y	
Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 25 Canyon Rd		Amount 5.12	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5009</b>
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 16 / 2012	
Name of Federal Candidate Rick Snuffer		<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 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 25 Canyon Rd		Amount 5.12	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5010</b>
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 16 / 2012	
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 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		10.24	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mary Anne Buchanan		[Electronically Filed]	
Signature		Date 07 / 01 / 2015	

**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>		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>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 25 Canyon Rd		Amount 1.48
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/Type	Transaction ID : SE.5011 Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2012
Name of Federal Candidate BARACK OBAMA	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 913.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 25 Canyon Rd		Amount 1.48
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage and Printing	Category/Type	Transaction ID : SE.5012 Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2012
Name of Federal Candidate MITT ROMNEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 914.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2.96
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 01 / 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>			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;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>West Virginians for Life, Inc.</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address    25 Canyon Rd			Amount <span style="border:1px solid black; padding:2px;">1.48</span>	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26508</b>	Transaction ID : <b>SE.5013</b>	
Purpose of Expenditure Postage and Printing		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 16 / 2012</b>	
Name of Federal Candidate <b>JOE MANCHIN III</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 <span style="border:1px solid black; padding:2px;">22564.07</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>West Virginians for Life, Inc.</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address    25 Canyon Rd			Amount <span style="border:1px solid black; padding:2px;">1.48</span>	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26508</b>	Transaction ID : <b>SE.5014</b>	
Purpose of Expenditure Postage and Printing		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 16 / 2012</b>	
Name of Federal Candidate <b>JOHN Reeves RAESE</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 <span style="border:1px solid black; padding:2px;">22565.55</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">2.96</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> 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;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 01 / 2015</b>

**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>			<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: 100px;"></div>				
Full Name of Payee <b>West Virginians for Life, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address    25 Canyon Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1.48	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5015</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 11 / 16 / 2012	
Purpose of Expenditure Postage and Printing		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate <b>DAVID B MCKINLEY</b>		<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="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 205.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>West Virginians for Life, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address    25 Canyon Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 67.01	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5017</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 11 / 16 / 2012	
Purpose of Expenditure Print Labels		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate <b>BARACK OBAMA</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 981.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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;"></div> 68.49	
(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  <i>Mary Anne Buchanan</i>		[Electronically Filed]    Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 07 / 01 / 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>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 25 Canyon Rd		Amount 67.01
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Print Labels	Category/Type	Transaction ID : SE.5018 Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2012
Name of Federal Candidate MITT ROMNEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 1048.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>West Virginians for Life, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 25 Canyon Rd		Amount 67.01
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Print Labels	Category/Type	Transaction ID : SE.5019 Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2012
Name of Federal Candidate JOE MANCHIN III	<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 22632.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	134.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 01 / 2015

Signature



Full Name of Payee West Virginians for Life, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 25 Canyon Rd		Amount 12.30	
City Morgantown	State WV	Zip Code 26508	Transaction ID : SE.5020 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Print Labels	Category/ Type		
Name of Federal Candidate JOHN Reeves RAESE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: _____ State: WV <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	22644.86		

Full Name of Payee <b>West Virginians for Life, Inc State PAC Fund</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 25 Canyon Rd		Amount 8.58
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage	Category/ Type	Transaction ID : SE.5038 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012
Name of Federal Candidate SHELLEY MOORE MS. CAPITO	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate    District: 02 State: WV
Calendar Year-To-Date Per Election for Office Sought	50.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	12.30
(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.

Date \_\_\_\_\_

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>		<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 State PAC Fund</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address    25 Canyon Rd		Amount 73.36	
City Morgantown	State WV	Zip Code 26508	Transaction ID : <b>SE.5056</b>
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2012	
Name of Federal Candidate SHELLEY MOORE MS. CAPITO		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>West Virginia Radio Corporation</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address    PO Box 1900		Amount 2495.65	
City Morgantown	State WV	Zip Code 26507	Transaction ID : <b>SE.5074</b>
Purpose of Expenditure Political Radio Ads	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2012	
Name of Federal Candidate JOE MANCHIN III		<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: WV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	2495.65
(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  
 07 / 01 / 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: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee <b>West Virginia Radio Corporation</b>			Date of Public Distribution/Dissemination <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>	
Mailing Address <b>PO Box 1900</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2495.64</div>	
City <b>Morgantown</b>		State <b>WV</b>	Zip Code <b>26507</b>	
Purpose of Expenditure <b>Political Radio Ads</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : <b>SE.5075</b> Date of Disbursement or Obligation <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> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2012</div>
Name of Federal Candidate <b>JOHN Reeves RAESE</b>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6348.17</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>West Virginia Radio Corporation</b>			Date of Public Distribution/Dissemination <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>	
Mailing Address <b>1111 Virginia St East</b>			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2880.00</div>	
City <b>Charleston</b>		State <b>WV</b>	Zip Code <b>25301</b>	
Purpose of Expenditure <b>Political Radio Ads</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : <b>SE.5086</b> Date of Disbursement or Obligation <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> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2012</div>
Name of Federal Candidate <b>JOE MANCHIN III</b>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11168.17</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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;">5375.64</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; align-items: flex-end;"><div style="width: 40%;">Signature  <i>Mary Anne Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: center;">Date <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><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div></div></div>				

**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>			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;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>West Virginia Radio Corporation</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address <b>1111 Virginia St East</b>			Amount <span style="border:1px solid black; padding:2px;">2880.00</span>	
City <b>Charleston</b>	State <b>WV</b>	Zip Code <b>25301</b>	Transaction ID : <b>SE.5087</b>	
Purpose of Expenditure <b>Political Radio Ads</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;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 25 / 2012</b>	
Name of Federal Candidate <b>JOHN Reeves RAESE</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 <span style="border:1px solid black; padding:2px;">14048.17</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>WKQR/WKOB</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address <b>494 Blue Prince Rd</b>			Amount <span style="border:1px solid black; padding:2px;">200.00</span>	
City <b>Bluefield</b>	State <b>WV</b>	Zip Code <b>24701</b>	Transaction ID : <b>SE.5080</b>	
Purpose of Expenditure <b>Political Radio Ads</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;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 25 / 2012</b>	
Name of Federal Candidate <b>JOE MANCHIN III</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 <span style="border:1px solid black; padding:2px;">7688.17</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">3080.00</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.				
Mary Anne Buchanan		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 01 / 2015</b>
Signature				

Full Name of Payee <b>WKQR/WKOB</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 494 Blue Prince Rd		Amount 200.00	
City Bluefield	State WV	Zip Code 24701	Transaction ID : <b>SE.5081</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Political Radio Ads		Category/ Type	
Name of Federal Candidate JOHN Reeves RAESE		<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		7888.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <b>WOVK-FM</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> </div>	
Mailing Address 1015 Main St		Amount <div> <div>2025.00</div> </div>	
City Wheeling	State WV	Zip Code 26003	<b>Transaction ID : SE.5096</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 26 / 2012</div> </div>
Purpose of Expenditure Radio Political Ads		Category/ Type	
Name of Federal Candidate JOE MANCHIN III		<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> <div>17903.17</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.....	▶	2225.00
(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.

Date \_\_\_\_\_

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>		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>WOVK-FM</b>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 1015 Main St		Amount 2025.00
City Wheeling	State WV	Zip Code 26003
Purpose of Expenditure Radio Political Ads	Category/ Type	Transaction ID : <b>SE.5097</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2012
Name of Federal Candidate JOHN Reeves RAESE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: _____ State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>WVOW</b>		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 204 Main St., Suite 201		Amount 337.50
City Logan	State WV	Zip Code 25601
Purpose of Expenditure Ad	Category/ Type	Transaction ID : <b>SE.4999</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2012
Name of Federal Candidate JOHN Reeves RAESE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: _____ State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	2362.50
(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  
07 / 01 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 71 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>WVOW</b>		Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address <b>204 Main St., Suite 201</b>		Amount <b>337.50</b>		
City <b>Logan</b>	State <b>WV</b>	Zip Code <b>25601</b>	Transaction ID : <b>SE.5000</b>	
Purpose of Expenditure Ad		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 18 / 2012</b>	
Name of Federal Candidate <b>JOE MANCHIN III</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>678.95</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>337.50</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....		<b>24454.74</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Mary Anne Buchanan</i>		Date MM / DD / YYYY <b>07 / 01 / 2015</b>		
[Electronically Filed]				