



25 Canyon Road, Morgantown, WV 26508
 (304) 594-9845 / email: wvforlife@labs.net
 www.wvforlife.org

FACSIMILE TRANSMISSION COVER SHEET

11030534695

Date: 1-11-11

TO:

Name: Alan Holmes - Campaign Finance Analyst - Reports Analysis Division

Firm: FEC

Fax Number: 202-219-0174

FROM:

Our telephone number for automatic facsimile reception is:

(304) 594-9849

We are transmitting 8 pages (including this cover page).

If you have any trouble receiving these materials, please call:

Mary Anne Buchener at (304) 594-9845.

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTRONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name West Virginians for Life, Inc.

(b) Address (number and street) check if different than previously reported
25 Canyon Rd.

(c) City, State and ZIP Code Morgantown, WV 26508

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number
C

3. Is This Statement New or Amended

4. Covering Period 10/19/2010 through 10/28/2010

5. (a) Date of Public Distribution(s) 10/19/2010 (b) Communication Title "Obama's Health Care Law"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Sherri Stevens

(b) Address (number and street) _____

(c) City, State and ZIP Code Morgantown, WV 26508

(d) Name of Employer or Principal Place of Business West Virginians for Life, Inc. (e) Occupation Office Manager

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 10,757.80

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mary Anne Buchanan

SIGNATURE Mary Anne Buchanan DATE 1-11-2011

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

11030534696

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name
 Mary Anne Buchanan
 (b) Address (number and street)
 25 Canyon Rd.
 (c) City, State and ZIP Code
 Morgantown, WV 26508
 (d) Name of Employer or Principal Place of Business
 West Virginians for Life, Inc.
 (e) Occupation
 Communications Director

B. (a) Name
 (b) Address (number and street)
 (c) City, State and ZIP Code
 (d) Name of Employer or Principal Place of Business
 (e) Occupation

C. (a) Name
 (b) Address (number and street)
 (c) City, State and ZIP Code
 (d) Name of Employer or Principal Place of Business
 (e) Occupation

D. (a) Name
 (b) Address (number and street)
 (c) City, State and ZIP Code
 (d) Name of Employer or Principal Place of Business
 (e) Occupation

E. (a) Name
 (b) Address (number and street)
 (c) City, State and ZIP Code
 (d) Name of Employer or Principal Place of Business
 (e) Occupation

11030534697

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

11030534698

A. Full Name (Last, First, Middle Initial) of Payee <u>Suddenlink Media (Cable TV)</u>				Date of Disbursement or Obligation <input type="text" value="10"/> <input type="text" value="19"/> <input type="text" value="2010"/>	
Mailing Address of Payee <u>707 Virginia St., Suite 1450</u>				Amount <input type="text" value="3,990.00"/>	
City <u>Charleston</u>	State <u>WV</u>	Zip Code <u>25301</u>			
Name of Employer <u>Charleston</u>			Occupation <u>Occupation</u>		
Purpose of Disbursement (Including title(s) of communication(s)) <u>Electioneering Ad "Obama's Health Care Law"</u>					
Name of Federal Candidate <u>Nick Rahall</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>WV</u>	District: <u>3rd</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate <u>Nick Rahall</u>					
Name of Federal Candidate <u>Nick Rahall</u>					
Name of Federal Candidate <u>Nick Rahall</u>					
B. Full Name (Last, First, Middle Initial) of Payee <u>WOAY TV</u>				Date of Disbursement or Obligation <input type="text" value="10"/> <input type="text" value="20"/> <input type="text" value="2010"/>	
Mailing Address of Payee <u>P.O. Box 3001</u>				Amount <input type="text" value="1,000.00"/>	
City <u>Oak Hill</u>	State <u>WV</u>	Zip Code <u>25901</u>			
Name of Employer <u>Oak Hill</u>			Occupation <u>Occupation</u>		
Purpose of Disbursement (Including title(s) of communication(s)) <u>Electioneering Ad "Obama's Health Care Law"</u>					
Name of Federal Candidate <u>Nick Rahall</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>WV</u>	District: <u>3rd</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate <u>Nick Rahall</u>					
Name of Federal Candidate <u>Nick Rahall</u>					
Name of Federal Candidate <u>Nick Rahall</u>					
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<input type="text"/>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				<input type="text"/>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

11030534699

A. Full Name (Last, First, Middle Initial) of Payee
 WBTH/WXCC Radio East Kentucky Broadcasting

Mailing Address of Payee
 P.O. Box 2200

City Pikeville **State** KY **Zip Code** 41502

Name of Employer **Occupation**

Date of Disbursement or Obligation
 10 / 19 / 2010

Amount
 1,000.00

Communication Date
 10 / 19 / 2010

Purpose of Disbursement (Including title(s) of communication(s))

Electioneering Ad "Obama's Health Care Law"

Name of Federal Candidate Nick Rahall **Office Sought:** House **State:** WV **District:** 3rd

Disbursement/Obligation For:
 Primary General
 Other (specify) ▶

Name of Federal Candidate **Office Sought:** House **State:** **District:**

Disbursement/Obligation For:
 Primary General
 Other (specify) ▶

Name of Federal Candidate **Office Sought:** House **State:** **District:**

Disbursement/Obligation For:
 Primary General
 Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee
 WJLS AM + FM

Mailing Address of Payee
 102 N. Kanawha Street

City Beckley **State** WV **Zip Code** 25801

Name of Employer **Occupation**

Date of Disbursement or Obligation
 10 / 15 / 2010

Amount
 2,310.00

Communication Date
 10 / 19 / 2010

Purpose of Disbursement (Including title(s) of communication(s))

Electioneering Ad "Obama's Health Care Law"

Name of Federal Candidate Nick Rahall **Office Sought:** House **State:** WV **District:** 3rd

Disbursement/Obligation For:
 Primary General
 Other (specify) ▶

Name of Federal Candidate **Office Sought:** House **State:** **District:**

Disbursement/Obligation For:
 Primary General
 Other (specify) ▶

Name of Federal Candidate **Office Sought:** House **State:** **District:**

Disbursement/Obligation For:
 Primary General
 Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 10)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

11030534700

A. Full Name (Last, First, Middle Initial) of Payee

WOAY Radio

Mailing Address of Payee

240 Oak Hill Avenue

City

Oak Hill

State

WV

Zip Code

25901

Name of Employer

Occupation

Date of Disbursement or Obligation

10 19 2010

Amount

320.00

Communication Date

10 25 2010

Purpose of Disbursement (Including title(s) of communication(s))

Electioneering Ad "Obama's Health Care Law"

Name of Federal Candidate

Office Sought:

House

State: WV

Senate

District: 3rd

President

Disbursement/Obligation For:

Primary General

Other (specify) ▶

Name of Federal Candidate

Office Sought:

House

State: _____

Senate

District: _____

President

Disbursement/Obligation For:

Primary General

Other (specify) ▶

Name of Federal Candidate

Office Sought:

House

State: _____

Senate

District: _____

President

Disbursement/Obligation For:

Primary General

Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee

WOAY Radio

Mailing Address of Payee

P.O. Box 345 95 Jackson Street

City

Prestonburg

State

KY

Zip Code

41653

Name of Employer

Occupation

Date of Disbursement or Obligation

10 15 2010

Amount

560.00

Communication Date

10 19 2010

Purpose of Disbursement (Including title(s) of communication(s))

Electioneering Ad "Obama's Health Care Ad"

Name of Federal Candidate

Office Sought:

House

State: WV

Senate

District: 3rd

President

Disbursement/Obligation For:

Primary General

Other (specify) ▶

Name of Federal Candidate

Office Sought:

House

State: _____

Senate

District: _____

President

Disbursement/Obligation For:

Primary General

Other (specify) ▶

Name of Federal Candidate

Office Sought:

House

State: _____

Senate

District: _____

President

Disbursement/Obligation For:

Primary General

Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

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(carry total from last page to Line 10)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

11030534701

A. Full Name (Last, First, Middle Initial) of Payee <u>WVOW Radio</u>				Date of Disbursement or Obligation <input type="text" value="10"/> <input type="text" value="15"/> <input type="text" value="2010"/>	
Mailing Address of Payee <u>P.O. Box 1776</u>				Amount <input type="text" value="48000"/>	
City <u>Logan</u>	State <u>WV</u>	Zip Code <u>25601</u>			
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Electioneering Ad "Obama's Health Care Law"</u>					
Name of Federal Candidate <u>Nick Rahall</u>	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>WV</u> District: <u>3rd</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 					
Name of Federal Candidate 					
B. Full Name (Last, First, Middle Initial) of Payee <u>WELC AM+FM/WANN/WVJO</u>				Date of Disbursement or Obligation <input type="text" value="10"/> <input type="text" value="15"/> <input type="text" value="2010"/>	
Mailing Address of Payee <u>P.O. Box 6350</u>				Amount <u>940.</u> <input type="text" value="600000"/>	
City <u>Bluefield</u>	State <u>WV</u>	Zip Code <u>24701</u>			
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Electioneering Ad "Obama's Health Care Law"</u>					
Name of Federal Candidate <u>Nick Rahall</u>	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>WV</u> District: <u>3rd</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 					
Name of Federal Candidate 					
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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

11030534702

A. Full Name (Last, First, Middle Initial) of Payee NCWV Radio			Date of Disbursement or Obligation 10 / 15 / 2010		
Mailing Address of Payee 713 Main Street			Amount 20000		
City Summersville	State WV	Zip Code 26651	Communication Date 10 / 19 / 2010		
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Electioneering Ad "Obama's Health Care Law"					
Name of Federal Candidate Nick Rahall	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District: 3rd	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
B. Full Name (Last, First, Middle Initial) of Payee WVKM			Date of Disbursement or Obligation 10 / 18 / 2010		
Mailing Address of Payee P.O. Box 68			Amount 79380		
City Matewan	State WV	Zip Code 25678	Communication Date 10 / 19 / 2010		
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Electioneering Ad "Obama's Health Care Law"					
Name of Federal Candidate Nick Rahall	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District: 3rd	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			<input type="text"/>		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			<input type="text"/>		

Federal Election Commission
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11030534703