

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 11
 FOR SE OF FORM 24/48

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

Full Name of Payee Katrina S Bragg		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2016
Mailing Address PO Box 2638		Amount 45.91
City Westover	State WV	Zip Code 26502
Purpose of Expenditure Prepare Mailing	Category/Type	Transaction ID : SE.6806 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Katrina S Bragg		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2016
Mailing Address PO Box 2638		Amount 21.66
City Westover	State WV	Zip Code 26502
Purpose of Expenditure Deliver Mailings	Category/Type	Transaction ID : SE.6807 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	67.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Mary Anne Buchanan

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Date

 MM / DD / YYYY
05 / 03 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 11
FOR SE OF FORM 24/48NAME OF COMMITTEE (In Full)
WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00157537Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

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

Full Name of Payee
Creative Designs

Mailing Address 24 Hillview Est

City State Zip Code
Morgantown WV 26501Purpose of Expenditure
Design Mailing PieceCategory/
Type

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
05 02 2016

Amount

11.67

Transaction ID : SE.6785

Date of Disbursement or Obligation

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

Name of Federal Candidate

RAFAEL EDWARD 'TED' CRUZ

☒ Support
☐ OpposeOffice Sought: ☐ House District: _____
☒ President ☐ Senate State: _____Calendar Year-To-Date
Per Election for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶Full Name of Payee
Creative Designs

Mailing Address 24 Hillview Est

City State Zip Code
Morgantown WV 26501Purpose of Expenditure
Endorsements to WebpageCategory/
Type

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
04 27 2016

Amount

5.18

Transaction ID : SE.6790

Date of Disbursement or Obligation

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

Name of Federal Candidate

RAFAEL EDWARD 'TED' CRUZ

☒ Support
☐ OpposeOffice Sought: ☐ House District: _____
☒ President ☐ Senate State: _____Calendar Year-To-Date
Per Election for Office Sought

0.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

16.85

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶(c) **TOTAL** Independent Expenditures..... ▶

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Mary Anne Buchanan

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M M M / D D D / Y Y Y Y Y Y
05 03 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 11
FOR SE OF FORM 24/48

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

Full Name of Payee Creative Designs		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016
Mailing Address 24 Hillview Est		Amount 35.64
City Morgantown	State WV	Zip Code 26501
Purpose of Expenditure Design Online Newsletter	Category/Type	Transaction ID : SE.6793 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Fairmont Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2016
Mailing Address PO Box 2000		Amount 462.56
City Fairmont	State WV	Zip Code 26555
Purpose of Expenditure Print Postcards	Category/Type	Transaction ID : SE.6803 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	498.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00157537 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Katherine D Hoag		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 02 / 2016</div> </div>	
Mailing Address 775 Fairmont Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52.07</div>	
City Morgantown	State WV	Zip Code 26501	Transaction ID : SE.6808 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure Deliver Mailings	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Mineral Daily News Tribune		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 28 / 2016</div> </div>	
Mailing Address 21 Shamrock Dr		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.00</div>	
City Keyser	State WV	Zip Code 26726	Transaction ID : SE.6796 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure Ad	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">57.07</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Mary Anne Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 11
FOR SE OF FORM 24/48

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

Full Name of Payee Mineral Daily News Tribune		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2016
Mailing Address 21 Shamrock Dr		Amount 74.10
City Keyser	State WV	Zip Code 26726
Purpose of Expenditure Ad	Category/Type	Transaction ID : SE.6798 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2016
Mailing Address 300 Postal Plaza		Amount 1376.04
City Morgantown	State WV	Zip Code 26505
Purpose of Expenditure Postage	Category/Type	Transaction ID : SE.6802 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1450.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 11
FOR SE OF FORM 24/48

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

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2016
Mailing Address 1902 El Jazid St.		Amount 275.00
City Dellslow	State WV	Zip Code 26531
Purpose of Expenditure Postage	Category/Type	Transaction ID : SE.6810 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee West Virginians for Life, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2016
Mailing Address 25 Canyon Rd		Amount 185.93
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Print Labels	Category/Type	Transaction ID : SE.6784 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	460.93
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 11
FOR SE OF FORM 24/48

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

Full Name of Payee West Virginians for Life, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 22 / 2016
Mailing Address 25 Canyon Rd		Amount 0.02
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Printing and Postage	Category/Type	Transaction ID : SE.6786 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee West Virginians for Life, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2016
Mailing Address 25 Canyon Rd		Amount 0.01
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Printing	Category/Type	Transaction ID : SE.6787 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.03
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 8 OF 11
FOR SE OF FORM 24/48

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

Full Name of Payee West Virginians for Life, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2016
Mailing Address 25 Canyon Rd		Amount 0.16
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Printing	Category/Type	Transaction ID : SE.6788 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee West Virginians for Life, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 27 / 2016
Mailing Address 25 Canyon Rd		Amount 0.02
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Printing and Postage	Category/Type	Transaction ID : SE.6791 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.18
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 11
FOR SE OF FORM 24/48

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

Full Name of Payee West Virginians for Life, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2016
Mailing Address 25 Canyon Rd		Amount 2.13
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Printing	Category/Type	Transaction ID : SE.6792 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee West Virginians for Life, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2016
Mailing Address 25 Canyon Rd		Amount 0.06
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Printing and Postage	Category/Type	Transaction ID : SE.6797 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2.19
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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(Schedule E)PAGE 10 OF 11
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee West Virginians for Life, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2016
Mailing Address 25 Canyon Rd		Amount 0.18
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Postage	Category/Type	Transaction ID : SE.6799 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee West Virginians for Life, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2016
Mailing Address 25 Canyon Rd		Amount 4.70
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Printing and Postage	Category/Type	Transaction ID : SE.6800 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4.88
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee West Virginians for Life, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2016
Mailing Address 25 Canyon Rd		Amount 113.73
City Morgantown	State WV	Zip Code 26508
Purpose of Expenditure Printing	Category/Type	Transaction ID : SE.6812 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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..... ▶	113.73
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2671.77

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

Mary Anne Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 03 / 2016

Signature