

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		36.18
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	36.18									
(c) Total Receipts (from Line 19)	1115.64	1115.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1151.82	1151.82								
7. Total Disbursements (from Line 31)	1105.92	1105.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45.90	45.90								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	1312.29									

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**

Write or Type Committee Name

WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	45.00	45.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	45.00	45.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1070.64	1070.64
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1115.64	1115.64
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1115.64	1115.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1115.64	1115.64

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	1105.92	1105.92
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1105.92	1105.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1105.92	1105.92

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)	1115.64	1115.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1115.64	1115.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.	Full Name (Last, First, Middle Initial) West Virginians for Life, Inc State PAC Fund		Date of Receipt
	Mailing Address 25 Canyon Rd		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Morgantown	WV	26508
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11C.4176
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>	
		Transfer Funds Owed	

B.	Full Name (Last, First, Middle Initial) West Virginians for Life, Inc State PAC Fund		Date of Receipt
	Mailing Address 25 Canyon Rd		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Morgantown	WV	26508
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11C.4177
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="950.00"/>	
		Transfer Funds Owed	

C.	Full Name (Last, First, Middle Initial) West Virginians for Life, Inc State PAC Fund		Date of Receipt
	Mailing Address 25 Canyon Rd		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Morgantown	WV	26508
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11C.4178
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="120.64"/>	
		Transfer Funds Owed	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1070.64"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1070.64"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

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 Fiarмонт	State WV	ZIP Code 26555	

Outstanding Balance Beginning This Period 680.92		Transaction ID: SD10.4108	
Amount Incurred This Period 0.00	Payment This Period 680.92	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
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period 35.73		Transaction ID: SD10.4128	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 35.73	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Printing and Postage
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period 0.47		Transaction ID: SD10.4133	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.47	

1) SUBTOTALS This Period This Page (optional).....	▶	36.20
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Printing and Postage
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="0.47"/>		Transaction ID: SD10.4137	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.47"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Printing and Postage
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="0.47"/>		Transaction ID: SD10.4135	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.47"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Printing and Postage
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="0.47"/>		Transaction ID: SD10.4134	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.47"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1.41"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Printing and Postage
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="0.47"/>		Transaction ID: SD10.4130	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.47"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Printing and Postage
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="0.47"/>		Transaction ID: SD10.4132	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.47"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Printing and Postage
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="0.47"/>		Transaction ID: SD10.4138	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.47"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1.41"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

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 Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period 325.48		Transaction ID: SD10.4139	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 325.48	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Labels
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period 424.24		Transaction ID: SD10.4140	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 424.24	

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 Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period 3.92		Transaction ID: SD10.4142	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3.92	

1) SUBTOTALS This Period This Page (optional).....	▶	753.64
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)

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 Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="21.68"/>		Transaction ID: SD10.4143	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="21.68"/>	

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 Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="24.56"/>		Transaction ID: SD10.4144	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="24.56"/>	

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 Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="57.32"/>		Transaction ID: SD10.4145	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="57.32"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="103.56"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

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 Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="2.85"/>		Transaction ID: SD10.4146	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2.85"/>	

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 Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="3.40"/>		Transaction ID: SD10.4147	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3.40"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Printing
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="3.44"/>		Transaction ID: SD10.4148	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3.44"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="9.69"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

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 Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="6.59"/>		Transaction ID: SD10.4149	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6.59"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Delivery of Mailing
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="42.76"/>		Transaction ID: SD10.4150	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="42.76"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Delivery of Mailing
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="35.85"/>		Transaction ID: SD10.4151	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="35.85"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="85.20"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

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): Delivery of Mailing (fuel)
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period 17.91		Transaction ID: SD10.4152	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 17.91	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Delivery of Mailing (fuel)
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period 5.67		Transaction ID: SD10.4153	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5.67	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Printing
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period 4.40		Transaction ID: SD10.4154	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4.40	

1) SUBTOTALS This Period This Page (optional).....	27.98
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

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): Delivery of Mailing (fuel)
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="14.40"/>		Transaction ID: SD10.4155	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="14.40"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Delivery of Mailing (fuel)
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="22.23"/>		Transaction ID: SD10.4156	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="22.23"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor West Virginians for Life, Inc.			Nature of Debt (Purpose): Delivery of Mailing
Mailing Address 25 Canyon Rd			
City Morgantown	State WV	ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="35.65"/>		Transaction ID: SD10.4157	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="35.65"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="72.28"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 / 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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 Morgantown State WV ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="37.69"/>	Transaction ID: SD10.4158	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="37.69"/>

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 Morgantown State WV ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="207.70"/>	Transaction ID: SD10.4159	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="207.70"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 Morgantown State WV ZIP Code 26508	

Outstanding Balance Beginning This Period <input type="text" value="400.53"/>	Transaction ID: SD10.4160	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="217.30"/>	Outstanding Balance at Close of This Period <input type="text" value="183.23"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="220.92"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="1312.29"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="1312.29"/>

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE	FEC IDENTIFICATION NUMBER C C00157537
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Fairmont Printing

Mailing Address
PO Box 2000

City Fiarmont	State WV	Zip Code 26555
------------------	-------------	-------------------

Purpose of Expenditure Printing	Category/ Type
------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
JOHN REEVES Reeves RAESE

Calendar Year-To-Date Per Election for Office Sought	14.03
---	-------

Date
MM / DD / YYYY
03 / 28 / 2011

Amount
14.03

Transaction ID: SE.4120

Office Sought: House State: WV
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-General
2010

Full Name (Last, First, Middle, Initial) of Payee
Fairmont Printing

Mailing Address
PO Box 2000

City Fiarmont	State WV	Zip Code 26555
------------------	-------------	-------------------

Purpose of Expenditure Printing	Category/ Type
------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
JOE, III MANCHIN, III

Calendar Year-To-Date Per Election for Office Sought	228.06
---	--------

Date
MM / DD / YYYY
03 / 28 / 2011

Amount
214.03

Transaction ID: SE.4121

Office Sought: House State: WV
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : Special-General
2010

(a) SUBTOTAL of Itemized Independent Expenditures	228.06
(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.

Marla Mercer
Signature

Date MM / DD / YYYY
07 / 29 / 2011

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE	FEC IDENTIFICATION NUMBER C C00157537
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Fairmont Printing

Mailing Address
PO Box 2000

City State Zip Code
Fairmont WV 26555

Purpose of Expenditure Category/
Printing Type

Name of Federal Candidate supported or Opposed by expenditure:
DAVID B MCKINLEY

Calendar Year-To-Date Per Election for Office Sought **21.94**

Date
MM / DD / YYYY
03 / 28 / 2011

Amount
21.94

Transaction ID: SE.4122

Office Sought: House State: WV
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Fairmont Printing

Mailing Address
PO Box 2000

City State Zip Code
Fairmont WV 26555

Purpose of Expenditure Category/
Printing Type

Name of Federal Candidate supported or Opposed by expenditure:
DAVID B MCKINLEY

Calendar Year-To-Date Per Election for Office Sought **65.39**

Date
MM / DD / YYYY
05 / 03 / 2011

Amount
65.39

Transaction ID: SE.4123

Office Sought: House State: WV
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	87.33
(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.

Marla Mercer
Signature

Date MM / DD / YYYY
07 / 29 / 2011

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE	FEC IDENTIFICATION NUMBER C C00157537
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Fairmont Printing

Mailing Address
PO Box 2000

City Fiarmont	State WV	Zip Code 26555
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Purpose of Expenditure Printing	Category/ Type
------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
MICHAEL A. II OLIVERIO

Calendar Year-To-Date Per Election for Office Sought	109.28
---	--------

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Amount
87.34

Transaction ID: SE.4124

Office Sought: House State: WV
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Fairmont Printing

Mailing Address
PO Box 2000

City Fiarmont	State WV	Zip Code 26555
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Purpose of Expenditure Printing	Category/ Type
------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
ELLIOTT EDWARD MAYNARD

Calendar Year-To-Date Per Election for Office Sought	80.09
---	-------

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Amount
80.09

Transaction ID: SE.4125

Office Sought: House State: WV
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	167.43
(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.

Marla Mercer
Signature

Date M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE	FEC IDENTIFICATION NUMBER C C00157537
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Fairmont Printing

Mailing Address
PO Box 2000

City Fiarmont	State WV	Zip Code 26555
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Purpose of Expenditure Printing	Category/ Type
------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
NICK JOE II RAHALL

Calendar Year-To-Date Per Election for Office Sought	160.19
---	--------

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Amount
80.10

Transaction ID: SE.4126

Office Sought: House State: WV
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Fairmont Printing

Mailing Address
PO Box 2000

City Fiarmont	State WV	Zip Code 26555
------------------	-------------	-------------------

Purpose of Expenditure Printing	Category/ Type
------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
SHELLEY MOORE MS. CAPITO

Calendar Year-To-Date Per Election for Office Sought	118.00
---	--------

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Amount
118.00

Transaction ID: SE.4127

Office Sought: House State: WV
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	198.10
(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.

Marla Mercer
Signature

Date M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE	FEC IDENTIFICATION NUMBER C C00157537
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
West Virginians for Life, Inc State PAC Fund

Mailing Address
25 Canyon Rd

City State Zip Code
Morgantown WV 26508

Purpose of Expenditure Category/
Postage Type

Name of Federal Candidate supported or Opposed by expenditure:
DAVID B MCKINLEY

Calendar Year-To-Date Per Election for Office Sought 203.59

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Amount
94.31

Transaction ID: SE.4161

Office Sought: House State: WV
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
West Virginians for Life, Inc State PAC Fund

Mailing Address
25 Canyon Rd

City State Zip Code
Morgantown WV 26508

Purpose of Expenditure Category/
Postage Type

Name of Federal Candidate supported or Opposed by expenditure:
SHELLEY MOORE MS. CAPITO

Calendar Year-To-Date Per Election for Office Sought 187.20

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Amount
69.20

Transaction ID: SE.4162

Office Sought: House State: WV
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	163.51
(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.

Marla Mercer
Signature

Date M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE	FEC IDENTIFICATION NUMBER C C00157537
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
West Virginians for Life, Inc State PAC Fund

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Mailing Address
25 Canyon Rd

Amount
22.10

City State Zip Code
Morgantown WV 26508

Transaction ID: SE.4163

Purpose of Expenditure Category/ Type
Postage

Office Sought: House State: WV
 Senate District: 03
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
ELLIOTT EDWARD MAYNARD

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
182.29

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
West Virginians for Life, Inc State PAC Fund

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Mailing Address
25 Canyon Rd

Amount
22.09

City State Zip Code
Morgantown WV 26508

Transaction ID: SE.4164

Purpose of Expenditure Category/ Type
Postage

Office Sought: House State: WV
 Senate District: 03
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
NICK JOE II RAHALL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
204.38

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	44.19
(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.

Marla Mercer
Signature

Date M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE	FEC IDENTIFICATION NUMBER C C00157537
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
West Virginians for Life, Inc State PAC Fund

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Mailing Address
25 Canyon Rd

Amount
92.30

City State Zip Code
Morgantown WV 26508

Transaction ID: SE.4165

Purpose of Expenditure Category/ Type
Postage

Office Sought: House State: WV
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
JOHN REEVES Reeves RAESE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
320.36

Disbursement For: Primary General
 Other (specify) : Special-General
2010

Full Name (Last, First, Middle, Initial) of Payee
West Virginians for Life, Inc State PAC Fund

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Mailing Address
25 Canyon Rd

Amount
3.79

City State Zip Code
Morgantown WV 26508

Transaction ID: SE.4168

Purpose of Expenditure Category/ Type
Postage

Office Sought: House State: WV
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
JOHN REEVES Reeves RAESE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
324.15

Disbursement For: Primary General
 Other (specify) : Special-General
2010

(a) SUBTOTAL of Itemized Independent Expenditures	96.09
(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.

Marla Mercer
Signature

Date M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WEST VIRGINIANS FOR LIFE INC POLITICAL ACTION COMM- ITTEE	FEC IDENTIFICATION NUMBER ▼ C C00157537
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
West Virginians for Life, Inc State PAC Fund

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Mailing Address
25 Canyon Rd

Amount
96.09

City State Zip Code
Morgantown WV 26508

Transaction ID: SE.4169
Office Sought: House State: WV
 Senate District: _____
 Presidential

Purpose of Expenditure
Postage

Category/
Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
JOE, III MANCHIN, III

Disbursement For: Primary General
 Other (specify) : Special-General
2010

Calendar Year-To-Date Per Election
for Office Sought 420.24

Full Name (Last, First, Middle, Initial) of Payee
West Virginians for Life, Inc State PAC Fund

Date
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Mailing Address
25 Canyon Rd

Amount
25.12

City State Zip Code
Morgantown WV 26508

Transaction ID: SE.4170
Office Sought: House State: WV
 Senate District: 01
 Presidential

Purpose of Expenditure
Poatage

Category/
Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
MICHAEL A. II OLIVERIO

Disbursement For: Primary General
 Other (specify) : _____
2010

Calendar Year-To-Date Per Election
for Office Sought 228.71

(a) SUBTOTAL of Itemized Independent Expenditures	121.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1105.92

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.

Marla Mercer
Signature

Date M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 1