

State of West Virginia Campaign Financial Statement (Long Form) in Relation to the 2011 Election Year

Candidate or Committee Name <u>WEST VIRGINIANS FOR LIFE, INC STATE PAC</u>		Candidate or Committee's Treasurer <u>MARY ANNE BUCHANAN</u>	
Political Party (for candidates) <u>FUND</u>		Treasurer's Mailing Address (Street, Route or P.O. Box) <u>25 CANYON RD</u>	
Office Sought (for candidates)	District/Division	City, State, Zip Code <u>MORGANTOWN, WV 26508</u>	Daytime Phone # <u>(304) 594-9845</u>

Election Cycle Reporting Period (check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Primary - First Report
Due last Saturday in March or within 6 days thereafter. | <input type="checkbox"/> Pre-primary Report
Due 15 days preceding primary election or within 4 days thereafter | <input type="checkbox"/> Post-primary Report
Due 13 days following primary election or within 20 business days thereafter. |
| <input type="checkbox"/> General - First Report
Due last Saturday in September or within 6 days thereafter. | <input type="checkbox"/> Pre-general Report
Due 15 days preceding general election or within 4 days thereafter. | <input checked="" type="checkbox"/> Post-general Report
Due 13 days following general election or within 20 business days thereafter. |

Check if Applicable:

- Amended Report**
You must also check box of appropriate reporting period
- Final Report**
Zero balance required. PAC must also file Form F-6 Dissolution

Non-Election Cycle Reporting Period:

- Annual Report Due In** _____ **Calendar Year**
Due last Saturday in March or within 6 days thereafter

REPORT TOTALS

Fill in totals at the completion of the report.

RECEIPTS OF FUNDS:

Totals for this Period

CASH BALANCE SUMMARY

Contributions (Page 3)	<u>2350.00</u>
Monetary Contributions from all Fund-Raising Events (Page 4)	+
Receipt of a Transfer of Excess Funds (Page 8)	+
Total Monetary Contributions:	= <u>2350.00</u>
In-Kind Contributions (Page 5)	+
Total Contributions:	= <u>2350.00</u>

Beginning Balance (ending balance from previous report)	<u>514.76</u>
Total Monetary Contributions	+ <u>2350.00</u>
Total Other Income	+
Subtotal:	a. = <u>2864.76</u>

Other Income (Page 5)	
Loans Received (Page 6)	+
Total Other Income:	=

Total Expenditures (Page 7)	<u>785.00</u>
Total Disbursements of Excess Funds (Page 8)	+
Repayment of Loans (Page 6)	+
Subtotal:	b. = <u>785.00</u>

OUTSTANDING LOANS & DEBTS:

Unpaid Bills (Page 9)	<u>15287.54</u>
Outstanding Loans (Page 6)	+
Total Debts:	= <u>15287.54</u>

Ending Balance: (Subtotal a. - Subtotal b.)	= <u>2079.76</u>
<small>*Cannot be negative balance</small>	

**TOTAL CONTRIBUTIONS
ELECTION YEAR-TO-DATE
(Add total contributions from all reports)**

**TOTAL EXPENDITURES
ELECTION YEAR-TO-DATE
(Add total expenditures from all reports)**

17,370.67

14,853.40

Contributors of
\$250 or Less Check if additional pages
have been attached.

DATE	CONTRIBUTOR'S FULL NAME OR COMMITTEE'S NAME	AMOUNT
9/26/11	Angela Franks	50.00
	Mary Roseecker	20.00
	Robert Hesson	15.00
9/26/11	Carolyn Hill	10.00
10/15/11	Dorothy Massey	50.00
	Lynette Cline	100.00
	Lena Dahlia	15.00
	Barbara Kincaid	50.00
	Bill Heffern	100.00
	Linda Oldach	25.00
	Hilda Shorter	15.00
	Sarah Toothman	100.00
	Connie Gibbs	50.00
	Catherine Weiss	30.00
	Loretta Storkosky	20.00
	Judy Sloan	50.00
	Rhonda Jort	10.00

MAKE AS MANY COPIES
OF THIS PAGE AS YOU NEED

Subtotal of contributors of \$250 or less:

710.00

**CONTRIBUTIONS
\$250.00 OR MORE**

Check if additional pages have been attached.

DATE	INDIVIDUAL CONTRIBUTOR OR COMMITTEE'S NAME	AMOUNT
9/26/11	Full Name: Deborah Gillispie Address: 4017 Feely Dr Ona, WV. 25545 Contributor's job: (individual contributor only) Physician Where contributor works: (individual contributor only) Cabell Huntington Hospital Affiliation: (political committee only)	250.00
10/15/11	Full Name: Gurtu Franz Address: 913 Hawthorne Ave Morgantown, WV. 26505 Contributor's job: (individual contributor only) Retired Where contributor works: (individual contributor only) Affiliation: (political committee only)	250.00
10/15/11	Full Name: Shirley Bowie Address: RR Box 559 Clarksburg, WV. 26301 Contributor's job: (individual contributor only) Co-owner Where contributor works: (individual contributor only) Oil + Gas production Affiliation: (political committee only)	1,000.00
	Full Name: Address: Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	
	Full Name: Address: Contributor's job: (individual contributor only) Where contributor works: (individual contributor only) Affiliation: (political committee only)	

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OF THIS PAGE AS YOU NEED

Subtotal of all contributions of \$250 OR MORE
Subtotal of all contributions of less than \$250 (From page 2)

	1500.00
	+ 850.00
Total Contributions:	= 2350.00

UNPAID BILLS

Check if additional pages have been attached.

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount
5/3/2008	MAILING SYSTEMS OF PITTSBURGH		PRINTING	1089.00
10/29/2008	WEST VIRGINIANS FOR LIFE, INC.		POSTAGE	415.14
"	↓		PRINTING	9.53
10/29/2008			POSTAGE	1.75
"			"	98.10
10/30/2008			"	1.53
11/6/2008			TRAVEL/POST OFFICE	430.85
"			"	134.37
2/28/10			PURCHASE LIST	1267.50
"			PRINT LABELS	1453.32

Total Unpaid Bills:

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Financial Agent or Treasurer

Date _____, 20 ____

Office Use Only

Received By: _____

UNPAID BILLS

Check if additional pages have been attached.

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount	
3/29/10	WEST VIRGINIANS FOR LIFE, INC.		POSTAGE	56.32	
4/10/10			PRINTING	829.48	
4/19/10			POSTAGE	41.47	
4/20/10			"	28.49	
4/21/10			"	41.34	
4/22/10			"	24.89	
4/23/10			"	5.53	
4/26/10			"	35.52	
4/27/10				TRAVEL / DELIVER ^{MANUSC}	111.58
4/29/10				"	81.01

Total Unpaid Bills:

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Financial Agent or Treasurer

Date _____, 20 ____

Office Use Only

Received By: _____

UNPAID BILLS

Check if additional pages have been attached.

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount
4/28/10	WEST VIRGINIANS FOR LIFE, INC.		LABELS	202.80
4/29/10	↓		POSTAGE	8.75
"			PRINTING	15.37
"			TRAVEL/DELIVER MAILINGS	76.03
4/30/10			PRINTING	8.62
5/3/10			TRAVEL/DELIVER MAILINGS	131.49
5/4/10			"	11.27
5/5/10			"	30.00
"			POSTAGE	1930.20
8/10/10			PRINTING	3.27

Total Unpaid Bills:

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Financial Agent or Treasurer

Date _____, 20 ____

Office Use Only

Received By: _____

UNPAID BILLS

Check if additional pages have been attached.

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount	
8/25/10	WEST VIRGINIANS FOR LIFE, INC.		PURCHASE NAMES	464.25	
9/20/10			PRINTING	704.40	
9/27/10			LABELS	1207.44	
"			POSTAGE	5.88	
10/5/10			"	64.96	
10/6/10			"	50.77	
10/7/10			"	85.32	
10/14/10			"	6.64	
10/15/10			"	85.32	
10/19/10				PRINTING	8.21

Total Unpaid Bills:

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Financial Agent or Treasurer

Date _____, 20 ____

Office Use Only

Received By: _____

UNPAID BILLS

Check if additional pages have been attached.

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount
10/10/2010	WEST VIRGINIANS FOR LIFE INC.		POSTAGE	11.18
10/22/10			TRAVEL/ DELIVER MAILINGS	110.22
"			"	136.33
10/25/10			PRINTING	6.60
"			TRAVEL/GAS	68.11
"			"	14.54
10/26/2010			POSTAGE	705.24
"			TRAVEL/GAS/TOLLS	64.78
"			TRAVEL/GAS	35.77
"			TRAVEL/ DELIVER MAILINGS	104.13

Total Unpaid Bills:

OATH OR AFFIRMATION

I, _____, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Signature of Candidate, Financial Agent or Treasurer

Date _____, 20 _____

Office Use Only

Received By: _____

UNPAID BILLS

Check if additional pages have been attached.

Date	Owed to Whom	Affiliated with what Company or Group	Purpose	Amount
3/23/11	WEST VIRGINIANS FOR LIFE, INC		PRINT LABELS	689.76
"			PURCHASE LIST	25.92
4/25/11			POSTAGE	370.51
"			TRAVEL/DELIVER MAILINGS	75.99
4/26/11			POSTAGE	180.56
4/27/11			"	1430.19

Total Unpaid Bills: 15,287.54

OATH OR AFFIRMATION

I, Mary Anne Buchanan, swear or affirm that the attached statement is true and correct, to the best of my knowledge, for all financial transactions occurring within the period covered by this statement, as required by West Virginia Code §3-8-5a.

Mary Anne Buchanan Signature of Candidate, Financial Agent or Treasurer

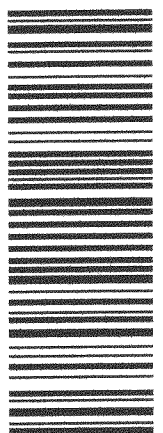
Date Nov. 9, 20 11

Office Use Only

RECEIVED
STATE OF WEST VIRGINIA
NOV 15 2011 11:02 AM

Received By: _____

7009 2820 0002 5930 040J



WEST VIRGINIANS FOR LIFE
 (304) 594-9845
 25 Canyon Rd
 MORGANTOWN, WV 26508

TO: Secretary of State
 Bldg 1, Suite 157-K
 1900 Kanawha Blvd. East
 Charleston, WV 25305-0770

U.S. POSTAGE
 PAID
 DELL SLOAN, WV
 26531-11
 NOV 14, 11
 AMOUNT

\$6.43
 00088864-08

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