State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2006 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?
- 5. Have you or anyone else given an in-kind contribution to your campaign?
- 6. Has your committee given or received a transfer of excess campaign funds?

Candidate or Committee Name HunHingfm-Cabell Repu	ublican Wimen PAC	Candidate or Committee's Treasurer Lisa thorn burg				
Political Party (for candidates)	Treasurer's Mailing Address (Street, Route or P.O. Box)					
Office Sought (for candidates)	District/Division	City, State, Zip C	ode W 2552	-	e Phone # 617-2960	
Election Cycle Rep	orting Period (chec	k one):		Che	eck if Applicable:	
Primary - First Report Due March 25- 31, 2006	Pre-primary Report Due April 22- 29, 200		-primary Report June 3- 9, 2006		Amended Report You must also check	
General - First Report Due Sept. 2-8, 2006	Pre-general Report Due Oct. 21-28, 200		general Report Dec 2- 8, 2006		box of appropriate reporting period	
Ion-Election Cycle Reporting Period:	Calendar Yeaday in March or dereafter	dar Year		Final Report Zero balance required PAC must also file Form F-6 Dissolution		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1. //, 89		TOTAL CONTRIBUTIONS		
Total Contributions (from Page 2)	2.	+ -0-	ELECTION YEAR-TO-DATE (Add line 2 from all reports)		
			0		
Subtotal (lines 1+2)	3.	=	TOTALEXPENDITURES		
Total Expenditures (from Page 2)	4.	0-	ELECTION YEAR-TO-DATE (Add line 4 from all reports)		
Ending Balance		1100	0		
(lines 3-4)		= //, 8 7.			
*Cannot have a ne	gati	ve ending balance			

CONTRIBUTIONS

\$250 or less

More than \$250

Date	Full Name	Amount	Date				Amount		
				Full Name: Address:					
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)					
				Full Name: Address:					
				Contributor's job: (Individ Where works: (Individual Affiliation: (Political comr					
				Full Name: Address:					
				Contributor's job: (Individual) Where works: (Individual) Affiliation: (Political committee)					
				Full Name: Address:					
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	eck if additional pages be been atached.			Total Co (add bot	ntributions: h columns)	C)		
		EMIZED E	XPE	NDITURES					
Date	Full name, residence address (if pers	on); business a	ddress	(if firm)	Purpose		Amount		
							1		

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	PAGE AS YOU NEED.				Total Expend	aitures: _	$\mathcal{O}_{\mathcal{O}}$		
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	to the best of my knowledge, ont as required by West Virginia			ansactions occurring	g within the p	erioa cove	rea by this		
<i>A</i>	esa Spornlury	K		Signatur	e of Candidat	e, Agent, o	r Treasurer		
Date	/ / 200 * O				Office Use On	lly .			
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				99	:7 Hd 1-	YAM 30			
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