

C-2
Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT
SUMMARY PAGE
(Please Print or Type)

Section I

Name of Candidate or Political Committee and Chairperson SHARON L. BLOCK		Office Sought (if candidate) ST. REP. B	District (if any) 24
Mailing Address 1093 LAKEWOOD DR.	<input type="checkbox"/> Check if address change.	City and Zip TWIN FALLS, 83301	Home Phone (208) 734-6360
Name of Political Treasurer DELBERT W. BLOCK		Work Phone STATE	
Mailing Address 1093 LAKEWOOD DR.	<input type="checkbox"/> Check if address change.	City and Zip TWIN FALLS, 83301	Home Phone (208) 734-6360
		Work Phone SAME	

Section II

TYPE OF REPORT

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from OCT. 23, 06 through NOV. 17, 06

- 7 Day Pre-Primary Report
- 30 Day Post-Primary Report
- October 10 Pre-General Report
- 7 Day Pre-General Report
- 30 Day Post-General Report
- Annual Report
- Semi-Annual Report (Statewide Candidates Only)

Is this Report an amendment? Yes No Is this a Termination Report? Yes No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

I hereby certify that I have received no contributions and have made no expenditures during this reporting period from _____ through _____.

Section IV

SUMMARY

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Year*	\$ <u>XXXXXX</u>	\$ <u>957.55</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>2,325.07</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1,300.00</u>	\$ <u>4,200.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>3,625.07</u>	\$ <u>5,157.55</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>835.09</u>	\$ <u>2,367.57</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>2,789.98</u>	\$ <u>2,789.98</u>
Line 7: Outstanding Debt to Date	\$ <u>-0-</u>	

*This same figure should be entered on line 1 of all reports filed this calendar year.

**You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Return This Report To:
 Ben Ysursa
 Secretary of State
 PO Box 83720
 Boise ID 83720-0080
 phone: (208) 334-2852
 fax: (208) 334-2282

Section V

CERTIFICATION

I DELBERT W. BLOCK, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Delbert W. Block
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee SHARON L. BLACK	Report Covering the Period From 10/23/06 to 11/17/06
----------------------------------------------------------	-----------------------------------------------------------------------

UNITEMIZED CONTRIBUTIONS
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number -0- Total Amount \$ -0-

UNITEMIZED EXPENDITURES
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number -0- Total Amount \$ -0-

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ -0-
Itemized Contributions (total all Schedule A sheets)	\$ 1,300.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 1,300.00
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ -0-
Itemized Expenditures (total all Schedule B sheets)	\$ 835.09
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 835.09
Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$
Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

SCHEDULE A ITEMIZED CONTRIBUTIONS

of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
10/30/06	1. IDAHO SOCIETY OF OPHTHALMOLOGY / IO PAC 1615 12TH AVE. RD, SUITE A NANPA, ID. 83686-6184	\$ 300.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 300.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
10/30/06	2. IDAHO ASSOC. OF REALTORS, INC. PAC 1450 WEST BANNOCK ST. BOISE, ID. 83702	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 200.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
10/30/06	3. IDAHO HEALTH CARE ASSOC. PAC 802 WEST BANNOCK SUITE 304 P.O. BOX 2623 BOISE, ID. 83701-2623	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 200.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
11/10/06	4. REGENCE BLUE SHIELD OF IDAHO P.O. BOX 1106 LEWISTON, ID. 83501-1106	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 200.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
11/10/06	5. PRIMARY CARE PAC P.O. BOX 2601 BOISE, ID. 83701	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
11/10/06	6. WYETH PHARMACEUTICALS 1314 E. WILLOW SPRING CIRCLE ALPINE, UT. 84004	\$ 300.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 300.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
____/____/____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
____/____/____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
____/____/____	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
____/____/____	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
Subtotals of Columns A, B & C		\$ 1,300.00	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ 1,300.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee
SHARON L. BLOCK

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
10/23/06	1. BLIP PRINTERS 238 BLUE LAKES BLVD. TWIN FALLS, ID. 83301	\$ 835.09	\$
Purpose of Above Expenditure:			
___/___/___	2.	\$	\$
Purpose of Above Expenditure:			
___/___/___	3.	\$	\$
Purpose of Above Expenditure:			
___/___/___	4.	\$	\$
Purpose of Above Expenditure:			
___/___/___	5.	\$	\$
Purpose of Above Expenditure:			
___/___/___	6.	\$	\$
Purpose of Above Expenditure:			
___/___/___	7.	\$	\$
Purpose of Above Expenditure:			
___/___/___	8.	\$	\$
Purpose of Above Expenditure:			
___/___/___	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 835.09	\$
Total This Page (add columns A & B)			\$ 835.09