



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

Section I

SCANNED

| | | | | | |
|---|--|--|--|--------------------------------------|--|
| Name of Candidate or Political Committee and Chairperson JAMES CONNELL | | Office Sought (if candidate) SENATE | | District (if candidate) THIRD | |
| Mailing Address <input type="checkbox"/> Check if address change. 1249 W LEISURE DR | | City and Zip HAYDEN 83835 | | Home Phone 772 2559 | |
| Name of Political Treasurer PATRICIA CONNELL | | | | | |
| Mailing Address <input type="checkbox"/> Check if address change. 1249 W LEISURE DR | | City and Zip HAYDEN 83835 | | Home Phone 772 2559 | |
| | | | | Work Phone 772 2559 | |

08 JAN 28 AM 8:47
SECRETARY OF STATE
STATE OF IDAHO

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 11 / 16 / 07 through 12 / 31 / 07

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

POSTED

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>0</u> |
| Line 2: Enter Cash Balance at Close of Last Reporting Period** | \$ <u>N.A.</u> | \$ <u>XXXXXX</u> |
| Line 3: Total Contributions (Enter amount from page 2) | \$ <u>400.</u> | \$ <u>400</u> |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ <u>400.</u> | \$ <u>400</u> |
| Line 5: Total Expenditures (Enter amount from page 2) | \$ <u>179.65</u> | \$ <u>179.65</u> |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ <u>220.35</u> | \$ <u>220.35</u> |
| Line 7: Outstanding Debt to Date | \$ <u>000.</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 Yursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V

CERTIFICATION

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

Patricia Connell
Signature of Political Treasurer

DETAILED SUMMARY PAGE

| | |
|---|---|
| Name of Candidate or Committee <p style="font-size: 1.2em; margin: 0;">JAMES CONNELL</p> | Report Covering the Period From <u>11/16/07</u> to <u>12/31/07</u> |
|---|---|

| | |
|---|------------------------------|
| UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period | |
| Total Number <u>0</u> | Total Amount \$ <u>0</u> |
| UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period | |
| Total Number <u>1</u> | Total Amount \$ <u>13.65</u> |

| | Total This Period |
|--|-------------------|
| <u>1</u> Number of Schedule A pages Attached | |
| Contributions | |
| Unitemized Contributions (\$50 and less) from top of page | \$ 000. |
| Itemized Contributions (total all Schedule A sheets) | \$ 400. |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ 400 |
| <u>1</u> Number of Schedule B pages Attached | |
| Expenditures | |
| Unitemized Expenditures (less than \$25) from top of page | \$ 13.65 |
| Itemized Expenditures (total all Schedule B sheets) | \$ 166. |
| Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period) | \$ 0 |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5) | \$ 179.65 |
| <u>0</u> Number of Schedule C-2B pages Attached | |
| Incurred Expenditures | |
| Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7) | \$ 0 |
| Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period) | + \$ 0 |
| Subtotal | = \$ 0 |
| Payment this Period (Total all C-2Bs - Payment this Period) | - \$ 0 |
| Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7) | = \$ 0 |
| <u>0</u> Number of Schedule C-2A pages Attached | |
| Pledged Contributions | |
| Amount Pledged this Period | \$ 0 |

SCHEDULE A
ITEMIZED CONTRIBUTIONS
of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee
JAMES CONNELL

| | | Column A | Column B | Column C |
|---|---|-----------------------------------|-----------------------------------|-----------------------------------|
| Date/ Receipt For | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check | In-Kind (non-monetary) | Loans |
| 11/30/07 | 1. JIM HOLLINGSWORTH ENT. 3130 N. CONFERENCE COEUR D'ALENE ID 83815 | \$ 100. | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 100. Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| 12/01/07 | 2. ROBERT SPECK 1392 WOODLAWN DR HAYDEN ID 83835 | \$ 100. | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 200. Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| 12/26/07 | 3. CLARENCE KAST 1458 PROGRESS HAYDEN ID 83835 | \$ 200. | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 400. Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| ____/____/____ | 4. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| ____/____/____ | 5. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| ____/____/____ | 6. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| ____/____/____ | 7. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| ____/____/____ | 8. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| ____/____/____ | 9. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| ____/____/____ | 10. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| Subtotals of Columns A, B & C | | \$ 400. | \$ 0 | \$ 0 |
| Total This Page (add columns A, B & C) | | | | \$ _____ |

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
JAMES CONNELL

| | | Column A | Column B |
|---|--|---------------|------------------------|
| Date | Full Name, Mailing Address and Zip Code of Recipient | Cash or Check | In-Kind (non-monetary) |
| 12/05/07 | 1. COEUR D'ALENE RESORT COEUR D'ALENE ID 83814 | \$ 100. | \$ _____ |
| Purpose of Above Expenditure: GOVERNOR'S BALL E | | | |
| 12/04/07 | 2. US POSTAL SERVICE HAYDEN ID 83835 | \$ 41. | \$ _____ |
| Purpose of Above Expenditure: POSTAGE P | | | |
| 12/03/07 | 3. COEUR D'ALENE CHAMBER OF COMMERCE COEUR D'ALENE ID 83814 | \$ 25. | \$ _____ |
| Purpose of Above Expenditure: LEGISLATIVE SENDOFF LUNCHEON E | | | |
| ____/____/____ | 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 | | \$ 166. | \$ 0 |
| Total This Page (add columns A & B) | | \$ 166. | |