



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

**Section I**

Name of Candidate or Political Committee and Chairperson <i>IWA Action Fund</i>		Office Sought (if candidate) <i>SECRETARY OF STATE</i>	District (if any) <i>43</i>
Mailing Address <i>PO BOX 44873</i>	<input type="checkbox"/> Check if address change: City and Zip <i>BOISE 83711</i>	Home Phone <i>377-4358</i>	Work Phone
Name of Political Treasurer <i>CLEN LIBERTY</i>			
Mailing Address <i>PO BOX 44681</i>	<input type="checkbox"/> Check if address change: City and Zip <i>BOISE 83711</i>	Home Phone <i>433-8758</i>	Work Phone

**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 10/1/06 through 10/22/06

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report                       | <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> October 10 Pre-General Report |
| <input checked="" type="checkbox"/> 7 Day Pre-General Report            | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Annual Report                 |
| <input type="checkbox"/> 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*	\$ XXXXXX	\$ 0
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 0	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 4150	\$ 4150
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 4150	\$ 4150
Line 5: Total Expenditures (Enter amount from page 2)	\$ 551	\$ 551
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 3599	\$ 3599
Line 7: Outstanding Debt to Date	\$ 0	

\*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, CLEN LIBERTY, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*Clen Liberty*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>IUA Action Fund</u>	Report Covering the Period From <u>10/1/06</u> to <u>10/31/06</u>
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### 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>    </u> Number of Schedule A pages Attached	1
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 0
Itemized Contributions (total all Schedule A sheets)	\$ 4150
<b>Total Contributions (also enter this figure on page 1, Section IV, line 3)</b>	<b>\$ 4150</b>
<u>    </u> Number of Schedule B pages Attached	1
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 0
Itemized Expenditures (total all Schedule B sheets)	\$ 551
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ 0
<b>Total Expenditures (also enter this figure on page 1, Section IV, line 5)</b>	<b>\$ 551</b>
<u>    </u> Number of Schedule C-2B pages Attached	1
<b>Incurred Expenditures</b>	
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
<b>Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)</b>	<b>= \$ 0</b>
<u>    </u> Number of Schedule C-2A pages Attached	1
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ 0

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

Name of Candidate or Committee  
FVA ACTION FUND

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Leader	Cash or Check	In-Kind (non-monetary)	Loans
<u>10/16/06</u>	1. LAWRENCE E DEMEY PO BOX 114 MIDVALE, ID 83645	\$ <u>1000</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>1000</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/16/06</u>	2. CITIZENS FOR FIELD 3236 CHICKORY WAY BASE ID 83706	\$ <u>500</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>500</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/18/06</u>	3. COMMITTEE TO ELECT MONTY PEARLE 5245 SAND HOLLOW RD NEW PLYMOUTH, ID 83655	\$ <u>400</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>400</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/19/06</u>	4. RUSCH FOR RT. GOVERNOR 407 W JEFFERSON ST BASE ID 83702	\$ <u>500</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>500</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/18/06</u>	5. REP R.J. DICK HARWOOD 81527 HIGHWAY 35 ST. MARIES, ID 83861	\$ <u>200</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/22/06</u>	6. CRANE FOR FOAHO PO Box 865 NAMPA, ID, 83653	\$ <u>1000</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>1000</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/22/06</u>	7. SWEET FOR SENATE 2567 NW 12TH ST MERIDIAN ID 83642	\$ <u>500</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>500</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/22/06</u>	8. PAUL MCKAGUE 110 E 1ST ST MERIDIAN, ID 83642	\$ <u>50</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>50</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/1/</u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/1/</u>	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		\$ <u>4150</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>4150</u>

**SCHEDULE B**  
**ITEMIZED EXPENDITURES**  
of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee  
IWA ACTION FUND

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>10/20/06</u>	1. <u>SPARK WEB INTERACTIVE</u> <u>2355 GALWAY DR</u> <u>MERIDIAN MD 21646-3243</u>	\$ <u>551</u>	\$ _____
Purpose of Above Expenditure: <u>CAMPAGN LITERATURE DEVELOPMENT</u>			
<u>   /   /   </u>	2. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
<u>   /   /   </u>	3. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
<u>   /   /   </u>	4. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
<u>   /   /   </u>	5. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
<u>   /   /   </u>	6. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
<u>   /   /   </u>	7. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
<u>   /   /   </u>	8. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
<u>   /   /   </u>	9. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
Subtotals of Columns A & B		\$ <u>551</u>	\$ _____
Total This Page (add columns A & B)			\$ <u>551</u>

**SCHEDULE C-2A  
CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED**

Name of Candidate or Committee <u>IUA ACTION FUND</u>	Report Covering the Period From <u>10/1/06</u> to <u>10/31/06</u>
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**Directions:** Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Line 1: Pledged Contributions of \$50.00 or Less This Period:	Total Number <u>2</u>	Total Amount \$ <u>0</u>
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**Pledged Contributions of More Than \$50.00 This Period:**

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	1.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	2.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	11.	

Line 2: Total Amount of Pledged Contributions of More Than \$50.00	\$ <u>0</u>
Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1)	\$ <u>0</u>
Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total on page 2.	\$ <u>0</u>

**SCHEDULE C-2B**  
**EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT**

Name of Candidate or Committee <u>IVA Action Fund</u>	Report Covering the Period From <u>10/1/06</u> to <u>10/31/06</u>
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**Directions:** Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service or made a payment on debt. Do not include these entries on Schedule B.

<b>Line 1: Incurred Expenditures of Less Than \$25.00 This Period:</b>	Total Number <u>0</u>	Total Amount \$ <u>0</u>
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**Expenditures Incurred (Debts and Obligations) or Payment Made on Debt of \$25.00 or More This Period:**

Full Name, Mailing Address and Zip Code of Creditor	Purpose of Expenditure
1.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
2.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
3.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
4.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
5.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____

**Totals of this Page**

**Line 2: Amount Incurred This Period** (Carry forward to Page 2, under Incurred Expenditures) \$ 0

**Line 3: Payment This Period** (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$ 0