

C-2 Rev. 04/04



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

07 FEB -6 PM 4:06

Section I

Form with fields for Name of Candidate or Political Committee and Chairperson, Office Sought, District, Mailing Address, City and Zip, Home Phone, Work Phone, Name of Political Treasurer, and their respective addresses and phone numbers.

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.

Form for reporting period selection with checkboxes for 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, and 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.

Statement: 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).

Table with 3 columns: Description, COLUMN I This Period, and COLUMN II Calendar Year to Date. Rows include Cash on Hand January 1, Cash Balance at Close of Last Reporting Period, Total Contributions, Subtotal, Total Expenditures, Cash Balance at Close of Period, and Outstanding Debt to Date.

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

Signature of Sandra J. White

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee	Report Covering the Period From <u>1 / 1 / 06</u> to <u>12 / 31 / 06</u>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number _____	Total Amount \$ _____
<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>1</u>	Total Amount \$ <u>11.21</u>

	Total This Period
<u>0</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 11.21
Itemized Expenditures (total all Schedule B sheets)	\$ 115.00
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)	\$ 126.21
<u>    </u> Number of Schedule C-2B pages Attached	
<b>Incurred Expenditures</b>	
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)	= \$
<u>    </u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$

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

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3	3

Name of Candidate or Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
1 / 16 / 06	1. Bannock County Democrats P.O. Box 1563 Pocatello, Idaho 83204	\$ 65.00	\$
Purpose of Above Expenditure: Fundraising dinner			
10 / 16 / 06	2. Idaho Democratic Party 988 S Longmont, Boise, ID, 83706 - PO Box 445, Boise, ID 83701	\$ 50.00	\$
Purpose of Above Expenditure: <i>Fundraising dinner</i>			
/ /	3.	\$	\$
Purpose of Above Expenditure:			
/ /	4.	\$	\$
Purpose of Above Expenditure:			
/ /	5.	\$	\$
Purpose of Above Expenditure:			
/ /	6.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 115.00	\$ 0.00
Total This Page (add columns A & B)			\$ 115.00

*Per Gino White*