



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

2006 MAR -3 AM 9:10

**Section I**

|  |   |                                     |   |                                   |
|--|---|-------------------------------------|---|-----------------------------------|
| Name of Candidate or Political Committee and Chairperson<br><b>GRACIE'S LIST</b> |   | Office Sought (if candidate)<br>—   | District (if any)<br>SECRETARY OF STATE |                                   |
| Mailing Address<br><b>PO Box 7952</b>  | <input type="checkbox"/> Check if address change. | City and Zip<br><b>BOISE, 83707</b> | Home Phone<br>—                         | Work Phone<br>SECRETARY OF IDAHO  |
| Name of Political Treasurer<br><b>Tenielle FORDYCE-RUFF</b>                      |   |                                     |   |                                   |
| Mailing Address<br><b>5096 BLUEGRASS AVE</b>                                     | <input type="checkbox"/> Check if address change. | City and Zip<br><b>BOISE, 83703</b> | Home Phone<br><b>208-484-4117</b>       | Work Phone<br><b>208-947-7565</b> |

**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 12/31/05 through 2/24/06

- 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<br>This Period | COLUMN II<br>Calendar Year to Date |
|---|-------------------------|------------------------------------|
| Line 1: Cash on Hand January 1, This Year*                              | \$ <u>XXXXXX</u>        | \$ <u>1875.97</u>                  |
| Line 2: Enter Cash Balance at Close of Last Reporting Period**          | \$ <u>1875.97</u>       | \$ <u>XXXXXX</u>                   |
| Line 3: Total Contributions (Enter amount from page 2)                  | \$ <u>35.40</u>         | \$ <u>35.40</u>                    |
| Line 4: Subtotal (Add lines 1, 2 and 3)                                 | \$ <u>1911.37</u>       | \$ <u>1911.37</u>                  |
| Line 5: Total Expenditures (Enter amount from page 2)                   | \$ <u>1911.37</u>       | \$ <u>1911.37</u>                  |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ <u>0</u>             | \$ <u>0</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 Tenielle FORDYCE-RUFF, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*Tenielle Fordyce Ruff*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

|  |  |
|--|--|
| Name of Candidate or Committee<br><b>GRACIE'S LIST</b> | Report Covering the Period<br>From <u>12/31/05</u> to <u>2/24/06</u> |
|--|--|

|  |                              |
|--|------------------------------|
| <b>UNITEMIZED CONTRIBUTIONS</b>                              |                              |
| Contributions of Fifty Dollars (\$50.00) or Less This Period |                              |
| Total Number <u>3</u>  | Total Amount \$ <u>35.40</u> |

|   |                          |
|---|--------------------------|
| <b>UNITEMIZED EXPENDITURES</b>                                      |                          |
| Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period |                          |
| Total Number <u>ϕ</u>   | Total Amount \$ <u>ϕ</u> |

|   | Total This Period |
|---|-------------------|
| ____ Number of Schedule A pages Attached  |                   |
| <b>Contributions</b>  |                   |
| Unitemized Contributions (\$50 and less) from top of page                                   | \$ <u>ϕ</u>       |
| Itemized Contributions (total all Schedule A sheets)  | \$ <u>ϕ</u>       |
| Total Contributions (also enter this figure on page 1, Section IV, line 3)                  | \$ <u>35.40</u>   |
| ____ Number of Schedule B pages Attached  |                   |
| <b>Expenditures</b>   |                   |
| Unitemized Expenditures (less than \$25) from top of page                                   | \$ <u>ϕ</u>       |
| Itemized Expenditures (total all Schedule B sheets)   | \$ <u>1911.37</u> |
| 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)                   | \$ <u>1911.37</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)     | = \$              |
| ____ 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

|  |
|--|
| Name of Candidate or Committee<br><b>GRACIE'S LIST</b> |
|--|

|   |   | Column A      | Column B               |
|---|---|---------------|------------------------|
| Date  | Full Name, Mailing Address and Zip Code of Recipient                              | Cash or Check | In-Kind (non-monetary) |
| 2/24/06   | 1. Sec'y of State<br>P.O. Box 83720<br>BOISE, ID 83720                            | \$ 30.00      | \$ _____               |
| Purpose of Above Expenditure: <i>termination filing fee</i> |   |               |                        |
| 2/24/06   | 2. Idaho Women's Network - GRACIE'S LIST FUND<br>P.O. Box 1385<br>BOISE, ID 83701 | \$ 1881.37    | \$ _____               |
| Purpose of Above Expenditure: <i>Contribution to C-4</i>    |   |               |                        |
| / /   | 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                                  |   | \$ _____      | \$ _____               |
| Total This Page (add columns A & B)                         |   |               | \$ _____               |