

C-2 Rev. 06/04



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

Section I

Form with fields for Name of Candidate or Political Committee and Chairperson (MARRIAGE PROTECTION ALLIANCE INC.), Mailing Address (101 Eagle Glen Ln.), Name of Political Treasurer (MARY HOEGER), 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.

This report is for the period from 10 / 23 / 06 through 11 / 03 / 06

- Checkboxes for report types: 7 Day Pre-Primary Report, 30 Day Prst-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 [x] No Is this a Termination Report? [x] 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.

[x] 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: Line Item, 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.

Section V

CERTIFICATION

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

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

Signature of Political Treasurer (Handwritten signature)

**SCHEDULE B
ITEMIZED EXPENDITURES**

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01 01

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

Name of Candidate or Committee
MARRIAGE PROTECTION ALLIANCE, INC.

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
<i>11/05/06</i>	<i>1. Cornerstone Institute of Idaho, Inc. Box 191023 Boise, ID 83719</i>	<i>\$ 25</i>	<i>\$</i>
<i>Purpose of Above Expenditure: Reimburse printing expense</i>			
<i>1/1/</i>	<i>2.</i>	<i>\$</i>	<i>\$</i>
<i>Purpose of Above Expenditure:</i>			
<i>1/1/</i>	<i>3.</i>	<i>\$</i>	<i>\$</i>
<i>Purpose of Above Expenditure:</i>			
<i>1/1/</i>	<i>4.</i>	<i>\$</i>	<i>\$</i>
<i>Purpose of Above Expenditure:</i>			
<i>1/1/</i>	<i>5.</i>	<i>\$</i>	<i>\$</i>
<i>Purpose of Above Expenditure:</i>			
<i>1/1/</i>	<i>6.</i>	<i>\$</i>	<i>\$</i>
<i>Purpose of Above Expenditure:</i>			
<i>1/1/</i>	<i>7.</i>	<i>\$</i>	<i>\$</i>
<i>Purpose of Above Expenditure:</i>			
<i>1/1/</i>	<i>8.</i>	<i>\$</i>	<i>\$</i>
<i>Purpose of Above Expenditure:</i>			
<i>1/1/</i>	<i>9.</i>	<i>\$</i>	<i>\$</i>
<i>Purpose of Above Expenditure:</i>			
Subtotals of Columns A & B		<i>\$ 25</i>	<i>\$ 0</i>
Total This Page (add columns A & B)		<i>\$ 25</i>	