



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

Section I

Name of Candidate or Political Committee and Chairperson BONNEVILLE COUNTY DEMOCRATIC CENTRAL COMMITTEE		Office Sought (if Candidate) SECRETARY OF STATE	District (if any) STATE OF IDAHO
Mailing Address P.O. Box 50821		City and Zip IDAHO FALLS 83405	Home Phone 208 529 2005
Name of Political Treasurer FERROL BARRON		City and Zip IDAHO FALLS 83404	Home Phone 208 529 2005
Mailing Address 415 EAST 24TH STREET		City and Zip IDAHO FALLS 83404	Work Phone 208 524 8000

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 / 01 / 2006 through 10 / 22 / 2006

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 Candidate 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	\$ 8042.05
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 8162.60	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ - 0 -	\$ 43,975.29
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 8162.60	\$ 52017.32
Line 5: Total Expenditures (Enter amount from page 2)	\$ 2880.45	\$ 46,735.17
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 5282.15	\$ 5282.15
Line 7: 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 one reporting period appears on the next report as beginning cash on hand.

Return This Report To:
Ben Varron
Secretary of State
P.O. Box 83720
 Boise ID 83720-0080
 phone: (208) 334-2852
 fax: (208) 334-2282

Section V

CERTIFICATION

I, FERROL BARRON, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as certified by me.

Ferrol Barron
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <i>BONNEVILLE COUNTY DEMOCRATIC CENTRAL COMMITTEE</i>	Report Covering the Period From <i>10/02/2006</i> to <i>10/22/2006</i>
---	---

UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <i>0</i>	Total Amount \$ <i>0</i>

UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <i>0</i>	Total Amount \$ <i>0</i>

	Total This Period
<i>0</i> Number of Schedule A pages Attached	<i>0</i>
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <i>0</i>
Itemized Contributions (total all Schedule A sheets)	\$ <i>0</i>
Total Contributions (also enter this figure on page , Section IV, line 3)	\$ <i>0</i>
<i>1</i> Number of Schedule B pages Attached	<i>1</i>
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <i>0</i>
Itemized Expenditures (total all Schedule B sheets)	\$ <i>2880.45</i>
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
Total Expenditures (also enter this figure on page Section IV, line 5)	\$ <i>2880.45</i>
Number of Schedule C-2B pages Attached	
Incurred Expenditures	
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	
Pledged Contributions	
Amount Pledged this Period	\$

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
BONNEVILLE COUNTY DEMOCRATIC CENTRAL COMMITTEE

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10/4/06	1. <u>CARRIE L CROM 784 E. 13TH STREET IOAHV FALLS, ID 83405</u>	\$ <u>261.41</u>	\$ _____
Purpose of Above Expenditure: <u>REIMBURSEMENT FOR OFFICE MAX COMPUTER MONITOR SUPPLIES</u>			
10/10/06	2. <u>THE LAMAR COMPANIES 255 B STREET, SUITE 303 IOAHV FALLS, ID 83401</u>	\$ <u>2300⁰⁰</u>	\$ _____
Purpose of Above Expenditure: <u>BILLBOARD</u>			
10/10/06	3. <u>MARK HATFIELD 225 E. 25TH STREET IOAHV FALLS, ID 83404</u>	\$ <u>73.49</u>	\$ _____
Purpose of Above Expenditure: <u>REIMBURSEMENT - OFFICE MAX - TONER</u>			
10/10/06	4. <u>CARRIE L CROM 784 E. 13TH STREET IOAHV FALLS, ID 83405</u>	\$ <u>67.83</u>	\$ _____
Purpose of Above Expenditure: <u>REIMBURSEMENT - OFFICE MAX OFFICE SUPPLIES PAPER</u>			
10/19/06	5. <u>CITY OF IOAHV FALLS P.O BOX 50220 IOAHV FALLS, ID 83405-0220</u>	\$ <u>177.72</u>	\$ _____
Purpose of Above Expenditure: <u>HEADQUARTERS POWER</u>			
1/1/	6. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
Subtotal of Columns A & B		\$ <u>280.45</u> 0.00	\$ _____ 0.00
Total This Page (across columns A & B)			\$ <u>280.45</u> 0.00