



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

Section I

Name of Candidate or Political Committee and Chairperson Scott McLeod		Office (if candidate) Senate		District (if any) 8th
Mailing Address <input type="checkbox"/> Check if address change. 2825 Highway 64	City and Zip Nezperce 83543	Home Phone 937-2309	Work Phone SAME	
Name of Political Treasurer Joe A. Leitch		STATE OF IDAHO		
Mailing Address <input type="checkbox"/> Check if address change. P.O. Box 190	City and Zip Nezperce 83543	Home Phone 937-2203	Work Phone SAME	

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 1 / 1 / 06 through 5 / 7 / 06

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> October 10 Pre-General Report |
| <input 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*	\$ <u>XXXXXX</u>	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>- 0 -</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1249.02</u>	\$ <u>1249.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>1249.02</u>	\$ <u>1249.00</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>402.30</u>	\$ <u>402.30</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>846.72</u>	\$ <u>846.70</u>
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 the current reporting period appears on the next report as beginning cash on hand.

Section V

CERTIFICATION

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

Joe A. Leitch
Signature of Political Treasurer

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

DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>Scott McLeod</u>	Report Covering the Period From <u>1/1/06</u> to <u>5/7/06</u>
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UNITEMIZED CONTRIBUTIONS

Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 5 Total Amount \$ 249⁰⁰

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	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>249⁰⁰</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>1000⁰⁰</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>1249⁰⁰</u>
<u> 1 </u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>0</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>402³⁰</u>
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ <u>0</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>402³⁰</u>
<u> 0 </u> 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)	= \$
<u> </u> Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

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

Name of Candidate or Committee
Scott McLeod

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
<u>4/28/06</u>	1. <u>AGRA - PAC</u>	\$ <u>400.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<u>P.O. Box 4848</u>	\$ _____	\$ _____	\$ _____
	<u>Pocatello Idaho 83205-4848</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>4/17/06</u>	2. <u>Ponderosa/Beass Rail Inc</u>	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	<u>P.O. Box 552</u>	\$ _____	\$ _____	\$ _____
	<u>Orofino, Idaho 83544</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>7/23/06</u>	3. <u>ANRI PAC</u>	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	<u>5685 Prapet Court</u>	\$ _____	\$ _____	\$ _____
	<u>Boise, Idaho 83703</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </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		\$ _____	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ _____

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

Name of Candidate or Committee
Scott McLeod

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
4/24/06	1. Idaho County Free Press Grangeville Idaho	\$ 49 ⁵⁰	\$ _____
Purpose of Above Expenditure: Newspaper Ad			
5/5/06	2. Eggen Sign P.O. Box 1462 Kaminah Idaho 83536	\$ 352 ⁸⁰	\$ _____
Purpose of Above Expenditure: Vinyl Signs			
/ /	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)			\$ _____