



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

Section I

Name of Candidate or Political Committee and Chairperson JACK T. BARRACLOUGH		Office Sought (if candidate) STATE REP.	District (if any) 33A
Mailing Address 3018 WESTMORELAND CIRCLE	<input type="checkbox"/> Check if address change. City and Zip IDAHO FALLS 83402	Home Phone 523-4463	Work Phone SAME
Name of Political Treasurer RAYMA ARGYLE			
Mailing Address 333 HOMESTEAD LANE	<input type="checkbox"/> Check if address change. City and Zip IDAHO FALLS 83404	Home Phone 523-4151	Work Phone SAME

07 JAN 31 PM 2:33
STATE OF IDAHO

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 11 / 18 / 06 through 12 / 31 / 06

- | | | |
|---|---|--|
| <input 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 checked="" 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>1126.17</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>600.00</u>	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>1726.17</u>	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>00</u>	\$ _____
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>1726.17</u>	\$ _____
Line 7: Outstanding Debt to Date	\$ <u>00</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.

Section V

CERTIFICATION

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

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

Rayma Argyle
Signature of Political Treasurer

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

Name of Candidate or Committee
JACK T. BARRACLOUGH

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
11/06/06	1. KAREN A. MC GEE 1420 CEDAR LAKE RD POCATELLO, ID 83204	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
12/07/06	2. US ECOLOGY IDAHO, INC. 300 E MALLARD DR. SUITE 300 BOISE, ID 83706	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
12/07/06	3. MONSANTO COMPANY 1853 HWY 34 SODA SPRINGS, ID 83276	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	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		\$ 600.00	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ 600.00