



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

Section I

Name of Candidate or Political Committee and Chairperson <i>Denton Darrington</i>		Office Sought (if candidate) <i>State Senate</i>		Date Filed (if any) <i>2006 NOV 19 AM 9:03</i>	
Mailing Address <input type="checkbox"/> Check if address change. <i>3025 Hwy 77</i>		City and Zip <i>Declo 83323</i>		Home Phone <i>654-2712</i> Work Phone <i>SECRETARY OF STATE STATE OF IDAHO</i>	
Name of Political Treasurer <i>Virgene Darrington</i>		City and Zip <i>Declo 83323</i>		Home Phone <i>654-2712</i> Work Phone <i>—</i>	
Mailing Address <input type="checkbox"/> Check if address change. <i>3025 Hwy 77</i>		City and Zip <i>Declo 83323</i>		Home Phone <i>654-2712</i> Work Phone <i>—</i>	

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 11/17/06

- | | | |
|---|--|--|
| <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 checked="" 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>	\$ <u>3022.78</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>10047.05</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1650.00</u>	\$ <u>12185.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>11697.05</u>	\$ <u>15207.78</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1042.75</u>	\$ <u>4553.48</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>10654.30</u>	\$ <u>10654.30</u>
Line 7: Outstanding Debt to Date	\$ <u>—</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 Yursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

I _____, hereby certify that the information
(name of Political Treasurer)
in this report is a true, complete and correct Campaign Financial Disclosure Report as
required by law.

Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <div style="font-size: 1.5em; font-family: cursive;">Darrington for Senate</div>	Report Covering the Period From <u>10/23/06</u> to <u>11/17/06</u>
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UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number _____	Total Amount \$ _____
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number _____	Total Amount \$ _____

	Total This Period
____ Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ _____
Itemized Contributions (total all Schedule A sheets)	\$ <u>1650.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>1650.00</u>
____ Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ _____
Itemized Expenditures (total all Schedule B sheets)	\$ <u>1042.75</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>1042.75</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)	= \$ _____
____ 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
Darrington for Senate

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
<u>10/25/06</u>	1. Id. Assoc. of Realtors 1450 W. Bannock Boise, Id 83702	\$ <u>400.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>400.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/27/06</u>	2. Jim Dolan 16110 Crosby Cove Wayzata, Mn. 55391	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/27/06</u>	3. ITLA-PAC Box 1777 Boise, Id 83701	\$ <u>500.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>500.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/31/06</u>	4. Id. Assn. Nurse Anesthetists 1698 Ea. Seaport Ct. Boise, Id 83706	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11/1/06</u>	5. Ph RMA 950 St. NW Wash. D.C. 20004	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>300.00</u> 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		\$ <u>1650.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1650.00</u>

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
Darrington for Senate

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>10/25/06</u>	<u>1. Mini Cassia Chamber of Commerce 1177 7th St. Heyburn, Id 83336</u>	\$ <u>280.00</u>	\$ _____
Purpose of Above Expenditure: <u>Sponsorship</u>			
<u>11/6/06</u>	<u>2. Id. Enterprise Box 205 Malad City, Id 83252</u>	\$ <u>54.56</u>	\$ _____
Purpose of Above Expenditure: <u>Ad</u>			
<u>11/6/06</u>	<u>3. Power Co. Press 174 Id. American Falls, Id 83211</u>	\$ <u>78.00</u>	\$ _____
Purpose of Above Expenditure: <u>Ad</u>			
<u>11/6/06</u>	<u>4. South Id. Press - Times News 230 E. Main Burley, Id 83318</u>	\$ <u>168.00</u>	\$ _____
Purpose of Above Expenditure: <u>Ad</u>			
<u>11/9/06</u>	<u>5. Alltel Box 79033 Phoenix, Az 85062</u>	\$ <u>136.19</u>	\$ _____
Purpose of Above Expenditure: <u>Cellular Service</u>			
<u>11/9/06</u>	<u>6. Id. Enterprise Box 205 Malad City, Id 83253</u>	\$ <u>26.00</u>	\$ _____
Purpose of Above Expenditure: <u>Ad</u>			
<u>11/9/06</u>	<u>7. Deck Xmas Celebration c/o Kim Gaily 1805. Hwy 77 Deck, Id 83323</u>	\$ <u>100.00</u>	\$ _____
Purpose of Above Expenditure: <u>Contribution</u>			
<u>11/10/06</u>	<u>8. Cassia Health Care Foundation Box 726 Burley, Id 83318</u>	\$ <u>150.00</u>	\$ _____
Purpose of Above Expenditure: <u>Festival of Trees</u>			
<u>11/16/06</u>	<u>9. Mini Cassia Chamber of Commerce 1177 7th St. Heyburn, Id 83336</u>	\$ <u>50.00</u>	\$ _____
Purpose of Above Expenditure: <u>Sponsorship</u>			
Subtotals of Columns A & B		\$ <u>1042.75</u>	\$ _____
Total This Page (add columns A & B)			\$ <u>1042.75</u>