C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type) 06 DEC -7 PM 1: 26

Section I				below	HARY OF ST	ATE		
Name of Candida	te or Political Committee and	Chairperson		STA	Office Sought (A ta		istrict (if any)
Scott	Cannon				State House		32 A	
Mailing Address		il address change.	City and Zip	0 02(10)	Home Phone		ork Phone	
1486 C		0	Ammor	1,85H06	208-569-9	6/4		
Name of Political	n Leffert							
Mailing Address	Check	if saldress change.	City and Zip		Home Phone	W	ork Phone	
1486 C	urkw#228		Ammon	83406	1208-569-4	265		
Section II								
	to indicate the type of rep manual for reporting per				d check the approp	priate box	(es). See t	he
mod detronar	This report is for the	e period from 0	Ct_/23_	/ 2006 thro	ugh NOV / 1	1 / 2	006	
☐ 7 Da	y Pre-Primary Report	□ 3	0 Day Post-Prin	nary Report	☐ Octob	er 10 Pre	-General R	leport
🗍 7 Da	y Pre-General Report)X (3	0 Day Post-Gen	eral Report	Annu	al Report		
☐ Sein	i-Annual Report (Statew	ide Candidates	Only)					
Is	s this Report an amendm	ent? 🔲 Yes	No No	Is this a Terr	mination Report?	Yes		No
Section III	STAT	EMENT OF N	O CONTRIBU	TIONS OR I	EXPENDITURES			
the appropriation IV.	f you had no contribution te dates and sign this rep nereby certify that I have from	ort. Be sure to received no cor	carry forward the	e appropriate ' ave made no e	Calendar Year to	Date" figu	res in Coli	umn II,
Section IV			SUMMA	RY				
To reach you	r Calendar Year to Date to Column II figures of yo	figure: Add this ur previous repo	report's Column ort (except on lin	i I (1 le 6). 1	COLUMN I This Period		OLUMN I lar Year to	
Line 1: Cash	on Hand January 1, This	Year*		\$ _2	XXXXX	\$		
	Cash Balance at Close		g Period**	\$ 2	76.92	¥	(XXXXX	
Line 3: Total	Contributions (Enter am	ount from page	2)	\$			125.00	
	otal (Add lines 1, 2 and 3			\$ <u>_2</u>	76.92	\$	115.00	3
	Expenditures (Enter amo		2)	\$ 2	2000	مِل \$	18 0 8	
Line 6: Cash	Balance at Close of Peri	od (Subtract lin	e 5 from line 4)*	* \$	26.97	\$	لفاق عام	
Line 7: Outst	tanding Debt to Date			\$				
**Von must	figure should be entered or report the cash on hand a e closing cash balance for	it both the begin	ining of the repo	rting period ar	nd the close of the ext report as begin	reporting ming cash	period. on hand.	
	la :-	.,		CERTIFIC	ATTON			

Return This Report To:
Ben Ysursa
Secretary of State
PO Box 83720
Boise 1D 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V

I Consider the information 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	Report Covering the Period From OCT /23 /06 to 100/ 17 /06
	CONTRIBUTIONS ars (\$50.00) or Less This Period
Total Number <u>Ø</u>	Total Amount \$
	EXPENDITURES ty-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)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$
Number of Schedule B pages Attached	
Expenditures	
Uniternized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 250.00
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)	\$ 250.00
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

Page	of	
_	1	
ł	!	

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

lame of Candidate or C	ommittee		VANCE
LIMIT .		Column A	Column B
Dute	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind
	eta Giraphics 86 Brandon DR. Ano Falls, ID 83402	s 250.00	(non-monetary)
	nditure: Flyers	:	
2.			
		\$	\$
urpose of Above Expe	nditure:		:
3.		\$	\$
urpose of Above Expe	nditure:		
, ,		\$	\$
Purpose of Above Expe	enditure:	- !	
5.			
		\$	\$
Purpose of Above Expe	enditure:		
6.			
//_		\$	\$
Purpose of Above Expe	enditure:		
7.		\$	s
Purpose of Above Exp	enditure:		
b .		\$	\$
Purpose of Above Exp	enditure:		
		\$	\$
Purpose of Above Exp	enditure:		
	Subtotals of Columns A & B	\$	s
	Total This Page (add columns A & B)		\$