



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

**Section I**

Name of Candidate or Political Committee and Chairperson <i>Darrington for Senate</i>		Office Sought (if candidate) <i>State Senate</i>	District (if any) <i>27</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 —
Name of Political Treasurer <i>Virgene Darrington</i>		Home Phone <i>654-2712</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 —

**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 11/16/02 through 12/31/02

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report      | <input type="checkbox"/> 7 Day Pre-General Report   | <input type="checkbox"/> Quarterly (April 30)<br>(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report    | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)<br>(only filed by ballot measure committees)  |
| <input type="checkbox"/> October 10 Pre-General Report | <input checked="" type="checkbox"/> Annual Report   |  |

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	\$ <u>5265.53</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>10472.66</u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>200.00</u>	\$ <u>17595.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>10672.66</u>	\$ <u>22860.53</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1728.13</u>	\$ <u>13916.00</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>8944.53</u>	\$ <u>8944.53</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**

**CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES**

Contributions Pledged during this reporting period but not yet received:  None  \$ \_\_\_\_\_ (see attached Schedule C-2A)

Incurred Expenditures during this reporting period but not yet paid:  None  \$ \_\_\_\_\_ (see attached Schedule C-2B)

**Section VI**

**CERTIFICATION**

**Return This Report To:**  
Pete T. Cenarrusa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
fax: (208) 334-2282

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

*Virgene Darrington*  
\_\_\_\_\_  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <div style="font-size: 1.2em; font-family: cursive;">Darrington for Senate</div>	Report Covering the Period From <u>11/16/02</u> to <u>12/31/02</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   2                        Total Amount \$ 38.00

	Total This Period
<u>  1  </u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>      </u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>200.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>200.00</u>
<u>  2  </u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>38.00</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>1690.13</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>1728.13</u>

**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>11/27/02</u>	1. <u>Idaho Health Care Assoc, 802 W. Bannock, Suite 304 Boise, Idaho 83702</u>	\$ <u>200.00</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>   /   /   </u>	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ 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		\$ <u>200.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>200.00</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)
<i>12/17/02</i>	<i>1. Ridenbaugh Press Box 2276 Boise, Idaho 83701</i>	<i>\$ 60.90</i>	\$ _____
<b>Purpose of Above Expenditure:</b> <i>Leg. Publication</i>			
<i>12/17/02</i>	<i>2. Zions Bank 102 W. Main Burley, Id 83318</i>	<i>\$ 50.00</i>	\$ _____
<b>Purpose of Above Expenditure:</b> <i>New Years Baby</i>			
<i>12/31/02</i>	<i>3. Inaugural Gala + Ball Box 2267 Boise, Idaho 83701</i>	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b> <i>Inaugural Tickets</i>			
<i>1/1/</i>	<i>4.</i>	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
<i>1/1/</i>	<i>5.</i>	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
<i>1/1/</i>	<i>6.</i>	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
<i>1/1/</i>	<i>7.</i>	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
<i>1/1/</i>	<i>8.</i>	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
<i>1/1/</i>	<i>9.</i>	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
Subtotals of Columns A & B		<i>\$ 360.90</i>	\$ _____
Total This Page (add columns A & B)			<i>\$ 360.90</i>

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

Name of Candidate or Committee  
Darrington for Senate

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
<u>11/2/02</u>	<u>1. Mini Cassia Chamber of Commerce Box 640 Heyburn, Idaho 83336</u>	<u>\$ 125.00</u>	\$ _____
Purpose of Above Expenditure: <u>Farmer Businessman Banquet</u>			
<u>12/5/02</u>	<u>2. American Legislative Exchange Council 1127 20th St. N.W. Washington D.C. 20036</u>	<u>\$ 35.00</u>	\$ _____
Purpose of Above Expenditure: <u>Dues</u>			
<u>12/7/02</u>	<u>3. Marianne Hansen 465 W. 51st Fox Circle Meridian, Idaho 83642</u>	<u>\$ 80.00</u>	\$ _____
Purpose of Above Expenditure: <u>letter preparation</u>			
<u>12/4/02</u>	<u>4. Decb Community Christmas Box 72 Decb, Idaho 83323</u>	<u>\$ 100.00</u>	\$ _____
Purpose of Above Expenditure: <u>Community Xmas Celebration</u>			
<u>12/4/02</u>	<u>5. CRMC Volunteers Box 726 Burley, Id 83318</u>	<u>\$ 75.00</u>	\$ _____
Purpose of Above Expenditure: <u>Contribution</u>			
<u>12/4/02</u>	<u>6. Cassia Health Care Assoc. Box 726 Burley, Id 83318</u>	<u>\$ 600.00</u>	\$ _____
Purpose of Above Expenditure: <u>Festival of Trees</u>			
<u>12/8/02</u>	<u>7. Power County Press Box 547 American Falls, Idaho 83211</u>	<u>\$ 101.40</u>	\$ _____
Purpose of Above Expenditure: <u>Thank You Ad</u>			
<u>12/17/02</u>	<u>8. U.S. Cellular 4700 S. Garnett Rd. Tulsa, Ok 74146</u>	<u>\$ 112.83</u>	\$ _____
Purpose of Above Expenditure: <u>Cellular Service</u>			
<u>12/17/02</u>	<u>9. Mini Cassia Chamber Box 640 Heyburn, Idaho 83336</u>	<u>\$ 100.00</u>	\$ _____
Purpose of Above Expenditure: <u>Dues</u>			
Subtotals of Columns A & B		<u>\$ 1329.23</u>	\$ _____
Total This Page (add columns A & B)			<u>\$ 1329.23</u>