



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

Section I

| | | | | |
|---|---|---|--------------------------------|-------------------------------|
| Name of Candidate or Political Committee and Chairperson <i>Senator hand Noh</i> | | Office Sought (if candidate) <i>2005 JAN - 5</i> | District (if any) <i>24</i> | |
| Mailing Address <i>Route 1</i> | <input type="checkbox"/> Check if address change. | City and Zip <i>Kimberly 83341</i> | Home Phone <i>733-3617</i> | Work Phone |
| Name of Political Treasurer <i>Elaine Phillips</i> | | | | |
| Mailing Address <i>PO Box 3296</i> | <input type="checkbox"/> Check if address change. | City and Zip <i>Ketchum 83340</i> | Home Phone <i>726-4060</i> | Work Phone <i>725-2055</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 01/01/04 through 12/31/04

- | | | |
|---|---|--|
| <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 01/01/04 through 12/31/04.

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>2077.71</u> |
| Line 2: Enter Cash Balance at Close of Last Reporting Period** | \$ <u>2077.71</u> | \$ <u>XXXXXX</u> |
| Line 3: Total Contributions (Enter amount from page 2) | \$ _____ | \$ _____ |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ <u>2077.71</u> | \$ _____ |
| Line 5: Total Expenditures (Enter amount from page 2) | \$ <u>2077.71</u> | \$ _____ |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ <u>0</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.

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

Section V

CERTIFICATION

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

Elaine Phillips
Signature of Political Treasurer

DETAILED SUMMARY PAGE

| | |
|--------------------------------|---|
| Name of Candidate or Committee | Report Covering the Period From ____/____/____ to ____/____/____ |
|--------------------------------|---|

| | |
|--|--------------------------|
| 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) | \$ |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ |
| | |
| <u> / </u> Number of Schedule B pages Attached | |
| Expenditures | |
| Unitemized Expenditures (less than \$25) from top of page | \$ |
| Itemized Expenditures (total all Schedule B sheets) | \$ <i>2077.71</i> |
| 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) | \$ <i>2077.71</i> |
| | |
| ____ 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
of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee

| | | Column A | Column B |
|--------------------------------------|--|---------------|------------------------|
| Date | Full Name, Mailing Address and Zip Code of Recipient | Cash or Check | In-Kind (non-monetary) |
| 12/29/04 | 1. University of Idaho Sigma-Nu-Delta Omicron Bldg Fund | \$ 2077.71 | \$ _____ |
| Purpose of Above Expenditure: | | | |
| / / | 2. | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| / / | 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 | | \$ 2077.71 | \$ _____ |
| Total This Page (add columns A & B) | | \$ 2077.71 | |

LAIRD NOH
DISTRICT 23
TWIN FALLS COUNTY

HOME ADDRESS
3442 ADDISON AVENUE EAST
KIMBERLY, IDAHO 83341
RESIDENCE (208) 733-3617



COMMITTEES
AGRICULTURAL AFFAIRS
CHAIRMAN
RESOURCES & ENVIRONMENT
EDUCATION

Idaho State Senate

Capitol Building
P.O. Box 83720
Boise, Idaho 83720-0081

December 29, 2004

To the Brothers of Delta Omicron:

As one of the final activities of closing out 24 years and two days in the Idaho Senate, enclosed for the building fund is the contents of the Noh for Senate account of \$2,077.71.

But for the encouragement and support of the Brothers of Sigma Nu, I might never have pursued elected public service. They, more than any other group I can identify, gently and firmly urged involvement in campus activities, culminating in election as president of the Associated Students of the University of Idaho, in 1959-60. Pledge Brother Steve Symms (U. S. Senate) was my campaign chairman.

As a minor footnote to history, the two days result from unexpected surgery for the gentleman (He is doing fine.) who was elected to take my place. I was his official substitute during the two day organizational legislative session in December. Chick Bilyeu, Pocatello and I were tied at 24 years for the longest serving member of the Idaho Senate, so the two days gives me the record.

Sincerely yours,

Laird Noh

06059
Office AU #

11-24
1210(8)

OFFICIAL CHECK

SERIAL #: 0605907367
ACCOUNT#: 4861-505824

Purchaser:
Purchaser Account: 1700301011
Operator I.D.: idho1102

NOH FOR SENATE
idho1102

December 29, 2004

PAY TO THE ORDER OF ***NOH FOR SENATE***

Two thousand seventy-seven dollars and 71 cents

***\$2,077.71**

Wells Fargo & Company Issuer
420 MONTGOMERY STREET
SAN FRANCISCO, CA 94163
PAYABLE AT WELLS FARGO BANK, N.A.
FOR INQUIRIES CALL (480) 394-3122

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REISSUANCE, WELLS FARGO & COMPANY MAY IMPOSE A
FEE AND REQUIRE AN INDEMNITY AGREEMENT AND BOND.

VOID IF OVER US \$ 2,077.71

NON-NEGOTIABLE

Purchaser Copy