



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Les Bock</b>		Office Sought (If candidate)	District (if any)
Mailing Address <input type="checkbox"/> Check if address change. <b>P.O. Box 140341</b>		City and Zip <b>Garden City 83714</b>	Home Phone <b>854-1778</b> Work Phone <b>345-6876</b>
Name of Political Treasurer <b>Kathy Ellis</b>		Home Phone	Work Phone
Mailing Address <input type="checkbox"/> Check if address change. <b>6066 N. Drake Way</b>		City and Zip <b>Garden City 83714</b>	Home Phone <b>377-2239</b> Work Phone <b>395-7741</b>

**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 / 05 through 12 / 31 / 05

- |   |   |  |
|---|---|--|
| <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*	\$ XXXXXX	\$ 0
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 0	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 824.00	\$ 824.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 824.00	\$ 824.00
Line 5: Total Expenditures (Enter amount from page 2)	\$ 55.60	\$ 55.60
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 768.40	\$ 768.40
Line 7: Outstanding Debt to Date	\$ 0	

\*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 Kathy Ellis, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*Kathy Ellis*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>Les Beck</u>	Report Covering the Period From <u>01/01/05</u> to <u>12/31/05</u>
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### UNITEMIZED CONTRIBUTIONS

Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 1                      Total Amount \$ 49.00

### UNITEMIZED EXPENDITURES

Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number 1                      Total Amount \$ 15.60

	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>49.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>775.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>824.00</u>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>15.60</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>40.00</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>55.60</u>
<u>0</u> Number of Schedule C-2B pages Attached	
<b>Incurred Expenditures</b>	
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)	= \$
<u>0</u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$

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

Name of Candidate or Committee  
Les Bock

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>10/20/05</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1. Joan Wallace 3932 Oak Park Pl Boise, ID 83703	\$ <u>100</u> -	\$ _____	\$ _____
		\$ <u>100</u> - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/12/05</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2. Michael P. Wilson 502 Hearthstone Drive Boise, ID 83702	\$ <u>100</u> -	\$ _____	\$ _____
		\$ <u>100</u> - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/12/05</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3. Julie Debrenzo Thomas Debrenzo 3775 La Fontana Way Boise, ID 83702	\$ <u>100</u> -	\$ _____	\$ _____
		\$ <u>100</u> - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/19/05</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	4. Charles F. Cole Betsy Dunklin 1519 E. Holly Boise, ID 83712	\$ <u>100</u> -	\$ _____	\$ _____
		\$ <u>100</u> - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/25/05</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	5. Dr. Joel B. Server 324 Parkway Dr Boise, ID 83706	\$ <u>100</u> -	\$ _____	\$ _____
		\$ <u>100</u> - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11/5/05</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	6. Lisa Leff 1818 W. Jefferson St. Boise, ID 83702	\$ <u>100</u> -	\$ _____	\$ _____
		\$ <u>100</u> - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11/10/05</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	7. Edwin K. Keener 3423 N. 39th Street Boise, ID 83703	\$ <u>75</u> -	\$ _____	\$ _____
		\$ <u>75</u> - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/25/05</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8. Grant Burgoyne Christy Burgoyne 2203 N. Mountain View Dr. Boise, ID 83706	\$ <u>100</u> -	\$ _____	\$ _____
		\$ <u>100</u> - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
_____/_____/_____ <input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
_____/_____/_____ <input type="checkbox"/> Primary <input type="checkbox"/> General	10.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>775.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>775.00</u>

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

Name of Candidate or Committee  
Les Bock

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10/17/05	1. U.S. Postal Service Garden City ID Garden City, ID 83714	\$ 40 <sup>-</sup>	\$ _____
Purpose of Above Expenditure: <u>P.O. Box Rental</u>			
/ /	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		\$ 40.00	\$ _____
Total This Page (add columns A & B)			\$ 40.00

**SCHEDULE C-2A  
CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED**

Name of Candidate or Committee _____	Report Covering the Period From ____/____/____ to ____/____/____
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**Directions:** Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

<b>Line 1: Pledged Contributions of \$50.00 or Less This Period:</b> Total Number _____ Total Amount \$ _____
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**Pledged Contributions of More Than \$50.00 This Period:**

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	1. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	2. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	3. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	4. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	5. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	6. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	7. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	8. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	9. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	10. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	11. _____	

Line 2: Total Amount of Pledged Contributions of More Than \$50.00 \$ \_\_\_\_\_

Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1) \$ \_\_\_\_\_

Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total on page 2. \$ \_\_\_\_\_

**SCHEDULE C-2B  
EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT**

Name of Candidate or Committee _____	Report Covering the Period From ____/____/____ to ____/____/____
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**Directions:** Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service or made a payment on debt. Do not include these entries on Schedule B.

<b>Line 1: Incurred Expenditures of Less Than \$25.00 This Period:</b>	Total Number _____	Total Amount \$ _____
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Expenditures Incurred (Debts and Obligations) or Payment Made on Debt of \$25.00 or More This Period:	
Full Name, Mailing Address and Zip Code of Creditor	Purpose of Expenditure
1.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
2.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
3.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
4.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
5.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____

**Totals of this Page**

**Line 2: Amount Incurred This Period** (Carry forward to Page 2, under Incurred Expenditures) \$ \_\_\_\_\_

**Line 3: Payment This Period** (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$ \_\_\_\_\_