

C-2  
Rev. 04/04



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

**SCANNED**

07 JAN 31 PM 1:51  
STATE OF IDAHO

**Section I**

Name of Candidate or Political Committee and Chairperson <b>MANSFIELD FOR IDAHO</b>		Office Sought (if candidate) <b>SENATOR</b>	District (if any) <b>15</b>
Mailing Address <b>8500 STYNBROOK DR.</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>BOISE 83704</b>	Home Phone <b>208-353-3252</b>
Name of Political Treasurer <b>SUSAN MANSFIELD</b>			
Mailing Address <b>8500 STYNBROOK DR.</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>BOISE 83704</b>	Work Phone <b>208-353-3252</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 10 / 01 / 06 through 12 / 31 / 06
- 7 Day Pre-Primary Report     
  30 Day Post-Primary Report     
  October 10 Pre-General Report  
 7 Day Pre-General Report     
  30 Day Post-General Report     
  Annual Report  
 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).

	<b>COLUMN I This Period</b>	<b>COLUMN II Calendar Year to Date</b>
Line 1: Cash on Hand January 1, This Year*	\$ <u>XXXXXXX</u>	\$ <u>0.00</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>43.08</u>	\$ <u>XXXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>4,070.48</u>	\$ <u>24,080.48</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>4,113.56</u>	\$ <u>24,080.48</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>4,043.93</u>	\$ <u>24,010.85</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>69.63</u>	\$ <u>69.63</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 SUSAN MANSFIELD 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.

*Susan Mansfield*  
Signature of Political Treasurer

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee <b>MANSFIELD FOR IDAHO</b>	Report Covering the Period From <u>10 / 01 / 06</u> to <u>12 / 31 / 06</u>
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**UNITEMIZED CONTRIBUTIONS**  
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 0 Total Amount \$ 0.00

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

Total Number 0 Total Amount \$ 0.00

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 0.00
Itemized Contributions (total all Schedule A sheets)	\$ 4,070.48
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 4,070.48
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 0.00
Itemized Expenditures (total all Schedule B sheets)	\$ 0.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ 4,043.93
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 4,043.93
<u>1</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)	\$ 5,906.25
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ 239.30
Subtotal	= \$ 6,145.55
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ 4,043.93
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ 2,101.62
<u>0</u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ 0.00

## SCHEDULE A ITEMIZED CONTRIBUTIONS

of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee  
**MANSFIELD FOR IDAHO**

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
11 / 03 / 06	1. DENNIS MANSFIELD 8500 STYNBROOK DR. BOISE, ID 83704	\$ _____	\$ _____	\$ 4,070.48
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____ / ____ / ____	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____ / ____ / ____	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____ / ____ / ____	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____ / ____ / ____	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____ / ____ / ____	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____ / ____ / ____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____ / ____ / ____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____ / ____ / ____	9.	\$ _____	\$ _____	\$ _____
<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		\$ 0.00	\$ 0.00	\$ 4,070.48
Total This Page (add columns A, B & C)				\$ 4,070.48

## SCHEDULE B ITEMIZED EXPENDITURES

Page 1	of 1
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of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee <b>MANSFIELD FOR IDAHO</b>			
		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
11 / 30 / 06	1. VOICE I/S INC 3767 FOREST LN., STE 124, PMB 1187 DALLAS, TX 75244	\$ 2,243.93	\$ _____
Purpose of Above Expenditure: OUTSTANDING DEBT - TELEPHONE CALLING SERVICE			
11 / 30 / 06	2. AUTOSORT PO BOX 191025 BOISE, ID 83719	\$ 1,800.00	\$ _____
Purpose of Above Expenditure: OUTSTANDING DEBT - FUNDRAISER MAILER			
/ /	3.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 4,043.93	\$ 0.00
Total This Page (add columns A & B)			\$ 4,043.93

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

Name of Candidate or Committee <b>MANSFIELD FOR IDAHO</b>	Report Covering the Period From <u>10 / 01 / 06</u> to <u>12 / 31 / 06</u>
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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.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period:	Total Number <u>0</u>	Total Amount \$ <u>0.00</u>
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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 or Creditor	Purpose of Expenditure
1. VOICE I/S INC. 3767 FOREST LN, STE 124, PMB 1187 DALLAS, TX 75244	TELEPHONE CALLING SERVICE
Outstanding Balance beginning this period.. \$ <u>100.00</u>	
Amount Incurred this period..... \$ <u>0.00</u>	Date Incurred <u>5/18/06</u>
Payment this period..... \$ <u>100.00</u>	Date of Payment <u>10/31/06</u>
Outstanding Balance..... \$ <u>0.00</u>	
2. VOICE I/S INC. 3767 FOREST LN, STE 124, PMB 1187 DALLAS, TX 75244	TELEPHONE CALLING SERVICE
Outstanding Balance beginning this period.. \$ <u>2,143.93</u>	
Amount Incurred this period..... \$ <u>0.00</u>	Date Incurred <u>5/18/06</u>
Payment this period..... \$ <u>2,143.93</u>	Date of Payment <u>10/31/06</u>
Outstanding Balance..... \$ <u>0.00</u>	
3. AUTOSORT PO BOX 191025 BOISE, ID 83719	MAILER
Outstanding Balance beginning this period.. \$ <u>3,350.16</u>	
Amount Incurred this period..... \$ <u>142.88</u>	Date Incurred <u>7/1/06</u>
Payment this period..... \$ <u>1,800.00</u>	Date of Payment <u>11/30/06</u>
Outstanding Balance..... \$ <u>1,693.04</u>	
4. CHIGBROW RYAN & CO. PO BOX 7807 BOISE, ID 83707	ACCOUNTING SERVICES
Outstanding Balance beginning this period.. \$ <u>312.16</u>	
Amount Incurred this period..... \$ <u>96.42</u>	Date Incurred <u>7/1/06</u>
Payment this period..... \$ <u>0.00</u>	Date of Payment <u>0</u>
Outstanding Balance..... \$ <u>408.58</u>	
5.	
Outstanding Balance beginning this period.. \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	

**Totals of this Page**

Line 2: Amount Incurred This Period (Carry forward to Page 2, Under Incurred Expenditures) \$ 239.30

Line 3: Payment This Period (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$ 4,043.93