



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

Section I

| | | | |
|---|---|--|-----------------------------------|
| Name of Candidate or Political Committee and Chairperson Lenore Hardy Barrett | | Office Sought (if candidate) Rep | District (if any) 35 |
| Mailing Address PO Box 347 | <input type="checkbox"/> Check if address change. | City and Zip Challis 83226 | Home Phone 208 879 2797 |
| Name of Political Treasurer Lenore Hardy Barrett | | Work Phone same | |
| Mailing Address Same as above | <input type="checkbox"/> Check if address change. | City and Zip | Home Phone |
| | | | 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 10 / 23 / 06 through 11 / 17 / 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).

| | COLUMN I This Period | COLUMN II Calendar Year to Date |
|---|-------------------------|------------------------------------|
| Line 1: Cash on Hand January 1, This Year* | \$ <u>XXXXXX</u> | \$ _____ |
| Line 2: Enter Cash Balance at Close of Last Reporting Period** | \$ <u>6,133.59</u> | \$ <u>XXXXXX</u> |
| Line 3: Total Contributions (Enter amount from page 2) | \$ <u>1,545.00</u> | \$ _____ |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ <u>7,678.59</u> | \$ _____ |
| Line 5: Total Expenditures (Enter amount from page 2) | \$ <u>2,406.79</u> | \$ _____ |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ <u>5,271.80</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 Ysursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V

CERTIFICATION

Lenore Hardy Barrett
(name of Political Treasurer)

I hereby certify that 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 PAGEName of Candidate or Committee:
Lenore Hardy BarrettReport Covering the Period
From 10 / 23 / 06 to 11 / 17 / 06**UNITEMIZED CONTRIBUTIONS**
Contributions of Fifty Dollars (\$50.00) or Less This PeriodTotal Number 0 Total Amount \$ 0**UNITEMIZED EXPENDITURES**
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This PeriodTotal Number 8 Total Amount \$ 137.19

| | Total This Period |
|---|-------------------|
| <u> </u> Number of Schedule A pages Attached | 1 |
| Contributions | |
| Unitemized Contributions (\$50 and less) from top of page | \$ 0 |
| Itemized Contributions (total all Schedule A sheets) | \$ 920.00 |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ 920.00 |
| <u> </u> Number of Schedule B pages Attached | 2 |
| Expenditures | |
| Unitemized Expenditures (less than \$25) from top of page | \$ 137.19 |
| Itemized Expenditures (total all Schedule B sheets) | \$ 1645.00 |
| 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) | \$ 1782.19 |
| <u> </u> Number of Schedule C-2B pages Attached | 0 |
| Incurred Expenditures | 0 |
| 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> </u> Number of Schedule C-2A pages Attached | |
| Pledged Contributions | 0 |
| Amount Pledged this Period | \$ |

SCHEDULE A ITEMIZED CONTRIBUTIONS

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

Name of Candidate or Committee
Lenore Hardy Barrett

| Date/ Receipt For | Full Name, Mailing Address and Zip Code of Contributor/Lender | Column A Cash or Check | Column B In-Kind (non-monetary) | Column C Loans |
|---|---|--|--|--|
| 10/26/06 | 1. Micron 800 S. Federal Way Boise, ID 83707-0006 | \$ 500.00 | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year to Date</small> |
| 10/05/06 | 2. Tax Fairness PAC 10200 W. Emerald Boise 83704 | \$ 100.00 | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year to Date</small> |
| 10/23/06 | 3. Pharmaceutical Research 950 F Street NW Washington, D.C. 20004 | \$ 200.00 | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year to Date</small> |
| 11/15/06 | 4. Dick Broulin 182 N. State Rigby, ID 83442 | \$ 120.00 | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year to Date</small> |
| ____/____/____ | 5. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year to Date</small> |
| ____/____/____ | 6. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year to Date</small> |
| ____/____/____ | 7. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year to Date</small> |
| ____/____/____ | 8. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year to Date</small> |
| ____/____/____ | 9. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year to Date</small> |
| ____/____/____ | 10. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year To Date</small> | \$ _____ <small>Calendar Year to Date</small> |
| Subtotals of Columns A, B & C | | \$ 920.00 | \$ _____ | \$ _____ |
| Total This Page (add columns A, B & C) | | | | \$ 920.00 |

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

| | |
|-----------|---------|
| Page 1 | of 2 |
|-----------|---------|

Name of Candidate or Committee
Lenore Hardy Barrett

| Date | Full Name, Mailing Address and Zip Code of Recipient | Column A | Column B |
|--|--|---------------|------------------------|
| | | Cash or Check | In-Kind (non-monetary) |
| 10/23/06 | 1. Recorder Herald P.O. Box 310 Salmon, Id 83467 | \$ 126.00 | \$ |
| Purpose of Above Expenditure: Ad | | | |
| 10/23/06 | 2. Jefferson Star P.O. Box 37 Rigby, ID 83442 | \$ 103.50 | \$ |
| Purpose of Above Expenditure: Ad | | | |
| 10/25/06 | 3. Arco Advertiser P.O. Box 803 Arco, ID 83213 | \$ 180.00 | \$ |
| Purpose of Above Expenditure: Ad | | | |
| 10/27/06 | 4. Jefferson Star P.O. Box 37 Rigby, ID 83442 | \$ 148.50 | \$ |
| Purpose of Above Expenditure: Ad | | | |
| 10/30/06 Recorder Herald | 5. Recorder Herald P.O. Box 310 Arco, Salmon, ID 83467 | \$ 140.00 | \$ |
| Purpose of Above Expenditure: Ad | | | |
| 10/30/06 | 6. Challis, Messenger P.O. Box 405 Challis, ID 83226 | \$ 123.20 | \$ |
| Purpose of Above Expenditure: Ad | | | |
| 11/01/06 | 7. KSRA Radio 315 Highway 95 N Salmon, ID 83467 | \$ 280.00 | \$ |
| Purpose of Above Expenditure: ads | | | |
| 11/07/06 | 8. Jefferson Star P.O. Box 310 Rigby, ID 83442 | \$ 57.50 | \$ |
| Purpose of Above Expenditure: Thank U ad | | | |
| 11/13/06 | 9. Challis, Messenger P.O. Box 405 Challis, ID 83226 | \$ 44.50 | \$ |
| Purpose of Above Expenditure: Thank U ad | | | |
| Subtotals of Columns A & B | | \$ 1203.60 | \$ |
| Total This Page (add columns A & B) | | 1203.60 | \$ 1203.60 |

SCHEDULE B ITEMIZED EXPENDITURES

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

| |
|---|
| Name of Candidate or Committee Lenore Hardy Barrett |
|---|

| | | Column A | Column B |
|--|--|---------------|------------------------|
| Date | Full Name, Mailing Address and Zip Code of Recipient | Cash or Check | In-Kind (non-monetary) |
| 11 / 20 / 06 | 1. Arco Advertiser P.O. Box 803 Arco, ID 83213 | \$ 45.00 | \$ _____ |
| Purpose of Above Expenditure: Thank U ad | | | |
| 11 / 20 / 06 | 2. Recorder Herald P.O. Box 310 Salmon, ID 83467 | \$ 49.00 | \$ _____ |
| Purpose of Above Expenditure: Thank U ad | | | |
| 11 / 20 / 06 | 3. Island Park News P.O. Box 410 Island Park, ID 83429 | \$ 255.00 | \$ _____ |
| Purpose of Above Expenditure: ads | | | |
| 10 / 30 / 06 | 4. Challis Messenger P.O. Box 405 Challis, ID 83226 | \$ 92.40 | \$ _____ |
| Purpose of Above Expenditure: Ad supporting Donna Jones | | | |
| / / | 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 | | \$ 447.40 | \$ _____ |
| Total This Page (add columns A & B) | | | \$ 447.40 |