



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

Section I

Name of Candidate or Political Committee and Chairperson <u>Lyndon Harriman</u>		Office Sought (if candidate) <u>State Rep</u>	District (if any) <u>5-1320</u>
Mailing Address <u>401 S Park Dr</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Post Falls 83854</u>	Home Phone <u>773-8102</u>
Name of Political Treasurer <u>Bill Hjort</u>		Home Phone <u>664-9188</u>	Work Phone
Mailing Address <u>110 Hattie Ave</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Coened'Alene 83814</u>	Home Phone <u>664-5418</u>
		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 5/7/06 through 6/22/06

- | | | |
|---|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input checked="" 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 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 5/7/06 through 6/22/06.

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>560</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>560</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>0</u>	\$ <u>560</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ _____	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>0</u>	\$ <u>0</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>560</u>	\$ <u>560</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

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

Bill Hjort
Signature of Political Treasurer