



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

**SCANNED**

**Section I**

Name of Candidate or Political Committee and Chairperson <b>LELAND G HEINRICH</b>		Office Sought (if candidate) <b>SENATE</b>	District (if any) <b>DIST. 8</b>
Mailing Address <input type="checkbox"/> Check if address change. <b>P.O. Box 1350</b>	City and Zip <b>CASCADE 83611</b>	Home Phone <b>208-382-3244</b>	Work Phone <b>208-382-7101</b>
Name of Political Treasurer <b>ARCHIE N. BANBURY</b>			
Mailing Address <input type="checkbox"/> Check if address change. <b>180 DUFFERS LANE</b>	City and Zip <b>CASCADE, 83611</b>	Home Phone <b>208-382-3138</b>	Work Phone <b>NONE</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 5 / 8 / 06 through 6 / 8 / 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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>XXXXXX</u>	\$ <u>-0-</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>561.50</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>960.00</u>	\$ <u>15,213.92</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>1,521.50</u>	\$ <u>15,213.92</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1,047.89</u>	\$ <u>14,740.31</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)	\$ <u>473.61</u>	\$ <u>473.61</u>
Line 7: Outstanding Debt to Date	\$ <u>900.00</u>	

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

*Archie N. Banbury*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>LELAND G. HEINRICH</u>	Report Covering the Period From <u>5 18 106</u> to <u>6 18 106</u>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>4</u>	Total Amount \$ <u>200<sup>00</sup></u>
<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>1</u>	Total Amount \$ <u>8<sup>00</sup></u>

	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>200.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>760.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>960.00</u>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>8.00</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>1,039.89</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>1,047.89</u>
<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)	\$ <u>- 0 -</u>
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ <u>900 -</u>
Subtotal	= \$ <u>900 -</u>
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ <u>- 0 -</u>
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ <u>900 -</u>
<u>    </u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ <u>0</u>

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

Name of Candidate or Committee  
LELAND G. HEINRICH, IDAHO Senate DIST. 8

		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
<u>5/12/06</u>	1. RICHARD D. DUNCAN 431 CEDAR HAILEY, ID 83333	\$ <u>500.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>500.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/22/06</u>	2. AMY LUDMIS 7154 W. STATE ST. #377 BOISE, ID 83714-7421	\$ <u>60.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>60.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/22/06</u>	3. DON REIMAN 2105 MOUNTAIN COVE RD BOISE, ID 83702	\$ <u>100.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/31/06</u>	4. JAMES LANCASTER 4545 SILVERLEAF EMMETT, ID 83617	\$ <u>100.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	10.	\$ _____	\$ _____	\$ _____
<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		\$ <u>760.00</u>	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
Total This Page (add columns A, B & C)				\$ <u>760.00</u>

Per P.T.

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

Name of Candidate or Committee  
LELAND G. HEINRICH SENATE DISTRICT 8

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
5/15/06	1. THORNE PRINTING 628 12TH AVE. RD NAMPA, ID 83686	\$ 127.60	\$ _____
Purpose of Above Expenditure: DOOR HANGERS FOR CAMPAIGN			
5/15/06	2. LONG VALLEY ADVOCATE 105 N. MAIN CASCADE, ID 83611	\$ 207.00	\$ _____
Purpose of Above Expenditure: NEWSPAPER ADS			
5/16/06	3. LELAND G. HEINRICH P.O. Box 1350 CASCADE, ID 83611	\$ 600.29	\$ _____
Purpose of Above Expenditure: CAMPAIGN TRAVEL REIMBURSEMENT			
5/23/06	4. WINDOW ON THE CLEARWATER P.O. Box 2444 OROFIND, ID 83544	\$ 105.00	\$ _____
Purpose of Above Expenditure: CAMPAIGN ADS			
___/___/___	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		\$ 1,039.89	\$ _____
Total This Page (add columns A & B)			\$ _____

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

Name of Candidate or Committee <u>LELAND G HEINRICH</u>	Report Covering the Period From <u>5/8/06</u> to <u>6/8/06</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 NONE Total Amount \$ 0

**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. <u>BILL MONEY</u> <u>4911 NORTH FLAGLER DR STE#1</u> <u>WEST PALM BEACH, FL 33407</u>	<u>TELEPHONE CALLS SOLICITATION</u>
Outstanding Balance beginning this period..... \$ <u>0</u>	
Amount Incurred this period..... \$ <u>900.00</u>	Date Incurred <u>5/22/06</u>
Payment this period..... \$ <u>0</u>	Date of Payment _____
Outstanding Balance..... \$ <u>900.00</u>	
2.	
Outstanding Balance beginning this period..... \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	
3.	
Outstanding Balance beginning this period..... \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	
4.	
Outstanding Balance beginning this period..... \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	
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) \$ 900.00

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