



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>CLAIRE CHELDRST</b>		Sought (if candidate) <b>REPRESENTATIVE</b>		District (if any) <b>31A</b>	
Mailing Address <input type="checkbox"/> Check if address change. <b>PO Box 303</b>		City and Zip <b>MONTPELIER 83254</b>		Home Phone <b>(208) 847-7259</b>	
Name of Political Treasurer <b>Kimberly Lewis</b>		City and Zip <b>MONTPELIER ID</b>		Home Phone <b>847-0625</b>	
Mailing Address <input type="checkbox"/> Check if address change. <b>994 PESCADEAU RD</b>		City and Zip <b>MONTPELIER ID</b>		Home Phone <b>847-0625</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 / 23 / 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).

	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**	\$ 1528.44	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 3695.00	\$ 7996.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 5223.44	\$
Line 5: Total Expenditures (Enter amount from page 2)	\$ 5217.24	\$ 7989.80
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 6.20	\$ 6.20
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 Ysursa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
phone: (208) 334-2852  
fax: (208) 334-2282

**Section V**

**CERTIFICATION**

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

Kimberly Lewis  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <span style="font-size: 1.2em; font-family: cursive;">CLARA CHEIDRETT</span>	Report Covering the Period From ___/___/___ to ___/___/___
--	---

<b>UNITEMIZED CONTRIBUTIONS</b> Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ <u>0</u>
<b>UNITEMIZED EXPENDITURES</b> Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>0</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	\$ 0
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 3695 <sup>00</sup>
<u>3</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 0
Itemized Expenditures (total all Schedule B sheets)	\$ 5217.24
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)	\$ 5217.24
___ 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)	\$ 0
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ 0
Subtotal	= \$ 0
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ 0
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ 0
___ Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ 0

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

Name of Candidate or Committee

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
5/10/06	1. BEN THORNAL 4733 Dingle Rd Montpelier, Id 83514	\$ 50.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 50.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
5/23/06	2. HAROLD OLSEN 245 So 9th Montpelier, Id. 83014	\$ 50.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 50.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
5/10/06	3. CLARA CASINELLI Box 303 MONTPELIER, ID 83014	\$ 2900.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
6/22/06	4. CLARA CASINELLI Box 303 MONTPELIER, ID 83014	\$ 685.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 7595.00 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
____/____/____	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		\$ 3695.00	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ 3695.00

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

Name of Candidate or Committee

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
5/11/06	1. PROBING AMERICA IDAHO FALLS, ID 83401	\$ 304 <sup>00</sup>	\$
Purpose of Above Expenditure: RADIO ADS			
5/11/06	2. UNITED MICRO DATA 565 1ST STREET IDAHO FALLS, ID. 83404	\$ 670 <sup>00</sup>	\$
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		\$ 974 <sup>00</sup>	\$
Total This Page (add columns A & B)		\$ 974 <sup>00</sup>	\$

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
5,11,06	1. KCHQ DRUGGS, ID.	\$ 150 <sup>00</sup>	\$ _____
Purpose of Above Expenditure: <u>Radio Ads</u>			
5,11,06	2. Teton Valley News 75 No. Main DRUGGS, ID.	\$ 240 <sup>00</sup>	\$ _____
Purpose of Above Expenditure: <u>Incent Brochure</u>			
5,12,06	3. KUSI US Hwy 36 MONTAGUER, ID. 83254	\$ 200 <sup>00</sup>	\$ _____
Purpose of Above Expenditure:			
5,12,06	4. SHIRTACK GRAPHICS 2470 AMMAN RD. FOADO FALLS, ID 83406	\$ 230 <sup>00</sup>	\$ _____
Purpose of Above Expenditure: <u>DESIGN BROCHURE</u>			
5,18,06	5. UNITED MAILING DIRECT 565 1ST ST. FOADO FALLS, ID 83401	\$ 227.78	\$ _____
Purpose of Above Expenditure: <u>Mail Brochures</u>			
5,18,06	6. US POST OFFICE FOADO FALLS ID.	\$ 429 <sup>00</sup>	\$ _____
Purpose of Above Expenditure:			
5,22,06	7. Verizon Wireless	\$ 300 <sup>00</sup>	\$ _____
Purpose of Above Expenditure: <u>Cel Phone Calls</u>			
5,23,06	8. KBRV US Hwy 30 SODA SPRINGS, ID	\$ 80 <sup>00</sup>	\$ _____
Purpose of Above Expenditure:			
5,27,06	9. CARIBOU CTR SUN 169 So 1st W SODA SPRINGS, ID 83376	\$ 549.90	\$ _____
Purpose of Above Expenditure: <u>Ads &amp; Mailing of Brochure</u>			
Subtotals of Columns A & B		\$ 2406 <sup>68</sup>	\$ _____
Total This Page (add columns A & B)			\$ 2406. <sup>68</sup>

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

Name of Candidate or Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
6/7/06	1. NEWS EXAMINER 877 WASHINGTON MONTICELLO, ID 83254	\$ 126.80	\$ _____
Purpose of Above Expenditure: NEWS PAPER Ads			
6/21/06	2. Preston CITIZEN PO BOX 472 PRESTON, ID. 83263	\$ 1709.76	\$ _____
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		\$ 1836.56	\$ _____
Total This Page (add columns A & B)			\$ 1836.56