

C-2
Rev. 06/04



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

Section I

| | | | |
|---|---|---|--------------------------------------|
| Name of Candidate or Political Committee and Chairperson LENORE KARDY BARRETT | | Office Sought (if candidate) REPRESENTATIVE | District (if any) AM5B: 30 |
| Mailing Address P.O. Box 347 | <input type="checkbox"/> Check if address change. | City and Zip CHALLIS 83226 | Home Phone 208-879-2797 |
| Name of Political Treasurer Lenore Kardy Barrett | | STATE OF IDAHO | |
| Mailing Address Same as above | <input type="checkbox"/> Check if address change. | City and Zip | 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 05 / 08 / 2006 through 06 / 02 / 2006

- 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* | \$ XXXXXX | \$ 338.42 |
| Line 2: Enter Cash Balance at Close of Last Reporting Period** | \$ 1125.15 | \$ XXXXXX |
| Line 3: Total Contributions (Enter amount from page 2) | \$ 400.00 | \$ 1650.00 |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ 1525.15 | \$ 1988.42 |
| Line 5: Total Expenditures (Enter amount from page 2) | \$ 213.57 | \$ 676.84 |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ _____ | \$ 1311.58 |
| 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, Lenore Kardy Barrett, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Lenore Kardy Barrett
Signature of Political Treasurer

DETAILED SUMMARY PAGEName of Candidate or Committee
LENORE HARDY BARRETTReport Covering the Period
From 05/08/06 to 06/02/06**UNITEMIZED CONTRIBUTIONS**
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number _____ Total Amount \$ _____

UNITEMIZED EXPENDITURES
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This PeriodTotal Number 08 Total Amount \$ 175.77

| | Total This Period |
|---|-------------------|
| ____ 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) | \$ 400.00 |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ 400.00 |
| ____ Number of Schedule B pages Attached | 1 |
| Expenditures | |
| Unitemized Expenditures (less than \$25) from top of page | \$ 175.77 |
| Itemized Expenditures (total all Schedule B sheets) | \$ 37.80 |
| 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) | \$ 213.57 |
| ____ Number of Schedule C-2B pages Attached | |
| Incurred Expenditures | |
| 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) | = \$ |
| ____ Number of Schedule C-2A pages Attached | |
| Pledged Contributions | |
| 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

| | | 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 |
| 05/17/06 | 1. Idaho Automobiles Dealers PAS 4980 W. State Street Boise, ID 83703-3326 | \$ 100.00 | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| 06/01/06 | 2. Idaho Manufactured Housing PAS P.O. Box 201 Sun Valley, Id 83353 | \$ 300.00 | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input checked="" 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 |
| ____/____/____ | 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 | | \$ 400.00 | \$ _____ | \$ _____ |
| Total This Page (add columns A, B & C) | | | | \$ 400.00 |

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) |
| 05 / 30 / 06 | 1. Just Around the Corner P.O. Box 65 Shallis, ID 83226 | \$ 37.80 | \$ _____ |
| Purpose of Above Expenditure: Sannack/hospital/flowers | | | |
| / / | 2. | \$ _____ | \$ _____ |
| 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 | | \$ 37.80 | \$ 0 |
| Total This Page (add columns A & B) | | | \$ 37.80 |

SCHEDULE C-2A CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED

| | |
|---|---|
| Name of Candidate or Committee Lenore Hardy Barrett | Report Covering the Period From <u>05 / 08 / 06</u> to <u>06 / 02 / 06</u> |
|---|---|

Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

| |
|---|
| Line 1: Pledged Contributions of \$50.00 or Less This Period: Total Number _____ Total Amount \$ _____ |
|---|

Pledged Contributions of More Than \$50.00 This Period:

| Pledge For | Date of Pledge | Full Name, Mailing Address and Zip Code of Contributor/Lender | Amount Pledged |
|--|----------------|---|----------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 1. _____ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 2. _____ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 3. _____ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 4. _____ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 5. _____ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 6. _____ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 7. _____ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 8. _____ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 9. _____ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 10. _____ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 11. _____ | |

| | |
|--|-------------|
| Line 2: Total Amount of Pledged Contributions of More Than \$50.00 | \$ <u>0</u> |
| Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1) | \$ <u>0</u> |
| Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total on page 2. | \$ <u>0</u> |

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

| | |
|---|---|
| Name of Candidate or Committee Lenore Hardy Barrett | Report Covering the Period From <u>05/08/06</u> to <u>06/02/06</u> |
|---|---|

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 0 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. | |
| Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Date Incurred _____ Payment this period..... \$ _____ Date of Payment _____ Outstanding Balance..... \$ _____ | |
| 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) \$ 0

Line 3: Payment This Period (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$ 0