



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

Section I

Name of Candidate or Political Committee and Chairperson <i>Darrington for Senate</i>		Office Sought (if candidate) District (if any) <i>State Senate 27</i>	<i>8:32</i>
Mailing Address <i>3025 Hwy 77</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Declo 83323</i>	Home Phone <i>654-2712</i>
Name of Political Treasurer <i>Virgene Darrington</i>		Home Phone <i>654-2712</i>	Work Phone <i>—</i>
Mailing Address <i>3025 Hwy 77</i>	<input checked="" type="checkbox"/> Check if address change.	City and Zip <i>Declo 83323</i>	Home Phone <i>654-2712</i>
			Work Phone <i>—</i>

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 / 1 / 06 through 10 / 22 / 06

- | | | |
|---|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> October 10 Pre-General Report |
| <input checked="" 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*	\$ <u>XXXXXX</u>	\$ <u>3022.78</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>5668.13</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>4535.00</u>	\$ <u>10535.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>10203.13</u>	\$ <u>13557.78</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>156.08</u>	\$ <u>3510.73</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>10047.05</u>	\$ <u>10047.05</u>
Line 7: Outstanding Debt to Date	\$ <u>—</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 Ysursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V

CERTIFICATION

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

Virgene Darrington
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <div style="font-size: 1.5em; font-family: cursive;">Darrington for Senate</div>	Report Covering the Period From <u>10/1/06</u> to <u>10/22/06</u>
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UNITEMIZED CONTRIBUTIONS

Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 9 Total Amount \$ 215.00

UNITEMIZED EXPENDITURES

Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number 1 Total Amount \$ 13.00

	Total This Period
<u>2</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>215.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>4320.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>4535.00</u>
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>13.00</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>143.08</u>
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ <u>—</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>156.08</u>
<u>0</u> 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)	= \$
<u>0</u> 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
Darrington for Senate

		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>10/13/06</u>	^{1.} <u>Id. Cable Telecommunications</u>	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary	<u>Box 1145</u>	\$ <u>300.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> General	<u>Boise, Id 83701</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/13/06</u>	^{2.} <u>Avista Corp.</u>	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary	<u>802 W. Bannock Suite 302</u>	\$ <u>200.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> General	<u>Boise, Id 83702</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/13/06</u>	^{3.} <u>Potlatch</u>	\$ <u>500.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary	<u>Box 1348</u>	\$ <u>500.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> General	<u>Lewiston, Id 83501</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/13/06</u>	^{4.} <u>Idaho Milk PAC</u>	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary	<u>Box 2751</u>	\$ <u>200.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> General	<u>Boise, Id 83701</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/17/06</u>	^{5.} <u>Sawtooth Surgery Center</u>	\$ <u>280.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary	<u>115 Falls Ave. W.</u>	\$ <u>280.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> General	<u>Twin Falls, Id 83301</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/17/06</u>	^{6.} <u>Boise Endoscopy Center</u>	\$ <u>160.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary	<u>425 W. Bannock Center</u>	\$ <u>160.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> General	<u>Boise, Id 83702</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/17/06</u>	^{7.} <u>ICUA - PAC</u>	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary	<u>Box 608</u>	\$ <u>300.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> General	<u>Boise, Id 83318</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/18/06</u>	^{8.} <u>Simplot Shared Services</u>	\$ <u>500.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary	<u>Box 70003</u>	\$ <u>500.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> General	<u>Boise, Id 83707</u>	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>2400.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>2400.00</u>

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

Name of Candidate or Committee
Darrington for Senate

		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>10/2/06</u>	^{1.} Idaho Sugarbeet Growers 802 W. Bannock St. Boise, Id 83702	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/2/06</u>	^{2.} Employers Compensation Insur. 9790 Gateway Dr. Reno, Nevada 89521	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/2/06</u>	^{3.} Anheuser Busch c/o Ken McClure Box 2720 Boise, Id 83701	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/6/06</u>	^{4.} Zions Bancorporation 190 N. Main St. Spanish Fork, Utah 84660	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/6/06</u>	^{5.} Idaho Dental PAC 1220 W. Hays Boise, Id 83702	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>500.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/6/06</u>	^{6.} Capital Racing, LLC Box 270159 San Diego, Calif. 92198	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/10/06</u>	^{7.} Id. Healthcare Assoc. 802 W. Bannock Suite 304 Boise, Id. 83702	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/10/06</u>	^{8.} Rocky Mtn. Surgery Center 338 W. 18 th Pocatello, Id 83201	\$ <u>120.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>120.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/10/06</u>	^{9.} Id. Petroleum Marketers Box 984 Boise, Id 83701	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/10/06</u>	^{10.} Wells Fargo PAC 877 W. Main Boise, Id 83702	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>1920.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1920.00</u>

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

Name of Candidate or Committee
Darrington for Senate

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10/10/06	1. Times News Box 548 Twin Falls, Id 83303	\$ 75.00	\$ _____
Purpose of Above Expenditure: <u>Advertising</u>			
10/10/06	2. Alltel Box 79033 Pheonix, Az. 85062	\$ 68.08	\$ _____
Purpose of Above Expenditure: <u>Cellular Service</u>			
/ /	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		\$ 143.08	\$ _____
Total This Page (add columns A & B)		\$ 143.08	