



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

**Section I**

|  |                                    |  |  |
|--|------------------------------------|--|--|
| Name of Candidate or Political Committee and Chairperson<br><b>Scott Cannon</b>              |                                    | Office Sought (in candidate's district, if any)<br><b>State Representative 329: A1</b> |  |
| Mailing Address <input type="checkbox"/> Check if address change.<br><b>1486 Curlew #228</b> | City and Zip<br><b>Ammon 83406</b> | Home Phone<br><b>208-406-1785</b>  | Work Phone<br><b>SECRETARY OF STATE<br/>STATE OF IDAHO</b> |
| Name of Political Treasurer<br><b>Shannon Leffert</b>  |                                    |  |  |
| Mailing Address <input type="checkbox"/> Check if address change.<br><b>1486 Curlew #228</b> | City and Zip<br><b>Ammon 83406</b> | Home Phone<br><b>208-569-4265</b>  | Work Phone<br><b>-</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 Jan / 1 / 2006 through May / 7 / 2006

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> 7 Day Pre-Primary Report            | <input 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 Jan / 1 / 2006 through May / 7 / 2006

**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<br>This Period | COLUMN II<br>Calendar Year to Date |
|---|-------------------------|------------------------------------|
| Line 1: Cash on Hand January 1, This Year*                              | \$ <u>XXXXXX</u>        | \$ <u>0.00</u>                     |
| Line 2: Enter Cash Balance at Close of Last Reporting Period**          | \$ _____                | \$ <u>XXXXXX</u>                   |
| Line 3: Total Contributions (Enter amount from page 2)                  | \$ _____                | \$ _____                           |
| Line 4: Subtotal (Add lines 1, 2 and 3)                                 | \$ _____                | \$ _____                           |
| Line 5: Total Expenditures (Enter amount from page 2)                   | \$ _____                | \$ _____                           |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ _____                | \$ _____                           |
| 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.

**Section V**

**CERTIFICATION**

**Return This Report To:**  
Ben Yursa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
phone: (208) 334-2852  
fax: (208) 334-2282

I Shannon Leffert, hereby certify that the information  
(name of Political Treasurer)  
in this report is a true, complete and correct Campaign Financial Disclosure Report as  
required by law.  
Shannon Leffert  
Signature of Political Treasurer