C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE

ection 1	(Please Print of Type	•			
Name of Candidate or Political Committee and Chairperson 10AHO EO PAC		Office Sought (if ca	udidate) District (il any) ODT -9 PH 1-17		
Mailing Address Change Check if address change	City and Zip BOLSE 837	01 726-316	Work Phone RY UF STATE		
Name of Political Treasurer DIANE CORDES		`	OHAU TO TUAHO		
Mailing Address	City and Zip	Home Phone	Work Phone		
PO BOX 796	KETCHUM8	13% 788-329	4 720-6528		
ection 11					
Directions: To indicate the type of report being filed, instructional manual for reporting periods and due da This report is for the period from _	tes				
7 Day Pre-Primary Report	30 Day Post-Primary Re	port 🛣 Octol	ber 10 Pre-General Report		
7 Day Pre-General Report	30 Day Post-General Re	out 🔲 Annu	al 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 N	O CONTRIBUTIONS	OR EXPENDITURES	3		
Directions: If you had no contributions or expenditure the appropriate dates and sign this report. Be sure to Section IV. I hereby certify that I have received no confrom	carry forward the appro-	oriate "Calendar Year to e no expenditures durin	Date" figures in Column II, g this reporting period		
Section IV To reach your Calendar Year to Date figure: Add this figures to the Column II figures of your previous reports.		COLUMN I	COLUMN II Calendar Year to Date		
Line 1: Cash on Hand January 1, This Year*		s XXXXXX	\$ 2067.92		
Line 2: Enter Cash Balance at Close of Last Reportin	g Period**	\$ 3667.92	s XXXXXX		
Line 3: Total Contributions (Enter amount from page	•	Ş	\$ 1600.00		
Line 4: Subtotal (Add lines 1, 2 and 3)		\$ 3667-9L	\$ 3667.92		
		\$ 2521.10	\$ 2521-10		
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** \$ 1141			\$ 11-16-82		
Line 7: Outstanding Debt to Date		s			
*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 each balance for the current reporting period appears on the next report as beginning cash on hand.					
Return This Report To:	CERT	IFICATION			

Ben Ysursa Secretary of State PO Box 83720 Boise ID 83720-0080 phonet (208) 334-2852 fax: (208) 334-2282

1 DIANE CORDES hereby certify that the information

in this report is a true, complete and correct Campaign Financial Disclosure Report as

required by law.

Signature of Political Treusurer

DETAILED SUMMARY PAGE

1DAHO ED P	7C.		From 6/3 10 6 to 9 30 06
		ED CONTRIBUTION Dollars (\$50.00) or Less Th	
	Total Number	Total Ainount \$	
1		ZED EXPENDITUR! Twenty-Five Dollars (\$25.0)	
	Total Number	Total	10

_/	Total This Period
Number of Schedule A pages Attached	
Contributions	
Uniterized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	5
Number of Schedule B pages Attached	
Expenditures	
Unitersized Expenditures (less than \$25) from top of page	\$ 21.10
Itemized Expenditures (total all Schedule B sheets)	\$ 2500-00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	8
Total Expenditures (also enter this figure on page 1, Section TV, line 5)	\$ 2521.10
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	3

SCHEDULE B ITEMIZED EXPENDITURES

Page	, et
1 7	1 1

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

1	ate or Committee				
1DAH	O EO PAC				
		Column A	Culumn B		
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)		
	ID DEHOCRATIC PARTY	CHEEK	(mar-minecate y)		
9,506	ID DEHOCRATIC PARTY PO BOX 445 BOISE, ID 83701	\$2500.00	s —		
	ve Expenditure: DONATION				
	2.				
		\$	\$		
Purpose of Abo	ve Expenditure:				
		\$	\$		
Purpose of Abo	ve Expenditure:	.,			
	4.				
, ,		\$ <u></u>	\$		
Property of Albo	ve Expenditure:				
Torpose of reac	5.				
		\$	\$		
Purpose of Above Expenditure:					
	6.				
/		\$	<u>\$</u>		
Purpose of Above Expenditure:					
	7				
		\$	<u>\$</u>		
Purpose of Above Expenditure:					
	8.				
		\$	s		
Purpose of Above Expenditure:					
	9.				
, ,		\$	\$		
Ihippose of Ab-	we himmeditures				
Purpose of Above Expenditure:					
	Subtotals of Columns A & B	\$ 2500.00	s <u> </u>		
	Total This Page (add columns A & B)		: 2500.00		