C+2 Rev. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE

SUMMARY PAGE (Please Print or Type)

Section I	*****				DE 1111 27 AND 01
Name of Candidate or Politic	cal Committee and Chairperson			Office Sought (if candidate	District (If any) Hill: [] 4
Iduho	Progressive	Laucus			la la indica de la r ati
Mailing Address	Chock it address the	Muse City and Zip	83687	Home Phone 208 -724-2489	WORK PRODUCTION OF THE STATE
Name of Political Treasurer	201				
Mailing Address	Coll €	ange. City and Zip		Home Phone	Work Phone
A	uter lites Ave	Nomea	83687		9 209-724-2487
Section II	cter was the	Wanga		- VARI PIV	101 15. 2.01
Directions: To indicate instructional manual for This	e the type of report being or reporting periods and d report is for the period fi	lue dates.	priate dates an	ugh June / Jul	1 2006
7 Day Pre-Pri	mary Report	30 Day Post-Prin	nary Report	☐ October 10	Pre-General Report
7 Day Pre-Ge	neral Report	30 Day Post-Ger	neral Report	☐ Annual Re	pon
Semi-Annual	Report (Statewide Cand i	dates Only)			
	ort an amendment?				Yes No
Section III	STATEMENT	of no contribu	ITIONS OR E	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. Thereby certify that I have received no contributions and have made no expenditures during this reporting period from May / Look through Dune / Look					
Section IV		CULANA	. D.V		
To reach your Calenda	r Year to Date figure: Ad Il figures of your previou	SUMMA ld this report's Column is report (except on lin	n I C	OLUMN I his Period Ca	COLUMN II lendar Year to Date
Line 1: Cash on Hand	January 1, This Year*		s_ <u>></u>	XXXXXX s	
Line 2: Enter Cash Balance at Close of Last Reporting Period**			\$	S	XXXXXX
Line 3: Total Contributions (Enter amount from page 2)			s	\$	
Line 4: Subtotal (Add lines 1, 2 and 3)			\$	\$	
Line 5: Total Expenditures (Enter am ount from page 2)			\$	\$	
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**			* \$	s	
Line 7: Outstanding D	ebt to Date		\$		
**You must report the	uld be entered on line 1 o cash on hand at both the cash balance for the curre	beginning of the repo	rting period an		
Return This Report To: Ben Yoursa Secretary of State PO Box 83720 Boise ID 83720-0080 phone: (208) 334-2882 fax: (208) 334-2282 Section V CERTIFICATION CERTIFICATION CERTIFICATION CERTIFICATION CERTIFICATION CERTIFICATION CERTIFICATION					
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