C-2 Rev. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

POSTED

•	4.	•
Sec	tion	ı

Section I					OOILD
Name of Candidate or Political Cor	a on Hospi	tality +5	ports	Office Soughtrificand	- 111/Z: []
Mairing Address Box 328	☐ Check if address char	ge. City and Zip	83701	Home Phone 362-351	Work Phone 33670305
Name of Political Treasurer Ku55QII W05	Storog Check if address Char			Tr. Di	- or IDAHO
Mailing Address STML	Li Clieck II address Cyal	City and Zip		Home Phone	Work Phone
Section II					
Directions: To indicate the instructional manual for rep This repor	porting periods and durt is for the period from	TYPE OF I	opriate dates ar	ough 10/2	riate box(es). See the Compared to Pre-General Report
7 Day Pre-General	Report	☐ 30 Day Post-Ge	neral Report	Annua	l Report
☐ Semi-Annual Repo	ort (Statewide Candid	lates Only)			
	n amendment?				X Yes □ No
Section III	STATEMENT (OF NO CONTRIB	UTIONS 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		SUMM	ARY		
To reach your Calendar Yea figures to the Column II fig		this report's Colum	n I	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand Janua	ary 1, This Year*		\$	XXXXXX	\$
Line 2: Enter Cash Balance	at Close of Last Rep	orting Period**	\$ +2	77414.13	\$ XXXXXX
Line 3: Total Contributions	(Enter amount from	page 2)	\$ <u>a</u>	701073	\$
Line 4: Subtotal (Add lines	1, 2 and 3)		\$	1919.13	\$
Line 5: Total Expenditures (•			1,000,00	\$
Line 6: Cash Balance at Clo	·	ct line 5 from line 4)		6919.15	\$
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	Section V	SSAL WATER	CERTIFIC	, hereby	certify that the information

PO Box 83720 Boise ID 83720-0080 phone: (208) 334-2852 fax: (208) 334-2282

required by law.

Signature of Political Treasurer (

SCHEDULE B ITEMIZED EXPENDITURES

Page of 2

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

Idaho Committee on Hospitality + Sports							
	ColumnA	Column B					
Full Name, Mailing Address and Zip Code Date of Recipient	Cash or Check	In-Kind (non-monetary)					
9,19,00 Jampa, Id. 83687	s_1000.00	5					
Purpose of Above Expenditure: Cambaign Contribution							
	S. A. Marian and a specimen and a sp	\$					
Purpose of Above Expenditure:							
3							
	\$	S					
Purpose of Above Expenditure:							
+	A STATE OF THE STA	**************************************					
	- Carrier Contract Co	Control Contro					
Purpose of Above Expenditure:							
5							
	5	\$					
Purpose of Above Expenditure:							
6							
	\$	<u>s</u>					
Purpose of Above Expenditure:							
7							
	\$						
Purpose of Above Expenditure:		and the state of t					
	c	e					
A SACON SACON MANAGEMENT OF THE SACON SACO	\$ <u></u>	\$					
Purpose of Above Expenditure:							
	\$	S					
Purpose of Above Expenditure:							
Subtotals of Columns A & B		S					
Total This Page (add columns A & B)	s 1000, 100						