C-2 Rev. 04/04



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

Section 1	(Ficase Francoi 1)	/pc)	DE NOV -2 AM 9
Name of Candidate or Political C	Committee and Chairperson , 1	Office Sought (if can	GO 1703
Title PAC	10hn HolT		FINE PART UE
Mailing Address 327 S. Eng	Le RA., SH. 387 Engle 8	3616 Home Phone	Work Phone 36 10 A
Name of Political Treasurer	10		
Mailing Address 923 S. Bridel	Check if address change City and Zip Cayle 8	3616 Home Phone	Work Phone 938-6036
Section II	TYPE OF REPO	DT	
instructional manual for re This rep	e type of report being filed, fill in the appropriate porting periods and due dates. ort is for the period from	dates and check the approp	2,06
7 Day Pre-Primar	y Report 30 Day Post-Primary F	Keport [] Octob	er 10 Pre-General Report
7 Day Pre-Genera	al Report 30 Day Post-General F	Report	al Report
Semi-Annual Rep	oort (Statewide Candidates Only)		
Is this Report	an amendment? Tyes No Is the	his a Termination Report?	☐ Yes ☐XNo
Section III	STATEMENT OF NO CONTRIBUTION		
the appropriate dates and s Section IV.	contributions or expenditures during this reporting this report. Be sure to carry forward the appropriate that I have received no contributions and have make through through	opriate "Calendar Year to I ade no expenditures during	Date" figures in Column II,
Section IV	SUMMARY		
	ar to Date figure: Add this report's Column I gures of your previous report (except on line 6).	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand Janu	ary 1, This Year*	\$_XXXXXX	s 2,812,31
Line 2: Enter Cash Balanco	at Close of Last Reporting Period**	\$4,462.31	\$ XXXXXX
Line 3: Total Contributions	(Enter amount from page 2)	s	5 3, 323,00
ine 4: Subtotal (Add lines	1, 2 and 3)	54,462.31	s 6,140,31
Line 5: Total Expenditures	(Enter amount from page 2)	s 3,000,00	s 4,628,00
ine 6: Cash Balance at Cl	ose of Period (Subtract line 5 from line 4)**	\$ 1,4,62.31	s 1,46231
ine 7: Outstanding Debt to	Date	\$, , , , , , , , , , , , , , , , , , , ,
*You must report the cash	e entered on line 1 of all reports filed this calenda on hand at both the beginning of the reporting po- calance for the current reporting period appears o	eriod and the close of the re	porting period. ng cash on hand.
	CPN/	TIFICATION	
Return This Report To: Ben Ysursa Secretary of State	1 John Hol		certify that the information
Ben Ysursa Secretary of State PO Box 83720	in this report is a true, complete and		-
Ben Ysursa Secretary of State	in this report is a true, complete and required by law.		-

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period From LD 1 (106 to 10122106
I	D CONTRIBUTIONS Offars (\$50.00) or Less This Period
Total Number	Total Amount \$
	ED EXPENDITURES wenty-Five Dollars (\$25.00) This Period
Total Number	Total Amount S

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	1
Total Contributions (also enter this figure on page 1, Section IV, line 3)	S
3 Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	s
Itemized Expenditures (total all Schedule B sheets)	\$3,000,00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 3,000.00
Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	S
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	=5
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page I, Section IV, line 7)	= \$
Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

SCHEDULE B ITEMIZED EXPENDITURES

Page of 3

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

Name of Candidate	or Committee		
L		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10,4,06	Sen. John Andreason 5120 N. Mountan View Dr. Burce, ID 83704	\$ 150,00	s
Purpose of Above Ex	penditure:		
10,4,06	Sen. Bast Davis 2638 S. Bellin Circle Idalo Falls, FD 83402	s 150,00	\$
Purpose of Above Ex	rpenditure:		
10, 4,06	Sen. Bob bedder 370 Mountain View Are. Sode Sprys, ID 83276	\$ 250.00	s
Purpose of Above Ex	-		
194,06	Sen. Shawn Keongh PU Box WI Sandport, ID 83864	s 150.00	s
Purpose of Above Exp	penditure:		
0,4,06	Sendent Mckenzie 1911 Candlewood Dr. Namer, ID 83686	, 250,00	s
urpose of Above Exp			
0,4,06	Sen. Clint Hennett PO Box 475 Kotchum, ID 83340	: 150,00	\$
urpose of Above Exp	enditure:		
	Subtotals of Columns A & B	s_1,100.00	\$0.00
	Total This Page (add columns A & B)		s 100.00

SCHEDULE B ITEMIZED EXPENDITURES

Page of

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

Name of Candidate	or Committee	•	
		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10,4,06	PU BOX 89	160	
1/00	oakley, ID 83346	s_150.00	2
rpose of Above Ex			
2.	Rep. Max Black		
0,4,06	Rep. Max Black 3931 Buckingham Dr. Boske, ID 83204	\$ 150.00	\$
	130'ce, 10 83104		
urpose of Above Ex	<u> </u>		
3.	Reg. Bill Deal 917 2nd st. So.		
0,4,06	· · · · · · · · · · · · · · · · · · ·	\$ 150.00	s
rpose of Above Ex	Nanga, ID 8365(L
4.	Rose Convense Denney		T
0,4,06	PO Box 114	\$ 150.00	2
<u> </u>	Midvale, 83645	3 1 1 2	,
rpose of Above Exp			
5.	Reg. Wendy Jaquet		
5,4,06	PO Box 783'	\$250.00	
	Po Box 783 Kestchum, ID 83340		-
rpose of Above Exp	penditure:		
6.	Reg. Dennis Lake		
14106	\$30 Taber Rd. Blackfort, ID 83221	\$ 150,00	s
	Blackfort, ID 83221		
pose of Above Exp	enditure:		
	Subtotals of Columns A & B	s 1,000.00	s0.00
	Total This Page (add columns A & B)		s_1,000.00

SCHEDULE B ITEMIZED EXPENDITURES

Page of 3

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

Name of Candida	nte or Committee	Period	
		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	in-Kind (non-monetary)
6,4,06	Peg. Mille Mayle 489 N. Plumakoka. Har, ID 87669	\$ 250,00	
Purpose of Above	Expenditure:		
10,4,06	Rep. Bob Novini 5895 W. Harber Dr. Coew d' Alere, ID 83814	\$ 150.00	s
Purpose of Above			
10,406	Reg. Ken Roberts Po Box 1003 Melall FD 83638	s 250,00	\$
Purpose of Above l			
10,4,06	Candidate Lee Heinrich 86 Box 1092 Carcade, ID 83611	<u>\$250.00</u>	s
Purpose of Above E			
16,4,06		\$	s
Purpose of Above E	Expenditure:		
6.			
		s	s
urpose of Above E	xpeaditure;		
	Subtotals of Columns A & B	s_ Q00.00	5
	Total This Page (add columns A & B)		s 90 0.00