SCANNED

C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Sect	.14711	

Section I	CAN DEL						191 10 111	Maria Maria
Name of Candidate of							ought (if candidate	District (if any)
Posit				eters	Diane Mik	24 0		Wirk Phone
Mailing Address	_	Check if address	change.	City and Zip		Home Pl		The Write Phone
346	Pearl	St.		Pocatell	0 832	31 25	8-0075	
Name of Political Tre	Pebecca 1	Sulloci	<u> </u>					
Mailing Address		Check if address	change.	City and Zip		Home Pi	none	Work Phone
34	to Pearl	St.		Pocatell	0 83.20	1 238	-0075	
Section II								
				TYPE OF				
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 01/01/04 through 5/16/06								
ช 7 Day P	re-Primary Repo	ort	□ 30	Day Post-Pr	imary Repor	: 1	October 10	Pre-General Report
☐ 7 Day P	re-General Repo	ort	□ 30	Day Post-Ge	eneral Repor		Annual Re	port
☐ Semi-A	nnual Report (St	atewide Can	didates (Only)				,
Is thi	s Report an ame	ndment?	Yes	₩ No	Is this a	Termination	Report?	Yes No
Section III	S	TATEMEN	r of N	O CONTRIB	UTIONS O	R EXPENI	DITURES	
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. [1] I hereby certify that I have received no contributions and have made no expenditures during this reporting period from/								
Section IV				SUMM	ARV			
	lendar Year to D			report's Colun	nn I	COLUMI This Peri		COLUMN II lendar Year to Date
figures to the Col		t your previo	ous repoi	i (except on i	1110 0).	I IIIS I CI I	- Cu	ienual tear to Date

*This same figure should be entered on line 1 of all reports filed this calendar year.

Section V

CERTIFICATION

Return This Report To: Ben Ysursa Secretary of State PO Box 83720

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

required by la

Rebecca Bullock ____, hereby certify that the information in this report is a true_complete and correct Campaign Financial Disclosure Report as

Signature of Political Treasurer

^{**}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.

DETAILED SUMMARY PAGE

Positive Edu	cation Promote	rrs	Report Covering the Period From 01/61/60 to 05/16/67
		ED CONTRIBUT	
	Total Number	Total Amount \$	
	UNITEMI Expenditures of Less Than	ZED EXPENDITU Twenty-Five Dollars (\$2	
	Total Number	Total Amount \$	

	Tota	l 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)	\$	
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$	
Number of Schedule B pages Attached		
Expenditures		
Unitemized Expenditures (less than \$25) from top of page	\$	
Itemized Expenditures (total all Schedule B sheets)	\$ L	18912
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)	s L	18912
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)	+ S	
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)	= S	
Number of Schedule C-2A pages Attached		
Pledged Contributions		
Amount Pledged this Period	\$	

SCHEDULE B ITEMIZED EXPENDITURES

Page	of	
-	- 1	

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

Name of Candid	date or Committee Sittle Education Promoters		
	511110 COMCONTON 41811181-43	Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
04,05,00	PACE 620 N. 6th POBOX 2638 Boise, ID. 63701	s_48912	s
Purpose of Abo	ove Expenditure: Longtion per Rebecca Bul	lock 6-5-01	<u> </u>
//	2.	\$	\$
Purpose of Abo	ove Expenditure:		
	3.	\$	\$
Purpose of Abo	ove Expenditure:		
	4.	\$	\$
//		7	7
Purpose of Abo	ove Expenditure:		
		\$	\$
Purpose of Abo	ve Expenditure:		
	6.		
//		\$	\$
Purpose of Abo	ove Expenditure:		
, ,	7.	\$	\$
Purpose of Abo	ove Expenditure:		
T di pose di Asso	8.		-
		\$	\$
Purpose of Abo	ove Expenditure:		
	9.	\$	\$
Purpose of Abo	ove Expenditure:		
- III poss of fact	Subtotals of Columns A & B	s 48912	\$
	Total This Page (add columns A & B)		s 48912