с-2 Rev.7/97 САМРА	IGN FINANCIAL DI	SCLOSURE REPORT	
	SUMMARY I	PAGE	
	(Please Print or	r Type)	
Section I			
Name of Candidate or Political Committee and Chairperson	1	Office Sought (if car	
LOD ISON FOR REPRESENTATIVE		Kegresentut	ve #19
Mailing Address Check if address cha	inge. City and Zip	Home Phone	Work Phone
1119 N 12th Street	Poise ID	83702 345-3440	345-3440
Name of Political Treasurer MARILYN REYNOLOS			
Mailing Address Check if address cha	ange. City and Zip	Home Phone	Work Phone
1602 HARRISON BLVD	BOISE IO	83702 336-8139	331-8712
Section II	TYPE OF RE	PORT	
Directions: To indicate the type of report being f instructional manual for reporting periods and du This report is for the period fro	filed, fill in the appropriute dates.		e B
Cl 7 Day Pre-Primary Report	Cl 7 Day Pre-General		ril 30) Here committees)
Cl 30 Day Post-Primary Report	□ 30 Day Post-Gene		T I

Coctober 10 Pre-General Report	Annual Report
Is this Report an amendment?	TYes No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Is this a Termination Report? \Box

Yes IN

1 842

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.

 \Box I hereby certify that I have received no contributions and have made no expenditures during this reporting period from / / t h r o / g h/ .

Section IV SUMMARY To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Year*	\$ <u>xxxxxx</u>	\$ 1539.30
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>1538,30</u>	\$ xxxxx
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>0.00</u>	\$ 0.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>133,00</u>	\$ 1538.30
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>133,00</u>	\$ 732.00
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>133,00</u>	\$ 806.30

*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.

Section V

CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES

Contributions Pledged during this reporting period but not yet received:	□None □	\$	(see attached Schedule C-2A)
Incurred Expenditures during this reporting period but not yet paid:	□None □	1\$	(see attached Schedule C-2B)

Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0080 fax: (208) 334-2282	Section VI CERTIFICATION I ALLEY LEYNOLOG , 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 Treasurer
	Signature of Political Treasurer

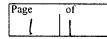
DETAILED SUMMARY PAGE

Name of Candidate or Committee ROBISON FOR REPRESENTATIVE	Report Covering the Period $F r o / h / 99 to 12/31 / 99$			
UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period				
Total Total Number				
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period				
Total Total Total Amount \$3	0			

	Total This Period
NUber 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	\$ 30.00
Itemized Expenditures (total all Schedule B sheets)	\$ 702.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$732.00

SCHEDULE B ITEMIZED EXPENDITURES

| د



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

Name of Candidate	or Committee		
LOBIS	SON FOR REPRESENTATIVE	Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
_S/20/99	GRAPHIC ARTS 5325 Kendull Boise ID 83706-1250	s 702.00	\$
	Expenditure: PRINTING		
2.			
//		\$	\$
Purpose of Above	Expenditure:		
3.		\$	\$
_ / _		<u>ه</u>	\$
Purpose of Above	Expenditure:		
		\$	\$
Purpose of Above	Expenditure:		
5.			
//		\$	\$
Purpose of Above	Expenditure:		
6.		<u>^</u>	¢.
- /]		\$	<u>\$</u>
Purpose of Above	Expenditure:		l
		\$	<u>\$</u>
Purpose of Above	Expenditure		
8.			
- / - / -		\$	\$
Purpose of Above	Expenditure:		
9.			
_ / _		\$	\$
Purpose of Above	Expenditure:		
	Subtotals of Columns A & B	s <u>702,00</u>	\$_ O
	Total This Page (add columns A & B)		\$ <u>7</u> 02.00