c-2 Rev.7/97	

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

Mailing Address	Check if address change.	City and Zip Min. Marris 33647	Home Phone 208-587-5488	Work Phone
	. b	STATE UNDATE		.
Name of Political Treasurer				
MARI 400Ng				
	Check if address change.	City and Zip	Home Phone	Work Phone

Section II

TYPE OF REPORT

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. 31 99 This report is for the po

eriod from <u>t_0//0///99_g_h</u> a	/	<u></u>	-
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CI 7 Day Pre-Primary Report	☐ 7 Day Pre-General R	Report Quarterly (April 30) (only filed by ballot measure committees)
30 Day Post-Primary Report	🔲 30 Day Post-Genera	I Report
CI October 10 Pre-General Report	Annual Report	Quarterly (July 30) (only filed by ballot measure committees)
Is this Report an amendment?	□Yes ☑No	Is this a Termination Report? 🛛 Yes 🛛 No

Section III

STATEMENT OF NO CONTRIBUTIONS 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.

CI I hereby certify that I have received no contributions and have made no expenditures during this reporting period through from 1 1 1 1

Section IV SUMMARY		
To reach your Calendar Year to Date figure: Add this report's Column I	COLUMN I	COLUMN II
figures to the Column II figures of your previous report (except on line 6).	This Period	Calendar Year to Date
Line 1: Cash on Hand January I, This Year*	\$ x x x x x x	\$ 289.86
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>289,86</u>	\$ xxxxxx
Line 3: Total Contributions (Enter amount from page 2)	\$ <u> </u>	\$
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>289.86</u>	\$ <u>_289,86_</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u> </u>	\$ <u> </u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	S <u>252.06</u>	\$ <u>252.06</u>

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

**Youmust 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:	D None	□\$	(sec attached Schedule C-2A)
Incurred Expenditures during this reporting period but not yet paid:	🖬 None 🗆	\$	(see attached Schedule C-2B)

	Section VI	CERTIFICATION	I
Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720		of Prinical Treasurer) , complete and correct Camp	, hereby certify that the information baign Financial Disclosure Report as
Boise ID 83720-0080 fax: (208) 334-2282	required by law. 	Mary Janne Signature of Political Th	reasurer

UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period			
Total	Total		
Number	Amount \$ 2		
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period			
Total	Total		
Numher	Amount <u>S</u>		

	Total This Period
O Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0
Itemized Contributions (total all Schedule A sheets)	\$ 0
Total Contributions (also enter this figure on page I. Section IV. line 3)	\$ 0
/Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 0
ItemizedExpenditures (total all Schedule B sheets)	s 31.80
Total Expenditures (also enter this figure on page I, Section IV, line 5)	\$ 31.80

SCHEDULE B ITEMIZED EXPENDITURES

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

	late or Committee		
SHERSE	(LMAN)		
		Column A	Column B
Date	Full Name. Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	MANLS NARKET 215E JACUSON MAN. Lomi, Id 83647		
4 4 199	Mun. Lom: Id 83647	\$ 31.80	\$
Purpose of Ab	ove Expenditure: CANDY for PARADE		1
	2.		
		\$	\$
Purpose of Ab	ove Expenditure:		
	3.		
1 1		\$	\$
Purpose of Ab	ove Expenditure:	L <u></u>	
	4.		
, ,		\$	\$
Purpose of Ab	ove Expenditure:		
		\$	\$
		· ·	····
Purpose of Ab	ove Expenditure:		
/		\$	\$ <u> </u>
Purpose of Ab	ove Expenditure:		
	7		
		\$	\$ <u>,</u>
Purpose of Ab	ove Expenditure:		
	8		
		\$ _	\$
Purpose of Ab	ove Expenditure:		
	9		
1 1		\$	\$
Purpose of Ab	ove Expenditure:		
	Subtotals of Columns A & B	s_ <u>37.80</u>	\$
	Total This Page (add columns A & B)		s <u>31.10</u>

Page	of		
	1	1	