

C-2  
Rev. 7/07



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

**Section I**

Name of Candidate	Political Committee and Chairperson	Office Sought (if candidate)	District (if any)
Lyndon Harriman		Legislator	5
Mailing Address	City and Zip	Home Phone	Work Phone
461 S Park Dr <input type="checkbox"/> Check if address change.	Post Falls 83854	773-8102	664-9188
Name of Political Treasurer	City and Zip	Home Phone	Work Phone
Bill Hoyt	Ed A 83814	664-5418	667-6664
Mailing Address	City and Zip	Home Phone	Work Phone
110 Hattie <input type="checkbox"/> Check if address change.	Ed A 83814	664-5418	667-6664

**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.

This report is for the period from 10/8/02 through 10/29/02

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report      | <input checked="" type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)<br>(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report    | <input type="checkbox"/> 30 Day Post-General Report          | <input type="checkbox"/> Quarterly (July 30)<br>(only filed by ballot measure committees)  |
| <input type="checkbox"/> October 10 Pre-General Report | <input type="checkbox"/> Annual Report                       |  |

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.

I hereby certify that I have received no contributions and have made no expenditures during this reporting period from \_\_\_\_\_ through \_\_\_\_\_.

**Section IV**

**SUMMARY**

To reach your Calendar Year to Date figure: Add this report's Column I figure 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*	\$ XXXXXX	\$ _____
Line 2 Enter Cash Balance at Close of Last Reporting Period**	\$ 2749.19	\$ XXXXXX
Line 3 Total Contributions (Enter amount from page 2)	\$ 275.00	\$ _____
Line 4 Subtotal (Add lines 1, 2 and 3)	\$ 3024.19	\$ _____
Line 5 Total Expenditures (Enter amount from page 2)	\$ 1390.89	\$ _____
Line 6 Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 1633.30	\$ _____

\*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**

Contribution 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  \$ \_\_\_\_\_ (see attached Schedule C-2B)

**Section VI**

**CERTIFICATION**

Return This Report To:  
Kate T. Cenarrusa  
Secretary of State  
PO Box 8720  
Boise ID 83740-0080  
Fax: (208) 334-2282

I, Bill Hoyt, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Bill Hoyt  
Signature of Political Treasurer

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee <u>yn Harriman</u>	Report Covering the Period From <u>10/8/02</u> to <u>10/29/02</u>
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**UNITEMIZED CONTRIBUTIONS**  
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 2 Total Amount \$ 75.00

**UNITEMIZED EXPENDITURES**  
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number 0 Total Amount \$ 0

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>75.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>200.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>275.00</u>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>0</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>1390.89</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>1390.89</u>

**SCHEDULE A**  
**ITEMIZED CONTRIBUTIONS**  
of more than Fifty Dollars (\$50.00) this period

Page 1 of 1

Name of Candidate or Committee  
Lyn Harriman

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
<u>10/15/02</u>	<u>Restore Representative Govt P.O. Box 796 Ketchum, ID 83340</u>	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/17/02</u>	<u>Restore Rep. Govt P.O. Box 796 Ketchum, ID 83340</u>	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/ /</u>		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/ /</u>		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/ /</u>		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/ /</u>		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/ /</u>		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/ /</u>		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/ /</u>		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/ /</u>		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ _____	\$ _____	\$ _____
Total This Page (add columns A, B & C)		<u>200.00</u>		\$ _____

**SCHEDULE B**  
**ITEMIZED EXPENDITURES**  
of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee: Lyn Harriman

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
10/9/02	1. Cd'A Press 201 N. 2nd Cd'A 83814	\$ 335.38	\$ _____
Purpose of Above Expenditure: <u>political ads</u>			
10/11/02	2. Kinko's 119 W. Appeway Cd'A 83814	\$ 79.28	\$ _____
Purpose of Above Expenditure: <u>political flyers</u>			
10/14/02	3. Post Fall Chamber of C 510 E 6th St. Post Falls 83854	\$ 25.00	\$ _____
Purpose of Above Expenditure: <u>Luncheon Fee for display Table</u>			
10/15/02	4. Cd'A Press 201 N 2nd St. Cd'A 83814	\$ 510.47	\$ _____
Purpose of Above Expenditure: <u>Political advertisements</u>			
10/15/02	5. Spokesman Review 608 N.W. Blvd ste 200 Cd'A 83814	\$ 440.76	\$ _____
Purpose of Above Expenditure: <u>political advertisements</u>			
1/1/	6. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
1/1/	7. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
1/1/	8. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
1/1/	9. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
Subtotals of Columns A & B		\$ _____	\$ _____
Total This Page (add columns A & B)		1390.89	\$ _____