

CAMPAIGN FINANCIAL DISCLOSURE REPORTECHETARY OF STATE SUMMARY PAGE STATE OF IDAHO

C-2 Rev. 10/07

(Please Print or Type)

Section I								
Name of Candidate or Political Committee and Chairperson			Office Sought (if candidate	Office Sought (if candidate) District (if any)				
Mailing Address	or sexule	City and Zip	Home Phone	Work Phone				
200	2	Brise 10 8370		344-2424				
Name of Political Treasurer		1 00/18 -11 0)/0	12 30 100 1	297-60724				
Mailing Address		City and Zip	Home Phone	Work Phone				
	RIVA							
1919 Howison B(U) Boise TO 83702 343-4368 343-4368 Change of address for: Candidate or Political Committee Political Treasurer								
Section II		TYPE OF REPORT						
This filing is an: Original Amendment								
This report is for the period from		rough/						
7 Day Pre-Primary Re	_	0 Day Post-Primary Report	October 10 Pre-General Report					
☐ 7 Day Pre-General Re	eport \square 3	0 Day Post-General Report	Annual Re	eport				
☐ Semi-Annual Report (Statewide Candidates Only) 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 and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.								
	fy that I have received no co	ntributions and have made no	expenditures during this re	porting period.				
Section IV		SUMMARY						
To reach your Calendar Year to	Date figure: Add this report	e Column I	COLUMNI	001 (180) (1				
figures to the Column II figures			This Period	COLUMN II Calendar Year to Date				
	of your previous report (exce			Calendar Year				
figures to the Column II figures	of your previous report (exce		This Period	Calendar Year to Date				
figures to the Column II figures of Line 1: Cash on Hand January	of your previous report (exce 1, This Calendar Year* salance**	ept on line 6). \$ _ \$ _	This Period	Calendar Year to Date \$/G_S^4-8				
figures to the Column II figures of Line 1: Cash on Hand January 2 Line 2: Enter Beginning Cash B	of your previous report (exce 1, This Calendar Year* salance** er amount from line 5, page 2	ept on line 6). \$ _ \$ _	This Period	Calendar Year to Date \$/G_S^4-8				
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SCHEDULE B Amendal ITEMIZED EXPENDITURES

Newspaper & Other Periodical Advertising

Page	of
1	/

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

Name of Candidate or Committee:

All Travel Expenses (Airfare, Fuel, Lodging & Mileage)

Purpose Codes

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