C-2 \* Rev. 04/04



## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type) SCANNED

Section I

section 1						
Name of Candidate or Political Cor Clete Edmunson	nmittee and Chairperson			Office Sought (if car State Re	,	District (if any) 9-B
Mailing Address 2255 NW 1st Avenue	Check if address change.	City and Zip Fruitland, ID 83619		Home Phone (208) 869-42	274	Work Phone same
Name of Political Treasurer Donna M. Jones						
Mailing Address	Check if address change.	City and Zip		Home Phone		Work Phone
1911 1st Avenue South		Payette, ID 83661		(208)642-96	79	(208) 863-4839
Directions: To indicate the instructional manual for rep This report 7 Day Pre-Primary 7 Day Pre-General	orting periods and due dat t is for the period from Report 3	tes.	dates an thro	ugh <u>12</u> /	31 / ber 10 l	04_ Pre-General Report
Is this Report ar	ort (Statewide Candidates on amendment? Yes	☑ No Is th		mination Report?		Yes 🛛 No
Section III	STATEMENT OF N	O CONTRIBUTION	S OR I	EXPENDITURES	S	
section IV.  Section IV  Section IV  To reach your Calendar Yea figures to the Column II fig	hat I have received no confrom/	summary report's Column I	ide no e	xpenditures during	g this re	
		,,, (eept ee e),		XXXXXX	¢.	1,300.00
Line 1: Cash on Hand Janua Line 2: Enter Cash Balance	•	g Period**	\$\$ \$	1,195.05	\$ . \$	XXXXXX
Line 2: Enter Cash Balance at Close of Last Reporting Period Line 3: Total Contributions (Enter amount from page 2)			\$ \$	0.00	\$	27,355.75
Line 4: Subtotal (Add lines I, 2 and 3)			\$	1,195.05	\$	28,655.75
Line 5: Total Expenditures (Enter amount from page 2)			\$	656.01	\$	28,116.71
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**		e 5 from line 4)**	\$	539.04	\$	539.04
Line 7: Outstanding Debt to Date			\$	0.00		
*This same figure should be **You must report the cash Note that the closing cash be	on hand at both the begin	ning of the reporting po	eriod an			
	Section V			ATION		
Return This Report To: Ben Ysursa	ī	Donna M. Jone	s	harah	v camil	y shat the information
Secretary of State	in this new and	(name of Political Treasurer)			-	-
PO Box 83720	1	is a true, complete and	correc	i Campaign Finan	ciai Di	sciosure Report as
Boise ID 83720-0080 phone: (208) 334-2852	required by 1	aw.	7	<b>/</b>		
fax: (208) 334-2282		pina o		me		
1		Signature	oj Poli	ijeal Treasurer		*.·

## **DETAILED SUMMARY PAGE**

 Name of Candidate or Committee
 Report Covering the Period

 Clete Edmunson
 From \_\_11 \_ / \_13 \_ \_04 \_ to \_\_12 \_ / \_31 \_ / \_04

C		CONTRIBUTIONS rs (\$50.00) or Less This Period	
	Total 0	Total Amount \$0.00	
Expen		EXPENDITURES ty-Five Dollars (\$25.00) This Period	
	Total 0	Total Amount \$0.00	

		Total This Period	
0 Number of Schedule A pages Attached			
Contributions			
Unitemized Contributions (\$50 and less) from top of page	\$	0.00	
Itemized Contributions (total all Schedule A sheets)	\$	0.00	
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$	0.00	
Number of Schedule B pages Attached			
Expenditures			
Unitemized Expenditures (less than \$25) from top of page	\$	0.00	
Itemized Expenditures (total all Schedule B sheets)	\$	656.01	
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$	0.00	
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$	656.01	
0 Number of Schedule C-2B pages Attached			
Incurred Expenditures			
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$	0.00	
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$	0.00	
Subtotal	= \$	0.00	
Payment this Period (Total all C-2Bs - Payment this Period)	<b>- s</b>	0.00	
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$	0.00	
0 Number of Schedule C-2A pages Attached			
Pledged Contributions			
Amount Pledged this Period	\$	0.00	

## SCHEDULE B ITEMIZED EXPENDITURES

Page of 1

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

Name of Candidate or Committee Clete Edmunson

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	1. Quisenberry's		
11 26 04	207 S. Oregon St	492.44	
11 , 26 , 04	Ontario, OR 97914`	\$	\$
urpose of Abov	e Expenditure: Suit-1266		L
	2. Veterans of Foreign Wars (VFW)		
11 / 27 / 04	406 W 34th St	25.00	
11/21/04	Kansas City, MO 64111	\$	\$
urpose of Abo	ve Expenditure: Donation-1267		1
	3. House Republican Caucus		
12 , 01 , 04	PO Box 83720	30.00	
12 / 01 / 04	Boise, ID 83720-0038	\$	\$
urpose of Abo	ve Expenditure: Reorganization Dinner-1268		.1
	4. Staples		
12 / 01 / 04	125 SE 13th St	33.57	
12/01/04	Ontario, OR 97914	\$	\$
Purpose of Abo	ve Expenditure: Office Supplies-1269		
-	5. Shell Station		
12 / 25 / 04	301 N. Whitley Drive	75.00	
	Fruitland, ID 83619	\$	\$
Purpose of Abo	ve Expenditure: Gas-1270		- 19,1
	6.		
, ,		<b>s</b>	s
Purpose of Abo	ve Expenditure:		1
	Subtotals of Columns A & B	s656.01	s0.00
	Total This Page (add columns A & B)	-	s 656.01