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CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Sm	-43		_	
. 344		4)	n	

ection I					
Name of Candidate or Political Co	mmittee and Chairperson			Office Sought (if candid	late) District (if any)
LENARD V	AN EPS				35
Mailing Address	□ Check if address change.	City and Zip		Home Phone	Work Phone
394 N 380	POE	RIGBY	83442	745 639	1 533 7301
Name of Political Treasurer	• -				
	N EPS				
Mailing Address	☐ Check if address change.	City and Nip		Home Phone	Work Phone
394 N 380	CE	RIGBY	83442	745-634	1 237.7301
ection II					-
		TYPE OF			
Directions: To indicate the			ropriate dates an	d check the appropris	ate box(es). See the
instructional manual for rep	orting periods and due da	des.		. 12 .31	
This repo	rt is for the period from _	<u></u>	/ Ca_ inre	nugh 12 31	, , , , ,
7 Day Pre-Primary	Report 🔲	30 Day Post-Pr	imary Report	□ October	10 Pre-General Report
		1	may report	00.000.	To The Concisi Report
7 Day Pre-General	Report []	30 Day Post-G	eneral Report	Annual 1	Report
_	. –		•	-	-
Semi-Annual Repo	ort (Statewide Candidates	Only)			
In this Dames		F-1 No.	In alice of Torus		X v. 5. 1
Is this Report a	n amendment? Yes	□ No	is this a ler	mination Report?	Yes 🗀 No
Section III	STATEMENT OF N	O CONTRA	A Ife's a's man a cours of	EVDENDIETUNG	
section III	SIATEMENT OF N	O CONTRIB	OHONS OK	F.APENDITUKES	
Section IV To reach your Calendar Yea figures to the Column II fig			nn I	COLUMN I	COLUMN II Calendar Year to Dute
rigares to the Colombia Haria	area or your previous repo	ar texcept this		ins a cano	70
Line I: Cash on Hand Janu	ary 1, This Year*		\$ _2	XXXXXX	\$ 107. egue
Line 2: Enter Cash Balance	at Close of Last Reportin	g Period**	\$	107. ac70	s XXXXXX
Line 3: Total Contributions	•	**	\$	S. C.	\$
Line 4: Subtotal (Add lines		,	s		\$
Line 5: Total Expenditures		2)	\$	107,0024	\$ 107.0070 200
Line 6: Cash Balance at Cle			-	0	\$ 0
Line 7: Outstanding Debt to	Date		\$	0	
*This same figure should b **You must report the eash Note that the closing cash	on hand at both the begin	ming of the rep	orting period an		
					MER
	Section V		CERTIFIC	ATION	0
Return This Report To:	ور	0	ė.		200
Ben Ysursa	1 <u>28 Me</u>	ed Van	EAX	, hereby ci	enify that the information
Secretary of State	in this report	mone of Pelitic Lis a True, com	alTreaturer) plete and correct	t Campaign Finance	Disclorare Report as
PO Box 83720 Boise 1D 83720-0080					7.0
phone: (208) 334-2852	required by i	"" → 1.	0.1	$C \sim C$	7 2
fax: (208) 334-2282		_ des	iard ba	in cpi	
		C.	ionature of Poli	tical Treasurer	

DETAILED SUMMARY PAGE

Name of Candidate or Committee	ĒPS	Report Covering the Period From 01/01/05 to 12/31/05
		CONTRIBUTIONS Blars (\$50.00) or Less This Period
	Total Number _ &	Total Amount \$
		D EXPENDITURES enty-Five Dollars (\$25.00) This Period
	Total Number O	Total Amount \$O

		Total This Period
Number of Schedule ∧ pages ∧ttached		
Contributions		
Unitermized Contributions (\$50 and less) from top of page	\$	ε
Itemized Contributions (total all Schedule A sheets)	8	C
otal Contributions (also enter this figure on page 1, Section IV, line 3)	\$	С
Number of Schedule B pages Attached		
Expenditures		
Unitemized Expenditures (less than \$25) from top of page	\$	
Itemized Expenditures (total all Schedule B sheets)	\$	107.70
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$	
Fotal Expenditures (also enter this figure on page 1, Section IV, line 5)	\$	-
Number of Schedule C-2B pages Attached		
Incurred Expenditures		
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$	Ċ
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$	0
Subtotal	= \$	107.70
Payment this Period (Total all C-2Bs - Payment this Period)	- s	107.70
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$	6
Number of Schedule C-2A pages Attached		
Pledged Contributions		
Amount Pledged this Period	\$	

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SCHEDULE B ITEMIZED EXPENDITURES

D	
Page	1 01
1	1
	1 *

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

	(, , , , , , , , , , , , , , , , , , ,
Name of Candidate or Committee	
LENARD VAN I	>s

		Column A	Column B		
Date	Full Name. Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)		
	LENARD VAN EPS 394 N 8800 E				
2/3/66		s_107.70	s		
Purpose of Abo	ve Expenditure: REPAY SELF EXPENDITURE	S			
	2.				
		\$	\$		
	ve Expenditure:				
	3.				
		\$, ,	\$		
Purpose of Abo	ve Expenditure:				
	4.				
		\$	\$		
Purpose of Abo	ve Expenditure:				
	5.				
1 1		\$	\$		
Purpose of Abo	ve Expenditure:				
	6,				
//		\$	s		
Purpose of Abo	ve Expenditure:				
	7.				
		\$	\$		
Purpose of Above Expenditure:					
	х.				
		s	\$		
Purpose of Abo	ove Expenditure:				
	9.				
		\$	\$		
Purpose of Abo	ove Expenditure:				
	Subtotals of Columns ∧ & B	\$	\$		
	Total This Page (add columns A & B)		\$ 107.70		
L					