



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

C-2  
Rev. 5/11

12 DEC 10 PM 4:4

SECRETARY OF STATE  
STATE OF IDAHO

Section I

|   |   |  |                                     |                                  |
|---|---|--|-------------------------------------|----------------------------------|
| Name of Candidate or Political Committee and Chairperson<br><u>Cindy Shottswell</u> |   | Office Sought (if candidate)<br><u>House of Reps</u> |                                     | District (if any)<br><u>35 B</u> |
| Mailing Address<br><u>596 Pioneer Mt Ln</u>   | City and Zip<br><u>Jerome, 83318</u>    | Home Phone<br><u>(208) 404-3178</u>                  | Work Phone<br><u>SAME</u>           |                                  |
| Name of Political Treasurer<br><u>Lisa Skinner</u>                                  |   |  |                                     |                                  |
| Mailing Address<br><u>1181 Kenyon Rd</u>  | City and Zip<br><u>Twin Falls 83302</u> | Home Phone<br><u>(208) 358-0690</u>                  | Work Phone<br><u>(208) 733-7180</u> |                                  |

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 \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

- 7 Day Pre-Primary Report
- 30 Day Post-Primary Report
- October 10 Pre-General Report
- 7 Day Pre-General Report
- 30 Day Post-General Report
- Annual Report
- 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.

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

Section IV

SUMMARY

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

|  | COLUMN I<br>This Period | COLUMN II<br>Calendar Year<br>to Date |
|--|-------------------------|---------------------------------------|
| Line 1: Cash on Hand January 1, This Calendar Year*                  | \$ <u>XXXXXX</u>        | \$ <u>0</u>                           |
| Line 2: Enter Beginning Cash Balance**                               | \$ <u>594.96</u>        | \$ <u>XXXXXX</u>                      |
| Line 3: Total Contributions (Enter amount from line 5, page 2)       | \$ <u>0</u>             | \$ <u>2225.00</u>                     |
| Line 4: Subtotal (Add lines 1, 2 and 3)                              | \$ <u>594.96</u>        | \$ <u>2225.00</u>                     |
| Line 5: Total Expenditures (Enter amount from line 11, page 2)       | \$ <u>50.00</u>         | \$ <u>1080.44</u>                     |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)      | \$ <u>544.96</u>        | \$ <u>544.56</u>                      |
| Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ <u>0</u>             |                                       |

\*This same figure should be entered on line 1 of all reports filed this calendar year.

\*\*This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.

Note: The closing cash balance for the current reporting period appears on the next report as the beginning cash on hand.

Section V

Return This Report To:  
Ben Ysursa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
Phone: (208) 334-2852  
Fax: (208) 334-2282

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

Lisa Skinner  
Signature of Political Treasurer

## SCHEDULE B ITEMIZED EXPENDITURES

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

Page 1 of 1

Name of Candidate or Committee:

**Purpose Codes**

- |  |   |
|--|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV & Internet)           | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's                    | P Postage                                       |
| D Donations & Gifts                                      | S Surveys & Polls                               |
| E Event Expenses   | T Tickets (Events)                              |
| F Food & Refreshments                                    | U Utilities                                     |
| G General Operational Expenses                           | W Wages, Salaries, Benefits & Bonuses           |
| L Literature, Brochures, Printing                        | Y Petition Circulators                          |
| M Management Services                                    | Z Preparation & Production of Advertising       |

| Date Spent              | Full Name, Mailing Address and Zip Code of Recipient    | Purpose Code | Cash or Check   |
|-------------------------|---|--------------|-----------------|
| 11/17/12                | 1. Diana Faulkner<br>108 Doral Dr<br>Becoming, ID 83338 | D            | \$ 50.00        |
| _/_/12                  | 2.  |              | \$ _____        |
| _/_/12                  | 3.  |              | \$ _____        |
| _/_/12                  | 4.  |              | \$ _____        |
| _/_/12                  | 5.  |              | \$ _____        |
| _/_/12                  | 6.  |              | \$ _____        |
| _/_/12                  | 7.  |              | \$ _____        |
| _/_/12                  | 8.  |              | \$ _____        |
| _/_/12                  | 9.  |              | \$ _____        |
| _/_/12                  | 10.   |              | \$ _____        |
| <b>Total This Page:</b> |   |              | <b>\$ 50.00</b> |

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.