# CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE (Places Print as Type)

(Please Print or Type)

| Protecting Idaho Education  Mailing Address Name of Political Treasurer Christopher R. Lavelle  Mailing Address 4421 W Cassia  Change of Address for: Candidate or Political Committee  Political Treasurer Christopher R. Lavelle  Mailing Address 4421 W Cassia  Change of Address for: Candidate or Political Committee  Political Treasurer  TYPE OF REPORT This filing is an:  Doriginal This report is for the period from  Original This report is for the period from  Type OF Report  To pay Pre-Primary Report  To pay Pre-General Report  Semi-Annual Report (Statewide Candidates Only) Is this a Termination Report:  Section III  STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES To reach your Calendar Year to Date figure: Add this reportise "Calendar Year to Date" figures in Column I figures to the Column I figures of your previous report (except on line 6).  Line 1: Cash on Hand January 1, This Calendar Year*  Line 2: Enter Beginning Cash Balance**  Line 3: Total Contributions (Enter amount from line 11, page 2)  Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)  Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)  **This is the figure should be entered on line 1 of all reports filed this calendar year.  "This is the figure should be entered on line 1 of all reports filed this calendar year.  "This is the 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 on the 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 on the Report To:  Ben Ysusa Secretary of State PO Box 83720  Name of Political Treasurer  Address         | ~ MOVILE                             | AH 10: 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Section II   STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES of Section II   State to bate figures in Coll and no contributions or expenditures during that personal figures to the Column II figures of your previous report (except on line 6).    Section IV   Summary   Section II   State   Section II   State   Section II   State   Section II   This filing is an:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | in (in containate)                   | AL LIATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Christopher R. Lavelle    Mailing Address   Boise 83705   Home Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STATE OF                             | 208-340-2369                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Change of address for: Candidate or Political Committee  Political Treasurer  Paresurer  Political Treasurer  Pereby Section V  Political Treasurer  Paresurer  Paresurer  Political Treasurer  Paresurer  Paresurer  Paresurer  Political Treasurer  Paresurer  Political Treasurer  Paresurer  Paresure         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Section II TYPE OF REPORT  This filing is an:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | 208-340-2369                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| This filing is an:    Original   22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| This report is for the period from 10 /22 /12 through 11 /16 /12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| □ 7 Day Pre-Primary Report □ 30 Day Post-Primary Report □ 7 Day Pre-General Report □ 30 Day Post-Primary Report □ 30 Day Post-Primary Report □ Semi-Annual Report (Statewide Candidates Only)  Is this a Termination Report: □ Yes ☑ No  Section III STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column I hereby certify that I have received no contributions and have made no expenditures during this reporting period, check the box next to 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).  Line 1: Cash on Hand January 1, This Calendar Year*  Line 2: Enter Beginning Cash Balance**  \$ \$\frac{XXXXXX}{00.00}\$  Line 3: Total Contributions (Enter amount from line 5, page 2)  Line 4: Subtotal (Add lines 1, 2 and 3)  \$ \$\frac{2550.45}{2550.45}\$  Line 4: Subtotal (Add lines 1, 2 and 3)  \$ \$\frac{2550.45}{2550.45}\$  Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)  Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)  *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 Note: The closing cash balance for the current reporting period appears on the next report as the beginni Secretary of State  Po Rox 83720    Christopher R. Lavelle   Name of Political Treasurer   Name of Political Treasure |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)  Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)  *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 reporting period appears on the next report as the beginning Section V    Return This Report To:   Ben Ysursa   Christopher R. Lavelle     PO Box 83720   Name of Political Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ _                                 | 2549.38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| **This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report Note: The closing cash balance for the current reporting period appears on the next report as the beginning Section V    Return This Report To:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Return This Report To:  Ben Ysursa Secretary of State PO Box 83720  Christopher R. Lavelle Name of Political Treasurer  Name of Political Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ort, this amount<br>ing cash on han  | is 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ben Ysursa Secretary of State PO Box 83720  Christopher R. Lavelle I,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Ben Ysursa Secretary of State PO Box 83720  Christopher R. Lavelle I,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PO Box 83720 Name of Political Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | information in this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1 PU BOX 83/2U 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | y certify that the                   | information in this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | danua Dani t                         | and the state of t |
| Boise ID 83720-0080 report is a true, complete and correct Campaign Financial Disc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ciosure Report a                     | as required by law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Phone: (208) 334-2852                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Fax: (208) 334-2282                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Politic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ical Treasurer                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### **DETAILED SUMMARY**

Name of Candidate or Committee: Protecting Idaho Education

| -                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ;   | <b>Total This Period</b>                                       |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------|
| -                                            | Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ,   |                                                                |
| )[                                           | Unitemized Contributions (\$50 and less) # of Contributors O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | +   | \$                                                             |
| )                                            | Itemized Contributions (Total of all Schedule A sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | +   | \$2100.00                                                      |
| )                                            | In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | +   | \$                                                             |
| )                                            | Loans (Total of all New Loan amounts from Schedule D sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | +   | <b>\$</b> 450.45                                               |
| )                                            | Total Contributions (Transfer this figure to page 1, Section IV, Line 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | =   | \$2550.45                                                      |
|                                              | Expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |                                                                |
| 0                                            | Unitemized Expenditures (Less than \$25) # of Expenditures 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | +   | <b>\$</b> 4.00                                                 |
| 7                                            | Itemized Expenditures (Total of all Schedule B sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | +   | \$2094.93                                                      |
|                                              | In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | +   | \$                                                             |
| 0                                            | Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | +   | \$450.45                                                       |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                |
| 9                                            | Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | . + | \$                                                             |
|                                              | Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)  Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ; + | \$<br>\$2549.38                                                |
| 1                                            | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  Loans, Credit Cards and Debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                |
| D                                            | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  Loans, Credit Cards and Debt  Outstanding Balance from previous reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                                                |
| 2                                            | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  Loans, Credit Cards and Debt  Outstanding Balance from previous reporting period  New Loans received during this reporting period  (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ; = | \$2549.38                                                      |
| 2                                            | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  Loans, Credit Cards and Debt  Outstanding Balance from previous reporting period  New Loans received during this reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ; = | \$2549.38<br>\$<br>\$<br>\$ <sup>450.45</sup>                  |
| D<br>2<br>3<br>4                             | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  Loans, Credit Cards and Debt  Outstanding Balance from previous reporting period  New Loans received during this reporting period  (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)  New Credit Card and Debt incurred this reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                 | +   | \$2549.38<br>\$                                                |
| D<br>3<br>4<br>5                             | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  Loans, Credit Cards and Debt  Outstanding Balance from previous reporting period  New Loans received during this reporting period  (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)  New Credit Card and Debt incurred this reporting period  (Total of all New Incurred Debt amounts from Schedule E sheets)                                                                                                                                                                                                                                                                                                                                                                | +   | \$2549.38<br>\$<br>\$<br>\$ <sup>450.45</sup>                  |
| 1)<br>2)<br>3)<br>4)<br>5)<br>6)             | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  Loans, Credit Cards and Debt  Outstanding Balance from previous reporting period  New Loans received during this reporting period  (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)  New Credit Card and Debt incurred this reporting period  (Total of all New Incurred Debt amounts from Schedule E sheets)  Subtotal  Repayments of Loans made during this reporting period                                                                                                                                                                                                                                                                                               | +   | \$ 2549.38<br>\$ 450.45<br>\$ 450.45                           |
| _ :                                          | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  Loans, Credit Cards and Debt  Outstanding Balance from previous reporting period  New Loans received during this reporting period  (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)  New Credit Card and Debt incurred this reporting period  (Total of all New Incurred Debt amounts from Schedule E sheets)  Subtotal  Repayments of Loans made during this reporting period  (Total of all Loan Repayment amounts from Schedule D sheets)  Repayments of Credit Card and Debt this reporting period                                                                                                                                                                       | +   | \$ 2549.38<br>\$ 450.45<br>\$ 450.45<br>\$ 450.45              |
| 1)<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)       | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  Loans, Credit Cards and Debt  Outstanding Balance from previous reporting period  New Loans received during this reporting period  (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)  New Credit Card and Debt incurred this reporting period  (Total of all New Incurred Debt amounts from Schedule E sheets)  Subtotal  Repayments of Loans made during this reporting period  (Total of all Loan Repayment amounts from Schedule D sheets)  Repayments of Credit Card and Debt this reporting period  (Total of all Debt Repayment amounts from Schedule E sheets)  Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7) | +   | \$ 2549.38<br>\$ 450.45<br>\$ 450.45<br>\$ 450.45<br>\$ 450.45 |
| 1)<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)<br>8) | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  Loans, Credit Cards and Debt  Outstanding Balance from previous reporting period  New Loans received during this reporting period  (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)  New Credit Card and Debt incurred this reporting period  (Total of all New Incurred Debt amounts from Schedule E sheets)  Subtotal  Repayments of Loans made during this reporting period  (Total of all Loan Repayment amounts from Schedule D sheets)  Repayments of Credit Card and Debt this reporting period  (Total of all Debt Repayment amounts from Schedule E sheets)                                                                                                         | +   | \$ 2549.38<br>\$ 450.45<br>\$ 450.45<br>\$ 450.45<br>\$ 450.45 |
| 1)<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)       | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  Loans, Credit Cards and Debt  Outstanding Balance from previous reporting period  New Loans received during this reporting period  (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)  New Credit Card and Debt incurred this reporting period  (Total of all New Incurred Debt amounts from Schedule E sheets)  Subtotal  Repayments of Loans made during this reporting period  (Total of all Loan Repayment amounts from Schedule D sheets)  Repayments of Credit Card and Debt this reporting period  (Total of all Debt Repayment amounts from Schedule E sheets)  Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7) | +   | \$ 2549.38<br>\$ 450.45<br>\$ 450.45<br>\$ 450.45<br>\$ 450.45 |

# SCHEDULE A ITEMIZED CONTRIBUTIONS

| Page | of  |   |
|------|-----|---|
| J3-  | ١٠. |   |
| 1 1  |     | 1 |
|      |     | • |
| 1    | - 1 |   |

of more than Fifty Dollars (\$50.00) this period Name of Candidate or Committee: Protecting Idaho Education Date Received Full Name, Mailing Address and Zip Code of Contributor Cash or Check 1. Canyon County Democrats Central 600.00 10 31 12 PO BOX 3006 Nampa, Idaho 83653 600.00 ☐ Primary ☑ General Calendar Year-To-Date 2. Matthew Greene 500.00 11 1 12 1621 \$ Woodlawn Dr. \$\_\_\_\_ Nampa, Idaho 83686 500.00 □ Primary ☑ General Calendar Year-To-Date 3. Idaho State AFL-CIO 1000.00 11 2 12 PO BOX 2238 Boise, Idaho 83701 1000.00 ☐ Primary ☑ General Calendar Year-To-Date 4. ☐ Primary □ General Calendar Year-To-Date 5. ☐ Primary ☐ General Calendar Year-To-Date 6. ☐ Primary ☐ General Calendar Year-To-Date 7. ☐ Primary □ General Calendar Year-To-Date 8. ☐ Primary Calendar Year-To-Date □ General 9. ☐ Primary □ General Calendar Year-To-Date 10. ☐ Primary

□ General

Total This Page:

Calendar Year-To-Date

\$2100.00

## SCHEDULE B ITEMIZED EXPENDITURES

| Page | of |
|------|----|
| 1    | 1  |

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

Name of Candidate or Committee: Protecting Idaho Education

#### Purpose Codes

- A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- B Broadcast Advertising (Radio, TV & Internet)
- C Contributions to Candidates & PAC's
- D Donations & Gifts
- E Event Expenses
- F Food & Refreshments
- G General Operational Expenses
- L Literature, Brochures, Printing
- M Management Services

- N Newspaper & Other Periodical Advertising
- O Other Advertising (Yard Signs, Buttons, etc.)
- P Postage
- S Surveys & Polls
- T Tickets (Events)
- U Utilities
- W Wages, Salaries, Benefits & Bonuses
- Y Petition Circulators
- Z Preparation & Production of Advertising

| M Managen  | _                                                                                  |                  |                 |
|------------|------------------------------------------------------------------------------------|------------------|-----------------|
| Date Spent | Full Name, Mailing Address and Zip Code of Recipient                               | Purpose Code     | Cash or Check   |
| 11 1 12    | 1. US Postmaster<br>770 S 13 * ST<br>Boise, ID 83708                               | P                | 622.72          |
| 11 1 12    | 2 Staples<br>1901 Caldwell BLVD<br>Nampa, Idaho 83651                              | L                | 450.45          |
| 11 2 12    | 3. US Postmaster<br>770 S 13 <sup>th</sup> S†                                      | P                | 21.76           |
| 11 2 12    | BOISE, ID 83708  4. Betty Richardson for Senate D15 PO BOX 7706 Boise, Idaho 83707 | С                | 1000.00         |
|            | 5.                                                                                 |                  | \$              |
|            | 6.                                                                                 |                  | \$              |
|            | 7.                                                                                 |                  | \$              |
|            | 0                                                                                  |                  | \$              |
|            | 8.                                                                                 |                  | \$              |
| 1 1        | 9.                                                                                 |                  | \$              |
|            | 10.                                                                                |                  |                 |
|            |                                                                                    | Total This Page: | \$<br>\$2094.93 |

#### SCHEDULE D - LOANS

### Name of Candidate or Committee: Protecting Idaho Education

Each Lender to your campaign should be listed separately. Each time a loan is received or you loan money to the campaign, it must be listed as a separate item. Each new loan from any Lender must be listed as a new item from that Lender. You may have the same Lender listed more than once. Except for a candidate making a loan to his or her own campaign, loans from any Lender cannot exceed contribution limits laid out in Section 67-6610A, Idaho Code, even if it is repaid in full.

Any loan(s) with a balance(s) appearing on the last report must be listed below with the amount in the Previous Balance column. Any new loan amounts should be listed in the New Loan column. Any interest accrued should be listed in the Interest Accrued column. If a payment was made on the loan, list it in the Repayments column. Note: Any loan that was repaid in full in a previous reporting period does not need to be listed. The Outstanding Balance column is the Previous Balance plus new loans and accrued interest less any repayments.

| Name, Mailing Address and Zip         | Previous Balance      | New Loan amount               | Interest accrued     | Repayments of Loan    | Balance          |
|---------------------------------------|-----------------------|-------------------------------|----------------------|-----------------------|------------------|
| Code of Lender                        | of loan at the        | received during this          | during this          | during this reporting | outstanding at   |
| (Candidate, Individual or Business)   | end of the last       | reporting period              | reporting period     | period                | the end of this  |
|                                       | reporting period      |                               |                      |                       | reporting period |
| 1 Christopher Lavelle                 |                       | Date:<br>11 / 1 / 12          | _                    | Date:<br>11 /2 /12    |                  |
| 4421 W Cassia                         |                       | <u> </u>                      |                      | 11 /2 /12             |                  |
| Boise, Idaho 83705                    | 00.00                 | Amount:                       | 00.00                | Amount:               | 00.00            |
|                                       |                       | \$ 450.45                     |                      | \$ 450.45             |                  |
| 2.                                    |                       | Date:                         |                      | Date:                 |                  |
| <sup>2.</sup>                         |                       | 1 1                           |                      | 1 1                   |                  |
|                                       |                       | Amount:                       |                      | Amount:               |                  |
|                                       |                       | \$                            |                      | \$                    |                  |
|                                       |                       | Ψ                             |                      |                       |                  |
| 3.                                    |                       | Date:                         |                      | Date:                 |                  |
|                                       |                       |                               |                      | <u> </u>              |                  |
|                                       |                       | Amount:                       |                      | Amount:               |                  |
|                                       |                       | \$                            |                      | \$                    |                  |
| 4.                                    |                       | Date:                         |                      | Date:                 |                  |
|                                       |                       |                               |                      | //                    |                  |
|                                       |                       | Amount:                       |                      | Amount:               |                  |
|                                       |                       | \$                            |                      | \$                    |                  |
| 5.                                    |                       | Date:                         |                      | Date:                 |                  |
| J.                                    |                       | 1 1                           |                      | 1 1                   |                  |
|                                       |                       | Amount:                       |                      | Amount:               |                  |
|                                       |                       | \$                            |                      | \$                    |                  |
|                                       |                       | Date:                         |                      | Date:                 |                  |
| 6.                                    |                       | Date.                         |                      | Date.                 |                  |
|                                       |                       | Amount:                       |                      | Amount:               |                  |
|                                       |                       | Amount.                       |                      |                       |                  |
|                                       |                       | <b>7</b>                      |                      | \$                    |                  |
| 7.                                    |                       | Date:                         |                      | Date:                 |                  |
|                                       |                       |                               |                      | /                     |                  |
|                                       |                       | Amount:                       |                      | Amount:               |                  |
|                                       |                       | \$                            |                      | \$                    |                  |
|                                       | Previous              | Received                      | Interest             | Repayments            | Ending Balance   |
|                                       |                       | 110001100                     | intoroot             | Topaymonto            | Ending Balance   |
| Previous Total:                       | \$ 00.00              |                               |                      |                       |                  |
| . 1511535 151411                      |                       |                               | 7                    |                       |                  |
| (Transfer the name is added of all    | Received Total:       | \$ 450.45                     |                      |                       |                  |
| (Transfer the combined total of all   |                       |                               |                      |                       |                  |
| Detailed Sur                          | nmary, page 2 line 4) |                               | ÷ 00 00              |                       |                  |
|                                       |                       | Interest Total:               | \$ 00.00             |                       |                  |
|                                       |                       |                               | Repayments Total     |                       | ]                |
|                                       | (Transfer the         | combined total of all loa     |                      |                       |                  |
|                                       | (                     |                               | , page 2 line 9 & 16 | _ ·                   |                  |
|                                       |                       |                               | , r - g 10,          | Ending Balance Total: | \$ 00.00         |
|                                       |                       |                               |                      | Ending Dulance Total. | Ψ                |
| (NOTE: Transfer the combined total of | all Assessed Interest | and Department Learner to the | ha Datailad Common   | O line 40\            |                  |