



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

**Section I**

Name of Candidate or Political Committee and Chairperson <u>Lawrence E DENNEY</u>		Office Sought (if candidate) <u>House</u>	District (if any) <u>9A</u>
Mailing Address <u>2227 DENNEY Rd. Box 114</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Midvale 83645</u>	Home Phone <u>208-355-2374</u>
Name of Political Treasurer <u>Donna DENNEY</u>		Home Phone <u>208-355-2374</u>	Work Phone <u>SAME</u>
Mailing Address <u>Box 114</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Midvale 83645</u>	Home Phone <u>208-355-2374</u>
			Work Phone <u>208-599-3000</u>

**Section II**

**TYPE OF REPORT**

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from 01 / 01 / 99 through 12 / 31 / 99

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report      | <input type="checkbox"/> 7 Day Pre-General Report   | <input type="checkbox"/> Quarterly (April 30)<br>(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report    | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)<br>(only filed by ballot measure committees)  |
| <input type="checkbox"/> October 10 Pre-General Report | <input checked="" type="checkbox"/> Annual Report   |  |

Is this Report an amendment?  Yes  No  
Is this a Termination Report?  Yes  No

**Section 111**

**STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES**

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

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

**Section IV**

**SUMMARY**

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

	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Year*	\$ <u>XXXXXX</u>	\$ <u>891.99</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>891.99</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>11.00.00</u>	\$ <u>11.00.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>1999.</u>	\$ <u>1991.99</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>341.41</u>	\$ <u>341.91</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>1650.08</u>	\$ <u>1650.08</u>

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

\*\*You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

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

**Section V**

**CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES**

Contributions Pledged during this reporting period but not yet received:  None  \$        (see attached Schedule C-2A)  
Incurred Expenditures during this reporting period but not yet paid:  None     (see attached Schedule C-2B)

**Section VI**

**CERTIFICATION**

Return This Report To:  
Pete P. Cenarrusa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
fax: (208) 334-2282

I Donna DENNEY (name of Political Treasurer), hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Donna M Denney  
Signature of Political Treasurer

**SCHEDULE A  
ITEMIZED CONTRIBUTIONS**  
of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee  
**Lawrence E DENNEY**

Date/ Receipt for	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
11/04/99 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Carter-Dallase Inc Half acre Rd Greenbury NY 08012	\$ 250.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
11/09/09 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2 Pitt Pass Intn. States 1875 Lawrence St Rm 1575 Dr. 101 So Wood St Routenai Tribe of Iroquo PO Box 1264 Barners Ferry ID 83205	\$ 100.00 Calendar Year To Date \$ 250.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
12/10/92 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Philip Morris Mgrm 120 Park Ave New York, NY 10017-5592	\$ 500.00 SDU- Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 1100.00	\$	\$ 1100.00
Total This Page (add columns A, B & C)				

**SCHEDULE B**  
**ITEMIZED EXPENDITURES**  
of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee  
Lawrence DENNEY

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
8/27/99	Washington County Fair Waverly, Ohio 43087	\$ 341.91	\$
Purpose of Above Expenditure: <u>Public Relations - Fair Business</u>		\$	\$
Purpose of Above Expenditure:		\$	\$
Purpose of Above Expenditure:		\$	\$
Purpose of Above Expenditure:		\$	\$
Purpose of Above Expenditure:		\$	\$
Purpose of Above Expenditure:		\$	\$
Purpose of Above Expenditure:		\$	\$
Purpose of Above Expenditure:		\$	\$
Purpose of Above Expenditure:		\$	\$
Subtotals of Columns A & B		\$ 341.91	\$
Total This Page (add columns A & B)		\$	\$ 341.91