C-2 Rev. 7/97



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE

Section I		·	(Please Print or Type)					
Stank		person		Office Sought (if candidate) Representative	District (if any)			
Mailing Address	5th Sh South	ess change. City and Zip Nampo		Home Phone 258-465-06/2	Work Phone 33 4-6 9 4 2			
Name of Politica	Treasurer MKCA Sh. P			1. July 1. Jul	17.1			
Mailing Address	☐ Check if adds	ress change. City and Zip)	Home Phone	Work Phone			
Section II		TVDE O						

-100 B 7 12 11	USTIPE	<u> </u>		Kraosintotue	11-74	
Mailing Address	☐ Check if address change.	City and Zip		Home Phone	Work Phone	
1314 5 54	South	Nampa	83651	208-4650612	334-6942	
Name of Political Treasurer	. ^		<u> </u>			
Larry Blankens Mailing Address	Check if address change.	1			51/ A	
Manual Voluces	Check it aggress change.	City and Zip		Home Phone	Work Phone	
Section II		<u> </u>		<u> </u>		
		TYPE OF REPO	DRT			
instructional manual for w	e type of report being filed, eporting periods and due date	fill in the appropria	te dates an	d check the appropriate t	oox(es). See the	
This rep	ort is for the period from	s. Cn / Ol / c	2001 thro	igh Dec. 131 /	2001	
☐ 7 Day Pre-Prima	arv Report 17.7	Day Due Comount D		T.O		
— · Duy 110 11mm	m) report	☐ 7 Day Pre-General Report ☐ 30 Day Post-General Report		☐ Quarterly (April 30) (only filed by ballot measure committees) ☐ Quarterly (July 30)		
30 Day Post-Pri	mary Report 🔲 3(
5						
☐ October 10 Pre-	General Report SCA	nnual Report		(only filed by ballot measure committees)		
Is this Report	an amendment? Yes	☐ Yes ☐ No Is this a		_		
	an amendment: Li yes	U NO	Is this a 1	ermination Report?	Yes No	
Section III	STATEMENT OF N	O CONTRIBUTIO	ONS OR E	XPENDITURES		
Directions: If you had no	contributions or symandians					
the appropriate dates and s	contributions or expenditure ign this report. Be sure to ca	s during this report	ing period,	check the box next to th	e statement below, fill in	
I hereby certif	y that I have received no con	tributions and have	made no e	expenditures during this	reporting period	
	from/	_/ through	/	/	obermig berted	
Section IV		CYDOLADY				
To reach your Calendar Ye	ar to Date figure: Add this	SUMMARY	<u></u>	NT TYRENT T		
figures to the Column II fig	gures of your previous report	(except on line 6)	Ti		COLUMN II ndar Year to Date	
		(care of our mile o).		ns remot Cale	noar 1 ear to Date	
Line 1: Cash on Hand Janu	ary 1, This Year*		\$ X	2 XXXXX	174.11	
Line 2: Enter Cash Balance	at Close of Last Reporting	Period**		74.11	XXXXXX	
Line 3: Total Contributions	(Enter amount from page 2))	\$	<u> </u>	Ø	
Line 4: Subtotal (Add lines	1, 2 and 3)		\$ 1	74.11	174.11	
Line 5: Total Expenditures	(Enter amount from page 2)		s		<u> </u>	
Line 6: Cash Balance at Clo	ose of Period (Subtract line 5	from line 4)**	\$ 1	74.11 \$	174.11	
			· <u> </u>	Ψ_		
Ins same rigure should b	e entered on line 1 of all repo	orts filed this calend	dar year.			
Note that the closing cash I	on hand at both the beginni	ng of the reporting	period and	the close of the reportin	g period.	
The the crossing cash i	balance for the current report	ing period appears	or the nex	t report as beginning cas	h on hand.	
Section V	CONTRIBUTIONS P	LEDGED - INCU	RRED EX	PENDITIIPES		
Contributions Pledged	during this reporting period b					
					e attached Schedule C-2A)	
mearred expenditures	during this reporting period l	out not yet paid:	None	;	e attached Schedule C-2B)	
	Section VI					
Return This Report To:		CEI CEI	RIFICAT	ION		
Pete T. Cenarrusa	1 ()	~ (\to \) \ \ \	\mathcal{L}			
Secretary of State		(name of Political Treasurer)		, hereby certify	that the information	
PO Box 83720	in this report is	a true, complete an	d correct C	, nereby certify ampaign Financial Disc	osure Report as	
Raise ID 92730 0000	ـ 1 ـ ـ ـ المستريمية	<i>i i</i>		_	•	

fax: (208) 334-2282

required by law.

Signature of Political Treasurer