C-2 Rev. 7/97

Section I



## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Name of Condidate or Political Committee and Chairperson				Office Sought (if cane	didage) District (if any)	
JAMES H. HOLLINGSWORTH				STATE REF		
Mannag Address	Li Check if address shae	City and Zip	83814	Home Phone	Work Phone	
3130 CHURRY Name of Political Treasurer	LAND	Coaur	0 stever	208-667-7	748 SAME	
DANIEL W. PINKERDON						
Mailing Address	Check if address char	go. City and Rip		Iri n	In	
2001 IROMWOOD		CoA	075111	Heme Phone	Work Phone	
Section II	72. 374 740	100/	83814	208-765-67	75 208-667-8998	
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						
	y Pre-Primary Report		eral Report	ort Quarterly (April 30) (only filed by ballot measure committees)		
☐ 30 Day Post-Primary Report ☐ 30 Day Post-C			eneral Report	eral Report		
☐ October 10 Pre-General Report			•	☐ Quarterly (July 30)  (only filed by ballot measure committees)		
Is this Report	an amendment?	es IX No	ls this a	Termination Report?	Yes AND	
Section III STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES						
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, 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.  All I hereby certify that I have received no contributions and have made no expenditures during this reporting period from 1 / 16 / 02 through 12 / 31 / 02						
Section IV		SUMM	IADV			
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).  SUMMARY  COLUMN I  Column II  Calendar Year to Date						
Line 1: Cash on Hand January 1, This Year* \$ xxxxxx \$						
Line 2: Enter Cash Balance at Close of Last Reporting Period**				HIMANA	s xxxxxx	
Line 3: Total Contributions (Enter amount from page 2)					\$ 5,544 -	
Line 4: Subtoral (Add lines 1, 2 and 3)					\$ 5,594 -	
Line 5: Total Expenditures (Enter amount from page 2)			2		\$ 5488,24	
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**			**		\$	
This same figure should be You must report the cast Note that the closing cash	1 OB Dand at hoth the ha	rinning of the		I the close of the rep it report as beginnin		
Section V	CONTRIBUTIO					
Contributions Pledged	during this reporting per	iod but not yet rea	eived: DNon		(see amached Schedule C-2A)	
Incurred Expenditures	during this reporting po	riod but not yet pa	nid: 🗆 Non	<del></del>	(see attached Schedule C-2B)	
	Section VI		CERTIFICAT	LION	<del></del>	
Return This Report To:	1	^		12017		
Pete T. Cenarrusa Secretary of State	(name of Polyland (resputer) hereby certify that the information					
PO Box 83720	in this report is a true, complete and correct Campaign Financial Disclosure Report as					
Boise ID 83720-0080	required by law.					
fax: (208) 334-2282						
		\ <del></del>	nature of Politica	17		
	,	Sig	nature of Loutice	u ireasurer		