C-2 Rev. 7/97



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

				Office Sought (if condidate	District (if any)
ection 1	and Chairperson	1		Omor South Cop	1 2
ame of Canadacy or Political Committee	reig			Home Phone	Work Phone 6645
4 Dina Address	Check if address oh	onge. City and Zip	story,	746 664	7 /46 007.
Mailing Address 3/ 100	ers 17	The ment	3-101		
Name of Political Treasurer	5	700	·		Work Phone
- Las	Check if address c	hange. City and Zip	200	Home Phone	7
Mailing Address	Check it sources of	hange. City and Zip	6350	143601	
1403 15					
Section II Directions: To indicate the type		TYPE OF RE	POR I dates an	d check the appropriat	e box(es). See the
Directions: To indicate the type	of report bein	g filed, fill in the appropr	INCO CIGIOS CO.	4.21	102
Directions: To indicate the type instructional manual for reporting. This report is:	g periods and	from 12 06	O'C thro	ugh	3
This report is	for the beriod			- Commonly (April 3	O)
☐ 7 Day Pre-Primary Re	port	☐ 7 Day Pre-Genera	s Keport	(only filed by ballot	measure committees)
		☐ 30 Day Post-Gene	rai Report		•
☐ 30 Day Post-Primary	Report	30 Day Post-Gen	at Map	☐ Quarterly (July 30))
		Annual Report		(only filed by ballot	measure committees)
☐ October 10 Pre-Gene	gar Kepor		• 4.	Tomination Deport?	□ Yes ZNo
Is this Report an a	mendment?	☐ Yes ☐.No	is this e	Termination Report?	
		T OF NO CONTRIBU	TIONS OR	EXPENDITURES	
Section III	STATEME	41 OF NO CONTRIBE			
Directions: If you had no cont	ributions of ex	penditures during this re	porting perio	d, check the box next	to the state that the state of
the appropriate dates and sign	tnis report. De	suic to our,	• • • •		I UUIIII
Section IV.	•	أمسم مصدائد الأراد	hava made n	o expenditures during	this reporting period
I hereby certify th	at I have receiv	ved no contributions and	nave made in	13/ 102.	
	from	un-	V-6		
Section IV		SUMM			COLUMN II
m Calandar Voort	to Date figure:	Add this report's Colum	ın I	COLUMN I	Calendar Year to Date
figures to the Column II figure	es of your prev	ious report (except on li	ne 6).	This Period	
			•	XXXXXX	\$
Line 1: Cash on Hand January	1, This Year	s managan da na managan da da kata da ka	Š	325.94	s xxxxxx
Line 2: Enter Cash Balance at	Close of Last	Reporting Period	\$	-	s 50/5
Line 3: Total Contributions (I	Enter amount n	rom page 2)	Š	325,94	\$ 2015
Line 4: Subtotal (Add lines 1,	2 and 3)		Š		\$ 4689.06
Line 5: Total Expenditures (E	nter amount m	rom page 2)	2 **	325,94	s 325,94
Line 6: Cash Balance at Close					
*This same figure should be	entered on line	l of all reports filed this	calendar yea	ur.	المقسمين والانت
*This same figure should be **You must report the cash of	n hand at both	the beginning of the rep	orting period	and the close of the n	eporting period.
**You must report the cash of Note that the closing cash ba	lance for the c	urrent reporting period a	ppears on the	next report as beginn	ing cash on hance
		BUTIONS PLEDGED -			
Section V					(see attached Schedule C-2A)
Contributions Piedged du	iring this repor	ting period but not yet it	ceived:		
Incurred Expenditures d	uring this repo	ting period but not yet p	aid: 🔎	None 🗆\$	(see attached Schodule C-2B)
Incuired Expendition		••			
	Section VI		CERTIF	ICATION	$\tilde{U}_{i}, \tilde{U}_{i} = \overline{\mathbb{R}^{2}}$
	SOCION VI	1	5 5	$\mathcal{D}_{\mathbf{A}}$	or almaka CT master
Return This Report To: Pete T. Cenarrusa	1	Louglas	<u> </u>		certify that the information
Secretary of State	in	this report is a true, com	plete and con	rect Campaign Financ	ial Disciosure Report as
PO Box 83720		equired by law.	-		į i
Boise ID 83720-0080	re	quired by iaw.	1 - Oak) Pier	
fax: (208) 334-2282			Signatura of	Political Treasurer	
		2	Rutine A 1	Address of Amoust A.	

DETAILED SUMMA	RY PAGE
Name of Candidate or Committee Legymen	Report Covering the Period From 12,00,02 to 12,31,02
UNITEMIZED CONTI	00) 01 1233 1330 0
UNITEMIZED EXP Expenditures of Less Than Twenty-Five Total Number An	Dollars (\$25.00) Tais Ferror
UNITEMIZED EXP Expenditures of Less Than Twenty-Five Total	ENDITURES Dollars (\$25.00) This Period

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	S
al Contributions (also enter this figure on page 1, Section IV, line 3)	5
Number of Schedule B pages Attached	
Expenditures	
Unitermized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ /
tal Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ /