C-2 Rev. 7/97

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

Section I	No. of Chair and	DON Mar	Office Sought (if carific	hie) a District (if any)	
Name of Candidate or Political Com		NA No CAMBAIGN	<i>]</i>	JAN 31- Pu	
CITIZENS TOY TEN	Check if address change.	City and Zip	Home Phone SECT	Work Phone	
1500 E BAUDK	DR -	Post Falls. 8385	14 773-6684	7 1 7 1 5 C C C C C C C C C C C C C C C C C C	
Name of Political Treasurer	1.22			IDAHOTE	
PH: 11: 1 BFC Mailing Address	Check if address change.	City and Zip	Heme Phone	Work Phone	
1500 E BROOK	DA.	Q. TFA16, 8385	54 772-3200	773-769/	
Section II		TYPE OF REPORT			
Directions: To indicate the ty	ne of report being filed	fill in the appropriate date	es and check the appropri	ate box(es). See the	
instructional manual for repo	rting periods and due de is for the period from	nes.	through <u>b / 3/</u>		
_		7 Day Pre-General Report	Quarterly (April	30)	
☐ 7 Day Pre-Primary	Kepoti	/ Day 110-Constant Report	(only filed by ballot	measure committees)	
30 Day Post-Prims	ry Report 💢	30 Day Post-General Repo	ort	(1)	
October 10 Pre-Go	neral Report	Annual Report	(only filed by ballot	☐ Quarterly (July 30) (only filed by ballot measure committees)	
	_ ′ `	•	his a Termination Report?	□ Yes □ No	
Is this Report an					
Section III	STATEMENT OF	NO CONTRIBUTIONS	OR EXPENDITURES		
the appropriate dates and sig	n this report. Be sure to	ores during this reporting poor carry forward the appropriations and have many through	riate "Catendar Year to Di		
	Hom/	an			
Section IV		SUMMARY	COLUMNI	COLUMN II	
To reach your Calendar Yea figures to the Column II figures	r to Date Tigure: Add the	nort (except on line 6).	COLUMN I This Period	Calendar Year to Date	
TIEGEOS (O MIC COMMINI II IIE)	nos or your provious to	port (ortoop) an anna ay		200 01 37	
Line I: Cash on Hand Janua			\$ XXXXXXX - 1/2 2// 5/1	s 250 82.2/	
Line 2: Enter Cash Balance			\$ 40 74 - 8 4	\$ xxxxxxx \$ 188/62-00	
Line 3: Total Contributions		ge 2)	5 1/074/X5	\$ 2132 44.27	
Line 4; Subtotal (Add lines	•	. a)	\$ 48/4.4.	\$210779.4/	
Line 5: Total Expenditures (Line 6: Cash Balance at Clo			5 11/4-X/-	52464.86	
Line o: Cash Balance at Cic	se of Period (Subtract ii	me 3 from fine 4)	**************************************		
*This same figure should be **You must report the cash Note that the closing cash i	on hand at both the bea	inning of the reporting per	riod and the close of the R	eporting period. ing cash on hand.	
Section V	CONTRIBUTION	ns pledged - incuri	RED EXPENDITURES		
Contributions Pledged	luring this reporting per	iod but not yet received:	Minone 🗆\$	(see attached Schedule C-2A	
Incurred Expenditures				(see attached Schedule C-2E	
		, ,			
	Section VI	CERT	TIFICATION		
Return This Report To:	. 0	A. IliP BACK	EPR Land	certify that the information	
Pete T. Cenarrusa	. T P	שוויני	, nereby	CERTITY THAT THE INTORNATION	
Comments with a Popular	1 1———————————————————————————————————	(name of Political Tressurer)			
Secretary of State PO Box 83720	in this rep	ort is a true, complete and	correct Campaign Financ	al Disclosure Report as	
	in this rep	ort is a true, complete and	correct Campaign Finance	al Disclosure Report as	

Page 1

DETAILED SUMMARY PAGE

Name of Candidate or Committee C: HZENS For TERM	Limits +dph	1. Campaign	Report Covering the Period From/to/	
	UNITEMIZED Contributions of Fifty Do	CONTRIBUTION OF Less	ONS Thix Period	
	Total Number	Total Amount \$	Θ	
Éı	UNITEMIZE spenditures of Less Than To	ED EXPENDITU		
	Total Number	Total Amount \$	<u>Ø</u>	_

	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
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$
Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	5
Itemized Expenditures (total all Schedule B sheets)	\$ 16/0
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	16/03

SCHEDULE B ITEMIZED EXPENDITURE\$

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

lame of Candida	are or Committee	Com BAIGA	
CITIZ	ens for term himits IdAHS a	Column A	Column B
Date	Full Name, Malling Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
H1700	1. COBALT CONSULTING - 702 W HAYS #/6 Boise, ID 83702	:1610	\$
	eve Expenditure: CONSULTING		
	2.	\$	s
Purpose of Abo	ove Expenditure:		
, ,	3.	s	s
Purnose of Ab	ove Expenditure:		
, ,	4.	s	s
Purnose of Ab	ove Expenditure:		
1010000	5.	s	s
Purnose of Ab	ove Expenditure:		
	6.		\$
//			
Purpose of Ab	ove Expenditure:		
		s	\$
Purpose of Ab	oove Expenditure:	<u> </u>	
1 1	8.	s	s
Purpose of Ab	pove Expenditure:		
, ,	9.	s	\$
Purpose of At	bove Expenditure:	:	<u></u>
	Subtotals of Columns A & B	\$ /6/000	s
	Total This Page (add columns A & B)		15/6/0