C-Z Rcv. 7/97

## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

	(Please Print or Type)		
ection I ame of Candidate or Political Committee and Chairperson		State Rep.	3
Phil Hart  Gailing Address  4430 E. Sarah Loop	City and Zip Athol 83801	Home Phone 683-0456	Work Phone 667-2600
lame of Political Treasurer  Dean Isaacson	City and Zin	Home Phone	Work Phone

Section III   STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES   Directions: If you had no contributions or expenditures during this reporting period. Section II   Statement of the propriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report in greated suring this reporting period. Section II   Statement of the propriate dates and check the appropriate box(cs). See the instructional manual for reporting periods and due dates.    17 Day Pre-Primary Report	Phil Hart			Deate Rept	44 4 79
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### To Day Pre-Primary Report	This report is	for the period from	5_/ <u>13</u> _/_02#	rough <u>6</u>	_/
October 10 Pre-General Report		eport 🗖 7	Day Pre-General Report	☐ Quarterly (April 3 (only filed by ballot	(0)
Is this Report an amendment?	230 Day Post-Primary	Report 🔲 3	0 Day Post-General Report	I I I MARGETO (JULY 2)	))
Is this Report an amendment?	El Ossaber 10 Pre-Gene	eral Report	Annual Report	(only filed by ballot	measure committees)
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 hereby certify that I have received no contributions and have made no expenditures during this reporting period from		_		a Termination Report?	☐ Yes ☐ No
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fux: (208) 334-2282  Signature of Political Treasurer	fux: (208) 334-2282			F Political Treasurer	
		<b>,</b>			

Page !

## DETAILED SUMMARY PAGE

Name of Candidate or Committee Ph11 Hart			Report Covering the Period From _5 / 1.3 / 0.2 to _6 / 7 / 0.2
	UNITEMIZED Contributions of Fifty Dol	CONTRIBUTION (\$50.00) or Less	ONS This Period
	Total O	Total Amount \$	
Expe	UNITEMIZE aditures of Less Than Tw	D EXPENDITU	FRES 5,00) This Period
	Total Number0	Total Amount S	0

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0
Itemized Contributions (total all Schedule A sheets)	s 0
tal Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 0
Number of Schedule B pages Attached	
Expenditures	
Unitermized Expenditures (less than \$25) from top of page	\$ O
Itemized Expenditures (total all Schedule B sheets)	\$ 38
otal Expenditures (also enter this figure on page 1, Section IV, line 5)	s 38

Page 2

## SCHEDULE B ITEMIZED EXPENDITURES

Page	of	1

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

Phil Hart	Column A	Column B
Full Name, Mailing Address and Zip Code  Date of Recipient	Cash or Check	In-Kind (non-monetary)
Kinko's 119 W. Appleway, Coeur d'Alene Idaho 83815	\$_38	s
rpose of Above Expenditure: photocopies		
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3.		
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Subtotals of Columns A & B	\$ 38	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		s <u>38</u>