

2083456458

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

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	•	10	_

Name of Candidate or Political Committee and Chairperson STEVEN F. SCANLIN				Office Sought (if candidate)	District (if any)
Mailing Address	Check if address change.	City and Zip	**	Home Phone	Work Phone L: L
612 Locust			25712	331-9146	338-9-0
Name of Political Treasurer			, , , , ,	CAQUAT.	14.5
STEVEN F. SC	AMEIN			STATE	TIE THATE
Mailing Address	☐ Chock if address change.	City and Zip		Home Phone	Work Phone
6/2 Locust	-	Buln	よろツレ	331-5150	358-544
Section II		TYPE OF RI	ADODT.		
instructional manual for re-	e type of report being filed, a porting periods and due date art is for the period from	fill in the approp	priate dates an	- -	
3-7 Day Pre-Prima	ry Report	Day Pre-Genera	al Report	☐ Quarterly (April 30) (only filed by ballot mea	sure committees)
☐ 30 Day Post-Prin	nary Report 🗆 30	Day Post-Gen	eral Report	_	•
M Ostaka 10 B - C	1 W			Quarterly (July 30)	
October 10 Pre-C	peneral Keport 🚨 A	nnual Report		(only filed by ballot mea	sure committees)
Is this Report a	in amendment?	No No	Is this a	Termination Report?	Yes No
Section III	STATEMENT OF N	O CONTRIBU	TIONS OR E	XPENDITURES	
the appropriate dates and si Section IV.	contributions or expenditure gn this report. Be sure to co that I have received no cor from/	arry forward the	appropriate "	Calendar Year to Date" f	igures in Column II,
Section IV	· · · · · · · · · · · · · · · · · · ·				
	ar to Date figure: Add this	SUMMA		AT TIPAN -	***
figures to the Column II flo	ures of your previous repor	reports Column	11 C		COLUMN II ndar Year to Date
-Paran in air colmitm ii iff	area of Joan Storious tobor	r (except on min	. oj. X	THE LEISON CERE	MORE FARE TO DETE
Line 1: Cash on Hand Jamus	ary 1, This Year*		S	xxxxxx s	-⊕ -
	at Close of Last Reporting	Period**	s —	s	XXXXXX
	(Enter amount from page 2		\$	300 5	749
Line 4: Subtotal (Add lines		•	s	1.0 • S	200
Line 5: Total Expenditures	(Enter amount from page 2))	\$	1.0	240
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4			· s	4 - s	-6
**You must report the cash	c entered on line 1 of all rep on hand at both the beginn balance for the current repor	ing of the repor	ting period an	d the close of the reportin at report as beginning car	g period.
Section V	CONTRIBUTIONS I	LEDGED - IN	CURRED E	XPENDITURES	<u> </u>
	luring this reporting period	but not yet rece	íved: BN or		ee attached Schedule C-2A)
Incurred Expenditures	during this reporting period	but not yet paid	i: BNo	ne 🗆\$(s	ee attached Schedule C-2B)
	Section VI		CERTIFICA	TION	
Return This Report To:			CERTIFICA	ILIVIT	
Pete T. Cenarrusa	ISTEVEN F. Scance of hereby certify that the information				
Secretary of State	in this report is a true, complete and correct Campaign Financial Disclosure Report as				
PO Box 83720		-		Cemberku tumucun Disc	reams vebous as
Boise ID 83720-0080 fax: (208) 334-2282	required by lay	v. 	<i>y</i>		
() 597-4202			1		
	l	Sigh	ature of Politi	cal Treasurer	

DETAILED SUMMARY PAGE

Name of Candidate or Committee STEVEN F. SCANLIN	Report Covering the Period From 4/61/62 to 65/21/62
	ZED CONTRIBUTIONS fty Dollars (\$50.00) or Less This Period
Total Number	Total Amount S_ 2-0-0-0
	IZED EXPENDITURES in Twenty-Five Dollars (\$25.00) This Period
Total Number	Total Amount \$ > 0.00

		Total This Period
Number of Schedule A pages Attached		
Contributions		
Unitemized Contributions (\$50 and less) from top of page	\$	200.00
Itemized Contributions (total all Schedule A sheets)	S	
Total Contributions (also enter this figure on page 1, Section IV, line 3)		2-00.00
Number of Schedule B pages Attached	 	
Expenditures		
Unitemized Expenditures (less than \$25) from top of page		
Itemized Expenditures (total all Schedule B sheets)		200,00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)		200.00

Purpose of Above Expenditure:

Purpose of Above Expenditure:

Purpose of Above Expenditure:

Subtotals of Columns A & B

Total This Page (add columns A & B)

5 200.00

5 200.00

SCHEDULE B ITEMIZED EXPENDITURES

Page	of
-	1 1

of Twenty-Five Dollars (\$25.00) or more this period Name of Candidate or Committee Columa A Column B Full Name, Mailing Address and Zip Code Cash or In-Kind Date of Recipient Check (non-monetary) Secretary of State Baise E \$ 83710 50.00 Purpose of Above Expenditure: Purpose of Above Expenditure: