

CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I		(110430 111111 01 1	, pc)		
Name of Candidate or Political C				Office Sought (if candid	late) District (if any)
Mailing Address 604 South 13	Check if address ch	7	C250	Home Phone	Werk Phone
Name of Political Treasurer		Courd'Alen	2000	# 208667-92	2+4 208 446-1107 STATE
Mailing Address	USCHOF □ Check if address ch	cange City and Tim		THE DAY	0
P.O. Box 596	- Check is address of	City and Zip	83816	Home Phone 208 231-471	Work Phone 33 208664-8241
Section II		TYPE OF REPO	RT		X 229
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 $05/13/02$ through $06/07/02$					
☐ 7 Day Pre-Prima	ry Report	☐ 7 Day Pre-General Re	-	Quarterly (April 3	
☑ 30 Day Post-Prin	nary Report	☐ 30 Day Post-General	Report	(only filed by ballot measure committees) □ Quarterly (July 30)	
☐ October 10 Pre-C	General Report	☐ Annual Report			measure committees)
Is this Report a	in amendment?	Yes No	Is this a T	ermination Report?	☐ Yes ☑ No
Section III	STATEMENT	OF NO CONTRIBUTIO	NS OR E	XPENDITURES	
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. I hereby certify that I have received no contributions and have made no expenditures during this reporting period from 5 / 13 / 02 through 0 / 07 / 02					
	110111 <u>UZ_</u> /	T J C T unrough	<u> </u>	<u> </u>	
Section IV	110th <u>02 /</u>	SUMMARY		0102	
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