

## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE '
(Please Print or Type)

| Section I   |  | (Please Prin   | t or Type)       |   |  |  |
|---|--|--|------------------|---|--|--|
| Name of Candidate or Political Co   | •  | son  |                  | Office Sought (if candidate                                     |  |  |
| Mailing Address   | ☐ Check if address   | change City and Zin                                    | 12 84            | Home Phone  | JO A Work Phone                              |  |
| 2416 POLK St  | Check it address   | change. City and Zip                                   | 83605            | 308-455-526   | .  |  |
| Name of Political Treasurer   |  | CH IGUE  | -                | SIAIL   | ·  |  |
| MAY E. Le   |  |  | OF ID            | AHO   |  |  |
| Mailing Address 2416 Polk St  | ☐ Check if address   | change. City and Zip                                   | 211115           | Home Phone #8-455 526   | Work Phone                                   |  |
| Section II  |  | TVDE OF I  | DEBODT           | <del>-1</del>   |  |  |
| Directions: To indicate the instructional manual for report   | type of report bein orting periods and rt is for the period                    | due dates.   | opriate dates an | d check the appropriate   |  |  |
| ☐ 7 Day Pre-Primar  | •  | ☐ 7 Day Pre-Gene                                       | eral Report      | ☐ Quarterly (April 30 (only filed by ballot m                   |  |  |
| ₫ 30 Day Post-Prim  | ☑ 30 Day Post-Primary Report ☐ 30 Day Post-General Rep                         |  | eneral Report    | •   | ,  |  |
| ☐ October 10 Pre-G  | eneral Report  | ☐ Annual Report  |                  | ☐ Quarterly (July 30) (only filed by ballot measure committees) |  |  |
| Is this Report a  | n amendment?   | □ Yes □ No   | Is this a        | Termination Report?   | Yes No                                       |  |
| Section III   | STATEMEN   | T OF NO CONTRIB  | UTIONS OR E      | XPENDITURES   |  |  |
| the appropriate dates and sig<br>Section IV.    I hereby certify  |  | ed no contributions and                                |                  | expenditures during thi   | _  |  |
| Section IV  |  | SUMM   |                  |   |  |  |
| To reach your Calendar Yea figures to the Column II figures   |  |  |                  | OLUMN I This Period Ca  | COLUMN II<br>llendar Year to Date            |  |
| Line 1: Cash on Hand Janua<br>Line 2: Enter Cash Balance<br>Line 3: Total Contributions<br>Line 4: Subtotal (Add lines<br>Line 5: Total Expenditures (<br>Line 6: Cash Balance at Clo | at Close of Last Ro<br>(Enter amount from<br>1, 2 and 3)<br>(Enter amount from | m page 2) n page 2)                                    | \$<br>\$<br>\$   | xxxxxx  | XXXXXX                                       |  |
| *This same figure should be<br>**You must report the cash<br>Note that the closing cash b   | on hand at both th   | e beginning of the rep                                 | orting period an | d the close of the repor<br>ext report as beginning o           | ting period.<br>cash on hand.                |  |
| Section V   | CONTRIBU'  | TIONS PLEDGED -  | INCURRED E       | XPENDITURES   |  |  |
| Contributions Pledged d   | uring this reporting   | g period but not yet re                                | ceived: 🗆 Nor    | ne 🗆\$  | (see attached Schedule C-2A)                 |  |
| Incurred Expenditures of  | luring this reportin   | g period but not yet pa                                | aid: □No         | · · · · · · · · · · · · · · · · · · ·                           | (see attached Schedule C-2B)                 |  |
|   | Section VI   |  | CERTIFICA        | TION  |  |  |
| Return This Report To: Pete T. Cenarrusa Secretary of State   | 11   | May & Le<br>name of Politica<br>report is a true, comp | Tressurer)       |   | ify that the information isclosure Report as |  |
| PO Box 83720<br>Boise ID 83720-0080<br>fax: (208) 334-2282  |  | and but lass.  | Max 5 =          |   | · <b>F</b>                                   |  |

## **DETAILED SUMMARY PAGE**

| Name of Candidate or Committee |                 | *                              | Report Covering From /     | the Period<br>/to |   |
|--------------------------------|-----------------|--------------------------------|----------------------------|-------------------|---|
|                                |                 | CONTRIBUT                      |                            | <del></del>       |   |
| Total<br>Number                | <u> </u>        | Total<br>Amount \$ <b>%</b>    | <u> </u>                   |                   |   |
|                                |                 | EXPENDITU ty-Five Dollars (\$2 | URES<br>25.00) This Period |                   | - |
| Total<br>Number                | <del>.</del> _4 | Total Amount \$                | 65.61                      |                   |   |

|  | Total This Period |
|--|-------------------|
| Number of Schedule A pages Attached  |                   |
| Contributions  | D                 |
| 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) | 8 8               |
| Number of Schedule B pages Attached  |                   |
| Expenditures   |                   |
| Unitemized Expenditures (less than \$25) from top of page                  | \$ 65.61          |
| Itemized Expenditures (total all Schedule B sheets)                        | \$ 106.32         |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5)  | s 171·93          |

## SCHEDULE B ITEMIZED EXPENDITURES

| Page | of |
|------|----|
| 1    |    |

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

Name of Candidate or Committee

| <u> </u>                              |   | Column A         | Column B                  |
|---------------------------------------|---|------------------|---------------------------|
| Date                                  | Full Name, Mailing Address and Zip Code<br>of Recipient | Cash or<br>Check | In-Kind<br>(non-monetary) |
| 5 / 24/2001                           | Press Tribune News Paper                                | s 73.33          | \$                        |
|                                       | e Expenditure: Alvertizing                              | <b></b>          |                           |
| 2 di pose di Abdv                     | 2 m Aurick  |                  |                           |
| 5 25 202                              |   | s_32.99          | \$                        |
| Purpose of Abov                       | e Expenditure: GAS                                      |                  |                           |
| 3                                     | 3.  |                  |                           |
|                                       |   | \$               | \$                        |
| Purpose of Abov                       | ve Expenditure:   |                  |                           |
| 4                                     | 4.  |                  |                           |
|                                       |   | \$               | \$                        |
| Purpose of Abov                       | ve Expenditure:   |                  |                           |
|                                       | 5.  |                  |                           |
|                                       |   | \$               | \$                        |
| Purpose of Abov                       | ve Expenditure:   |                  |                           |
| 1                                     | 6.  |                  |                           |
| , , , , , , , , , , , , , , , , , , , |   | \$               | \$                        |
| Purpose of Abov                       | ve Expenditure:   |                  | <u> </u>                  |
| 7                                     | 7.  |                  |                           |
|                                       |   | \$               | \$                        |
| Purpose of Abov                       | ve Expenditure:   |                  |                           |
| 1                                     | 8.  |                  |                           |
| //                                    |   | \$               | \$                        |
| Purpose of Abov                       | ve Expenditure:   |                  |                           |
|                                       | 9.  |                  |                           |
|                                       |   | \$               | \$                        |
| Purpose of Abov                       | ve Expenditure:   |                  |                           |
|                                       | Subtotals of Columns A & B                              | s 106.32         | \$                        |
|                                       | Total This Page (add columns A & B)                     |                  | s 106.32                  |