

EPORT

Rev. 7/97 Section I		CAMPAIGN FINANCIAL DISCLOSURE F SUMMARY PAGE (Please Print or Type)	₹]
	date or Political Committee	ee and Chairnerson	_
		C than person	J

Name of Candidate or Political (Committee and Chairners	on			000 0 1 00		T				
54201					Office Sought (if		District (if any)				
Mailing Address	Check if address		and Zip	· · · · · · · · · · · · · · · · · · ·	Home Phone	o u	Work Phone				
6201 W	lara pet	Ct~ 7	Soire	63703	1 772	691	WOIK FROME				
Name of Political Treasurer) • , • • •			<u> </u>					
	viason										
Mailing Address	☐ Check if address	- 1 - 1,	and Zip	<i>c</i> 1	Home Phone		Work Phone				
1215	36th	<u> </u>	ir den	City 8371	4 424-	9995	- 11				
Section II		TV	DE VE DI	PODT							
TYPE OF REPORT 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 parieds and the date.											
instructional mattual for reporting periods and due dates.											
This repo	ort is for the period t	from <u> 5 </u>	<u>/_13_</u> /	<u>62</u> thro	ugh <u>6</u> /_	7/	02				
☐ 7 Day Pre-Prima	iry Penort	□ 7 Dov. I) C	I D							
☐ 7 Day Pre-Primary Report ☐ 7 Day Pre-General Report					Quarterly (April 30)						
30 Day Post-Prir	(only filed by ballot measure committees)										
5 0.1.100				eral Report	☐ Quarterly (Ju	ıly 30)	10 C				
☐ October 10 Pre-0	General Report	☐ Annual	Report		(only filed by b	allot meas	ure committées)				
Is this Report	an amendment? [J Yes II No		In this - 1	Taii		12/2				
	an unionament: L	1 162 m 140		is this a	Termination Rep	ort?	Yes To No				
Section III	STATEMENT	Γ OF NO CO	NTRIBU	TIONS OR E	XPENDITURE	S					
Directions, If had							્રું 🥴				
Directions: If you had no o	contributions or experienced	enditures duri	ng this rep	orting period,	check the box n	ext to the	statement below, fill in				
the appropriate dates and si Section IV.	ign uns report. De s	ure to carry to	orward the	appropriate "	Calendar Year to) Date" fig	gures in Column II,				
□ I hereby certify	that I have received	d no contribut	ions and h	ave made no	expenditures du	ing this re	norting period				
	from5/	13/0.	<u>人</u> throu	ıgh <u>6</u> /_	7/02		porting period				
Section IV			CUMMA	DW							
To reach your Calendar Ye	ar to Date figure: A	dd this report	SUMMAI	KY I C	OLUMN I	,	201 11201 11				
figures to the Column II fig	gures of your previou	us report (exce	ept on line	6). T	his Period		COLUMN II dar Year to Date				
		-	•	•		Cuiti	an real to Date				
Line 1: Cash on Hand Janua				\$	XXXXXX	\$					
Line 2: Enter Cash Balance	at Close of Last Re	porting Period	!**	\$	_Ø	\$	XXXXXX				
Line 3: Total Contributions	(Enter amount from	ı page 2)		\$		\$					
Line 4: Subtotal (Add lines				\$		\$	Ø				
Line 5: Total Expenditures	(Enter amount from	page 2)		\$	_ <i>O</i>	\$	0				
Line 6: Cash Balance at Clo	se of Period (Subtra	ect line 5 from	ı line 4)**	\$	<i>Q</i>	\$	Ø				
*This same figure should be	e entered on line 1 o	f all reports fi	led this on	landan was-	/		,				
"" Y Oil Milist report the cach	on hand at bath the	L			the close of the	renorting	norial				
Note that the closing cash b	palance for the curre	nt reporting p	eriod appe	ars on the nex	kt report as begin	ning cash	on hand				
Section V	· · · · · · · · · · · · · · · · · · ·										
					(PENDITURES	,					
Contributions Pledged d	luring this reporting	period but no	t yet recei	ved: 🗖 Non	e 🗆\$	(see	attached Schedule C-2A)				
Incurred Expenditures	during this reporting	period but no	ot vet paid:	Z Non			attached Schedule C-2B)				
		•	, ,			(300	, attached Schedule C-2B)				
	Section VI			CERTIFICA	TION						
Return This Report To:	0) (` . `	i	TION						
Pete T. Cenarrusa	1	van	Javia	15on	hereh	ov certify t	hat the information				
Secretary of State	in this r	name (name	of Political Trea	surer)	Campaign Finan						
PO Box 83720 Boise ID 83720-0080			., complete		-ugipaign Fillan	JISCR	suis Report as				
Boise ID 83720-0080 required by law. fax: (208) 334-2282											
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			Page 1								