



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

Section I

| | | | |
|---|------------------------------------|---|---------------------------------|
| Name of Candidate or Political Committee and Chairperson CLIFFORD R. BAYER | | Office Sought (if candidate) SECRETARY OF STATE | District (if any) 218 |
| Mailing Address <input type="checkbox"/> Check if address change. 8020 W. AMITY RD. | City and Zip BOISE 83709 | Home Phone 362-5058 | Work Phone 362-5058 |
| Name of Political Treasurer CLIFFORD R. BAYER | | | |
| Mailing Address <input type="checkbox"/> Check if address change. 8020 W. AMITY RD. | City and Zip BOISE 83709 | Home Phone 362-5058 | Work Phone 362-5058 |

Section II

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 periods and due dates.

This report is for the period from 1 / 01 / 05 through 12 / 31 / 05

- | | | |
|---|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> October 10 Pre-General Report |
| <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> 30 Day Post-General Report | <input checked="" type="checkbox"/> Annual Report |
| <input type="checkbox"/> Semi-Annual Report (Statewide Candidates Only) | | |

Is this Report an amendment? Yes No Is this a Termination Report? Yes No

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 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 _____/_____/_____ through _____/_____/_____.

Section IV

SUMMARY

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

| | COLUMN I This Period | COLUMN II Calendar Year to Date |
|---|-------------------------|------------------------------------|
| Line 1: Cash on Hand January 1, This Year* | \$ XXXXXX | \$ 1954 ⁰⁷ |
| Line 2: Enter Cash Balance at Close of Last Reporting Period** | \$ 1954 ⁰⁷ | \$ XXXXXX |
| Line 3: Total Contributions (Enter amount from page 2) | \$ 1250 ⁰⁸ | \$ 1250 ⁰⁸ |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ 3204 ⁰⁷ | \$ 3204 ⁰⁷ |
| Line 5: Total Expenditures (Enter amount from page 2) | \$ 220 ⁰⁷ | \$ 220 ⁰⁷ |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ 2984 ⁰⁸ | \$ 2984 ⁰⁸ |
| Line 7: Outstanding Debt to Date | \$ <u>ϕ</u> | |

*This same figure should be entered on line 1 of all reports filed this calendar year.

**You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Return This Report To:
Ben Ysursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V

CERTIFICATION

I CLIFFORD R. BAYER, hereby certify that the information
(name of Political Treasurer)
in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Clifford R. Bayer

Signature of Political Treasurer

DETAILED SUMMARY PAGE

| | |
|---|--|
| Name of Candidate or Committee <p style="text-align: center; font-weight: bold;">CLIFFORD R. BAYER</p> | Report Covering the Period From <u>1 / 01 / 05</u> to <u>12 / 31 / 05</u> |
|---|--|

UNITEMIZED CONTRIBUTIONS

Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 0 Total Amount \$ 0

UNITEMIZED EXPENDITURES

Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number 4 Total Amount \$ 45⁰⁷

| | Total This Period |
|---|-----------------------------|
| <u>1</u> Number of Schedule A pages Attached | |
| Contributions | |
| Unitemized Contributions (\$50 and less) from top of page | \$ <u>0</u> |
| Itemized Contributions (total all Schedule A sheets) | \$ <u>1250⁰⁰</u> |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ <u>1250⁰⁰</u> |
| <u>1</u> Number of Schedule B pages Attached | |
| Expenditures | |
| Unitemized Expenditures (less than \$25) from top of page | \$ <u>45⁰⁷</u> |
| Itemized Expenditures (total all Schedule B sheets) | \$ <u>175⁰⁰</u> |
| Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period) | \$ <u>0</u> |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5) | \$ <u>220⁰⁷</u> |
| <u>0</u> Number of Schedule C-2B pages Attached | |
| Incurred Expenditures | |
| Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7) | \$ |
| Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period) | + \$ |
| Subtotal | = \$ |
| Payment this Period (Total all C-2Bs - Payment this Period) | - \$ |
| Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7) | = \$ <u>0</u> |
| <u>0</u> Number of Schedule C-2A pages Attached | |
| Pledged Contributions | |
| Amount Pledged this Period | \$ <u>0</u> |

SCHEDULE A
ITEMIZED CONTRIBUTIONS
of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee
CLIFFORD R. BAYER

| Date/ Receipt For | Full Name, Mailing Address and Zip Code of Contributor/Lender | Column A | Column B | Column C |
|---|--|---|-----------------------------------|-----------------------------------|
| | | Cash or Check | In-Kind (non-monetary) | Loans |
| <u>7/22/05</u> | 1. ANHEUSER-BUSCH COS., INC. PO. BOX 2720 BOISE, ID 83701 | \$ <u>250⁰⁰</u> | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ <u>250⁰⁰</u> Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year to Date |
| <u>10/26/05</u> | 2. CORRECTIONS CORP OF AMERICA 10 BURTON HILLS BLVD. NASHVILLE, TN 37215 | \$ <u>300⁰⁰</u> | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ <u>300⁰⁰</u> Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year to Date |
| <u>11/5/05</u> | 3. ALTRIA - PHILIP MORRIS USA 6601 W. BROAD ST. RICHMOND, VA 23230 | \$ <u>300⁰⁰</u> | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ <u>300⁰⁰</u> Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year to Date |
| <u>12/11/05</u> | 4. QWEST - IDAHO 999 MAIN ST. 11 TH FLOOR BOISE, ID 83702 | \$ <u>300⁰⁰</u> | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ <u>300⁰⁰</u> Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year to Date |
| <u>12/20/05</u> | 5. PFIZER INC. 1110 CAPITOL WAY S SUITE 301 OLYMPIA, WA 98501 | \$ <u>100⁰⁰</u> | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ <u>100⁰⁰</u> Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year to Date |
| <u> / / </u> | 6. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year to Date |
| <u> / / </u> | 7. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year to Date |
| <u> / / </u> | 8. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year to Date |
| <u> / / </u> | 9. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year to Date |
| <u> / / </u> | 10. | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year to Date |
| Subtotals of Columns A, B & C | | \$ <u>1250⁰⁰</u> | \$ _____ | \$ _____ |
| Total This Page (add columns A, B & C) | | | | \$ <u>1250⁰⁰</u> |

SCHEDULE B ITEMIZED EXPENDITURES

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

| |
|---|
| Name of Candidate or Committee <p style="text-align: center; margin: 0;">CLIFFORD R. BAYER</p> |
|---|

| | | Column A | Column B |
|--|--|----------------------|------------------------|
| Date | Full Name, Mailing Address and Zip Code of Recipient | Cash or Check | In-Kind (non-monetary) |
| 1/12/05 | 1. HOUSE OF REPRESENTATIVES STATE CAPITOL BUILDING BOISE, ID 83701 | \$ 75 ⁰⁰ | \$ _____ |
| Purpose of Above Expenditure: LEGISLATIVE HOUSE FEE. | | | |
| 6/9/05 | 2. ADA COUNTY REPUBLICAN PARTY 802 W. BANNOCK BOISE, ID 83702 | \$ 100 ⁰⁰ | \$ _____ |
| Purpose of Above Expenditure: CONTRIBUTION. | | | |
| / / | 3. | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| / / | 4. | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| / / | 5. | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| / / | 6. | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| / / | 7. | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| / / | 8. | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| / / | 9. | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| Subtotals of Columns A & B | | \$ 175 ⁰⁰ | \$ _____ |
| Total This Page (add columns A & B) | | | \$ 175 ⁰⁰ |