C-2 Rev. 06/04



## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section	ſ
OCCHUII	-

Section I				
Name of Candidate or Political Com		1	Office Sought (if candidate)	District (if any)
CRAPO TOR.	State Sen	ate		
Mailing Address	Check if address change.	City and Zip 83402	I .	Work Phone
2005 CharLOI	TE DZIVE	Todaho Fulls	208-524-4631	202.224-6/42
Name of Political Treasurer Michael D.	CRAPO			
Mailing Address	☐ Check if address change.	City and Zip	Home Phone	Work Phone
Same		Same	Same	Same
Section IT				i
		TYPE OF REPORT		1
		fill in the appropriate dates as	nd check the appropriate b	ov(es). See the
instructional manual for repo	orting periods and due dat	es.	12 , 21 ,	26
Inis repor	t is for the period from	<u>01   01   05</u> thro		22
7 Day Pre-Primary	Report 3	O Day Post-Primary Report	October 10	Pr>-General Report
7 Day Pre-General	Report 3	Day Post-General Report	Annual Rep	or:
Semi-Annual Report	n (Statewide Candidates (	Only)		
Is this Report an	amendment? Yes	No Is this a Ter	mination Report?	Yes No
Section III	STATEMENT OF N	O CONTRIBUTIONS OR	EXPENDITURES	
			2 2	!
the appropriate dates and sig Section IV.	n this report. Be sure to o	es during this reporting period carry forward the appropriate	"Calendar Year to Date" i	figures in Column II,
☐ I nereby certify to	from/	tributions and have made no o / through	/	eporting period
Section IV		SUMMARY		
To reach your Calendar Year	to Date figure: Add this		COLUMN I	COLUMN II
figures to the Column II figu			This Period Cal	endar Year to Date
Line 1: Cash on Hand Janua	m 1 This Veur#		XXXXXX s	6.59025
Line 2: Enter Cash Balance	*	` -	1.59/125 S	XXXXXX
Line 3: Total Contributions	•		(13934)	(13934)
Line 4: Subtotal (Add lines		\$ (	CO. 45091	7-45091
Line 5: Total Expenditures (	•	n \$ 7	445094 5	64509
Line 6: Cash Balance at Clo				10
Offic of Casa Balance at Cas	50 01 1 01104 (D40M401 1III	, 3 ( <u>212</u> 0 1)	•	
Line 7: Outstanding Debt to	Date	<b>s</b> _	<u>ø_</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.				
_				D R
	Section V	CERTIFIC	ATION	The Control of the Co
Return This Report To:	~	1-1	_	O > O
Ben Ysursa	1_/(	we cop	, hereby certif	y that the information
Secretary of State	in this report	is a true, complete and correct	ct Campaign Financial Di	selesure Report as
PO Box 83720 Boise ID 83720-0080	required by l		<i>'</i>	
phone: (208) 334-2852	redutter by t		[k. //_	
fax: (208) 334-2282			Side Town	430
		Signature of Pol	ilicai Ireasiirer	7

## DETAILED SUMMARY PAGE

Name of Candidate or Committee  CRAPD FOR State Sen	+	Report Cover	ing the Pe	eriod 24 to 12/31/0	5
CRAPE ICE CIATE SEN	ue				_
UNITEMIZED Contributions of Fifty Do  Total Number	ars (\$50. Tot	00) or Less This Period			
Number	Alli	ount S			
UNITEMIZE Expenditures of Less Than Two Total	nty-Five	Dollars (\$25.00) This Period	1	i	
Number	Tou Am	u ount 5			
				1	
				Total This Period	
Number of Schedule A pages Attached					_
Contributions					
Uniternized Contributions (\$50 and less) from top of page			\$		_
Itemized Contributions (total all Schedule A sheets)			S	$(139^{34})$	
Total Contributions (also enter this figure on page 1, Section IV	line 3)		s	(13934)	
Number of Schedule B pages Attached					
Expenditures					
Uniternized Expenditures (less than \$25) from top of page			\$		
Iternized Expenditures (total all Schedule B sheets)			s	6,45091	_
Expenditures to Reduce Accounts Payable (total all Schedu	-	- Payment this Period)	2		
Total Expenditures (also enter this figure on page 1, Section IV,	line 5)		S	Lo, 450-	
O Number of Schedule C-2B pages Attached					
1 want of behouse 0-25 pages remeted					
Incurred Expenditures		4.6 4.5 71 71			
Outstanding Balance from previous period (from previous			S		
Amount Incurred this period (Total all Schedule C-2Bs -	unount )	ncurred this Period)	+ \$		
Subtotal			= \$		
Payment this Period (Total all C-2Bs - Payment this Period	-	T( 1: 5)	- S		
Total Outstanding Balance at close of this period (enter on page	μ, 36000	parv, nne /)	= \$		
Number of Schedule C-2A pages Attached				-	_
Number of Schedule C-2A pages Attached  Pledged Contributions				-	
Amount Pledged this Period			\$	- P	
Amount riedger mis reston	ļ				

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

	1	
Pago	 of	_

**2**004

Name of Candidate or Committee State Senate Column A Column B Column C Date/ Full Name, Mailing Address and Zip Code Cash or In-Kind Loans Receipt For of Contributor/Lender Check (non-monetary) United States Federal Caedit Union 12/31/05 P. D. BOX 77920 9.42 Washington, D.C. 20013 ☐ Primary 9.42 (interest) ☐ General Calendar Your To Dai Calendar Year to Date ING Financial Partners (net Loss) 909 LOCUST Street Des Maines, IA 50309 1205 148.76 ☐ Primary ☐ General (INVESTMENT dar Year To Date Calendar Year To Date ☐ Primary ☐ General Calendar Your To Date Calendar Year To Date Calendar Your to Dute ☐ Primary ☐ General Calendar Your To Date Calendar Year To Duk Calenda: Year to Dote ☐ Primary ☐ General Calendar Year To Dair Calendar Year in Dets Calcudur Your To Day ☐ Primary ☐ General Guicodus Year To Dare Culcurlar Your To Dave Culondar Year to Date ☐ Primary ☐ General Calendar Year To Duk Calendar Your To Date Calenda Year to Date ☐ Primary ☐ Gèneral Culendar Year To Doze Calcudar Year To Date Calcular Year to Date S ☐ Primary ☐ General Calendar Year To Date Calendar Year To Detc Calendar Year to Date 10. ☐ Primary ☐ General Cilcular Year To Date Calendar Year To Date Calendar Year to Date 3934 Subtotals of Columns A, B & C Total This Page (add columns A, B & C)

## ITE

SCHI	DULE B	Page	of
MIZED 1	XPENDITURES		

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

CKA	TO FOR SIAIR SENT	1/2			
				Column A	Column B
Date	Full Name, Mailing Address and of Recipient	[]		Cash or Check	In-Kind (non-monetary)
9,9,05	1. Idaho Community Foundation P. D. Box 8143 707 Boise, ID 83707 (Dove Expenditure: DONATION FOR (	u, In NATIO	2. N)	s 450 91	5_
Purpose of Abo	ve Expenditure: DONATION FOR	Chapi	table Pu	rposes	
	2.				
				\$	s
Purpose of Abo	ve Expenditure:				:
	3.				
				\$	\$
Purpose of Abo	ve Expenditure:				1
	4.				:
				\$	s
Purpose of Abo	ve Expenditure:				
	5.				ı
				s	S
Purpose of Abo	ve Expenditure:				
	6.				
				s	s
Purpose of Abo	ve Expenditure:				
	7.	i -		•	
				s	\$
Purpose of Abo	ve Expenditure:				1
	8.				
				s	s
Purpose of Abo	ve Expenditure:				
	9.				
				\$	s
Purpose of Abo	ve Expenditure:				
	Subtotals of Columns A & B			\$6,450 91	s
	Total This Page (add columns A	& B)			s6,450 91