C-2 Rev. 06/04



phone: (208) 334-285 fax: (208) 334-2282

CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

tion	

OS IAN 31 AM II: 21

ection 1			GO JAH ST ANTI-
lame of Candidate or Political Committee and Chairperson			andidated District (if any)
Additing Address Total Circy and Zip		Undeclare	STATE OF IDAH
	776/	Home Phone	Work Phone
110 Sylvan St. Boise 8"	3706	388-450	<u> </u>
Karen Sanchirico			
Mailing Address The Cheek it address change City and Zip		Home Phone	Work Phone
770 Sxlvan St. Boise 83	706	_	
ection II	. ,		
Directions: To indicate the type of report being filed, fill in the appropriate instructional manual for reporting periods and due dates. This eport is for the period from	dates and		
☐ 7 Day Pre-Primary Report ☐ 30 Day Post-Primary F	Report	☐ Octo	ber 10 Pre-General Report
☐ 7 Day Pro-Goneral Report ☐ 30 Day Post-General I	Report	Anne	ual Report
Semi-Annual Report (Statewide Candidates Only)			
Is this Report an amendment? Yes No Is t	his a Tern	nination Report?	Yes 🔲 No
Section III STATEMENT OF NO CONTRIBUTION	NS OR E	EXPENDITURE	s
☐ I hereby certify that I have received no contributions and have n from/through	_	xpenditures durin	g this reporting period
Section IV SUMMARY			
Fo reach your Calendar Year to Date figure: Add this report's Column I figures to the Column I figures of your previous report (except on line 6).		OLUMN I his l'eriod	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Year*	\$ <u>X</u>	XXXXX_	\$ 97.19
line 2: Enter Cash Balance at Close of Last Reporting Period**	\$	97.19	\$ _XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$	0	\$
ine 4; Subtotal (Add lines 1, 2 and 3)	\$	97.19	\$ 97.19
ine 5: Total Expenditures (Enter amount from page 2)	\$	97.19	\$ 47.19
line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)***	\$	0	\$ O
ine 7: Outstanding Dept to Date	\$. 0	
This same figure should be entered on line 1 of all reports filed this calend **You must report the dash on hand at both the beginning of the reporting Note that the closing cash balance for the current reporting period appears	period and		
Section V CEI	RTIFICA	TION	
Return This Report To: Ben Ysursa Secretary of State PO Box 83720 I Karen Sancian Control of Control Frances in this report is a true, complete an	hirid	. hereb	y certify that the information acial Disclosure Report as
Boise ID 83720-0080 required by law.			

Signature of Political Treasurer

DETAILED SUMMARY PACE

DETRIBED BOWNING TAG			
Robert J McMinn	Report Coveri	ng the I	Period 05 to 12 / 31/ C
11.00011 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
UNITEMIZED CONTRIBUTION Contributions of Fifty Dollars (\$50.00) or Less This			
Total O Total O Amount \$O	_		
UNITEMIZED EXPENDITURE Expenditures of Less Than Twenty-Five Dollars (\$25.00)		-	
Total Total Number Amount \$ 0	_		
	-		
			Total This Period
O Number of Schedule A pages Attached			
Contributions			
Unitemized Contributions (\$50 and less) from top of page		\$	
Itemized Contributions (total all Schedule A sheets)		\$	-
Total Contributions (a so enter this figure on page 1, Section IV, line 3)		\$	0
iNumber of Schedule B pages Attached			* # ***
Expenditures			
Unitemized Expenditures (less than \$25) from top of page		\$	0
Itemized Expenditures (total all Schedule B sheets)		*	97.19
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this	Period)	\$	
Total Expenditures (also enter this figure on page 1, Section IV, line 5)		8	97.19
O 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 Pe	eriod)	4- \$	
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)		= \$	()

O Number of Schedule C-2A pages Attached

Pledged Contributions

Amount Pledged this Period

SCHEDULE B ITEMIZED EXPENDITURES

Page	el
1	1

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

Name of Candidate or C			
lRo	pert 1 McMinn		
		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
1.	Idano Green farty		
12, 30,05	1810 W State PMB #325- Boise, ID 83702	\$ 97,19	\$
Purpose of Above Expe	i e	_	-
2.			
		s	\$
Purpose of Almove Expe	aditure		
3.			
//		\$	\$
Purpose of Above Expe	enditure:		
4.			
		s	\$
Purpose of Above Expe	aditure:		
5.			
, ,		\$	s
Purpose of Above Expe			
6.	warore.		y ·
//		\$	\$
Purpose of Above Expe	nditure:		
7.			
	·	\$	s
Purpose of Above Expe	nditure:		-
8.			
		\$	s
Purpose of Above Expe	nditure:		
y.			
, ,		s	\$
Purpose of Above Expe	nditure:		
	Subtotals of Columns A & B	s 97.19	s
	Total This Page (add columns A & B)		\$ 97.19