C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

ection i			(Please Print or T	ype)			
Name of Candidate or Poli	tical Committee	and Chairperson			Office Sought, (if can		
JAMES					SENATOR	8-PN 4=4	Dist. 1
Mailing Address		Chock if address change.	City and Zip		Home Phone	Work Ph	blie
PO Box	555		BNDERAY	83852	208-2650	F11 CTA	<u> </u>
Name of Political Treasure	PIETSC	.#			- STATE O	FIDAHO	E
Mailing Address	D	Check if address change.	City and Zip		Home Phone	Work Ph	one
695 SANDCI	PEEK	LN	SANDFOINT	83264	208-263-42	217 -	•
ection II							
Directions: To indictionate manual The	for reporting		tes.	e dates and	d check the appropugh 17 / 5	_	See the
7 Day Pre-F	rimary Repo	on 🗆 3	0 Day Post-Primary	Report	☐ Octob	er 10 Pre-Gene	eral Report
7 Day Pre-0	General Repo	ort 🗆 3	0 Day Post-General	Report	Annua Annua	al Report	
Semi-Annu	al Report (St	tatewide Candidates	Only)				
Is this R	eport an ame	endment? 🔼 Yes	☐ No Is	this a Term	nination Report?	Yes Yes	□ No
Section III		TATEMENT OF N	O CONTRIBUTIO	NS OR E	EXPENDITURES		
the appropriate dates Section IV. I hereby o	ertify that I	have received no cor	tributions and have	made no e	xpenditures during	•	
Section IV			SUMMARY				
To reach your Calen	dar Veur to I	late figure: Add this			OLUMN I	COLU	MN II
figures to the Colum					his Period	Calendar Yo	
Line 1: Cash on Han	d January 1,	This Year*		\$ <u>></u>	XXXXX	\$	
Line 2: Enter Cash B	Balance at Cl	ose of Last Reportin	g Pcriod**	\$ _5	566.74	\$ <u>XXX</u>	$\mathbf{X}\mathbf{X}\mathbf{X}$
Line 3: Total Contrib			-	\$	-0-	\$ 8907	7.87
Line 4: Subtotal (Ad	,		,	\$ 5	66.74	\$ 8907	7.87
Line 5: Total Expend		•	2)	\$ 5	66.74	\$ 8907	1.87
Line 6: Cash Balance				\$	-0-	\$	
Line 7: Outstanding	Debt to Date	:		\$ <u>_</u> -	- 0 -		
**You must report th	ne cash on ha	ared on line 1 of all reand at both the begin the for the current rep	ning of the reporting	period an	d the close of the rext report as begin	reporting period ning cash on ha	i. and.
Return This Repor		tion V		RTIFICA	ATION		
Ben Ysursa Secretary of Sta		I CHAP	(name of Political Treature	<u>~</u>	, hereby	certify that th	e information

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

I GARY L. PETSCH, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period
JAMES RAMSEY	From 11/13/06 to 12/31/06

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

UNITEMIZED EXPENDITURES

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

Total Total Number 3 Amount \$ 10,00

·	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitermized Contributions (\$50 and less) from top of page	\$ -0-
Itemized Contributions (total all Schedule A sheets)	5 -0 -
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ -0-
Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 10.00
Itemized Expenditures (total all Schedule B sheets)	\$ 556.74
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ _0_
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 556.74
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)	=\$
Number of Schedule C-2A pages Attached	
Pledged Contributions	-0-
Amount Pledged this Period	s - 0 -

PHONE NO. : 2082650511

Dec. 08 2006 02:15PM P3

SCHEDULE A ITEMIZED CONTRIBUTIONS

Page	of
1	1

of more than Fifty Dollars (\$50.00) this period

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
, ,	1.			
D Primary		2	\$	\$
☐ Primary ☐ General		\$	SColeagur Year To Date	SCalendar Year to Date
	2.	\$	\$	\$
☐ Primary ☐ General		\$	\$	\$
	3.	Calendar Year To Date	Calendar Yoar To Date	Calendar Year to Date
		<u>s</u>	s	\$
☐ Primary ☐ General	1	SColorador Yusu To Date	\$Calendar Year To Date	\$Calendar Year to Date
, ,	4.	d:		•
☐ Primary ☐ General	n Arab	\$	\$	\$
		Calcadar Your To Dota	Calendar Year To Date	Calendar Year to Det
Primary		\$	\$	\$
☐ General		SColumbar Year To Date	SCalendar Year To Date	SCalendar Year to Date
	6.	\$	\$	\$
☐ Primary ☐ General	•	s	s	\$
	7.	Calendar Year To Date	Calendar Your To Deto	Calendar Year to Det
		\$	\$	\$
☐ Primary ☐ General		S Calendar Year To Date	\$Culenclur Year To Date	SCulcular Year to Date
	8.	\$	\$	s
☐ Primary ☐ General		SCalendar Year To Date	SCalendar Year To Date	\$Calendar Year to Du
	9.	Valential 163f 10 Date	Carcinal Itil 10 LANC	Carriedan Acar 10 Du
☐ Primary		\$	\$	\$
☐ General		Calendar Year To Date	S Calendar Your To Dalo	Canebdat Arak in Dai
	10,	s	s	\$
			1/	4

Subtotals of Columns A, B & C

Total This Page (add columns A, B & C)

SCHEDULE B ITEMIZED EXPENDITURES

Page of

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

Name of Candidate or Co	minitice (Jim) RAMSEY		
		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	ATRICIA RAMBEY O BOX SSS		
, -	DNDERAY 10 89852	\$ 15000	\$
	aditure: LOAN REPAYMENT		
	im Ramsey Po box sst		
	PONDERAY ID 83852	\$ 155. Z8	\$
	nditure: STATEHOUSE INN, 981 GROUN	EST. Boise 10 83	702 REIMB
3. J	IM RAMSBY DO BOX SSS		
11,30,06 F	25858 DI NASSONO	s <u>176.00</u>	\$
Purpose of Above Expen	REIMBURSEMENT AND MEALS Inditure: ALASKA AIR, STATEHOUSE	INN, 981 GROVE ST.	BOUSE 1D 8370
े मू	M RAMSEY O BOKSSS		
11 30/06 Pa	PNDERAY UD 83852	575-46	s
urpose of Above Expen	NSE REIMBURGEMENT INDITURE: ARNIE'S CONOCO, Koofena		
5.			
		s	\$
Purpose of Above Exper	nditure:		
6.	:		
		\$	s
Purpose of Above Expe	nditure:		
7.		,	
		\$	\$
Purpose of Above Expen	nditure:		
8.			
		\$	\$
Purpose of Above Expen	nditure:		
9.			
		\$	\$
Purpose of Above Expe	nditure:		
	Subtotals of Columns A & B	\$ 556.74	\$
	Total This Page (add columns A & B)		s 556.74