C-2 Rev. 04/04

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

~	4.	-
	ection	
0	CCLIVII	- 4

Section 1						07
Name of Candidate or Political Co David Larsen	mmittee and Chairperson			Office Sought (if car State Re		16 drick (17 log) 9 PM 4: 43
Mailing ∧ddress P O Box 578	Check if address change.	City and Zip CDA 83814		Home Phone 664-6216	3	STATE OF IDAHD
Name of Political Treasurer Mary Sweikert						
Mailing Address 930 Cedar Ave	Check if address change,	City and Zip Lewiston 83501		Flome Phone 746-1001		Work Phone
Section II		J				
	porting periods and due dat rt is for the period from	es, //	lates an thro	ugh/_	/_	
☐ 7 Day Pre-Primary	Report \square 3	0 Day Post-Primary Re	eport	☐ Octol	oer 10 F	Pre-General Report
☐ 7 Day Pre-General	Report 3	0 Day Post-General Re	port	✓ Annu	al Repo	ort
Semi-Annual Repo	ort (Statewide Candidates (Only)				
Is this Report at Section III	n amendment? Yes STATEMENT OF N			nination Report? XPENDITURES	<u>[7]</u>	Yes No
the appropriate dates and significant IV. [] I hereby certify t	hat I have received no com		de no e:	xpenditures during	g this re	
Section IV		CTINANAADSI				
To reach your Calendar Yea figures to the Column II fig				OLUMN I his Period		COLUMN II endar Year to Date
Line 1: Cash on Hand Janua	ary 1, This Year*		\$_>	XXXXX	\$_	0.00
Line 2: Enter Cash Balance	at Close of Last Reporting	Period**	\$	50.00	\$_	xxxxxx
Line 3: Total Contributions	(Enter amount from page 2	2)	\$	455.00	\$	18,168.99
Line 4: Subtotal (Add lines 1, 2 and 3)			\$	505,00	\$	18,168.99
Line 5: Total Expenditures ()	\$	505.00	\$_	18,168.99
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**		5 from line 4)**	\$	0.00	\$	0.00
Line 7: Outstanding Debt to Date		,	\$	0.00	-	
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both the beginn	ing of the reporting pe	riod and	d the close of the text report as begin	cportin	ig period. sh on hand.
	Section V		CIFICA		<u> </u>	
Return This Report To: Ben Ysursa	I Mary Sweikert, hereby certify that the informat			that the information		
Secretary of State PO Box 83720	cerotary of State (omnose Political Trensurer)				closure Report as	
Boise ID 83720-0080 phone: (208) 334-2852	9 83720-0080 required by law.			-		
fax: (208) 334-2282	Signature	of Politi	cal Treasurer	7		

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period	2006
David Larsen	From 11 / 18 / 2006 to 12	2 / 31 / 2006

UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period Total 12 Total 455.00 Number 12 Amount \$ 455.00 UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period Total Total Number Amount \$ ______

		Total This Period
Number of Schedule A pages Attached		
Contributions		
Unitemized Contributions (\$50 and less) from top of page	\$	455.00
Itemized Contributions (total all Schedule A sheets)	\$	
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$	
1 Number of Schedule B pages Attached		
Expenditures		
Unitomized Expenditures (less than \$25) from top of page	\$	
Itemized Expenditures (total all Schedule B sheets)	\$	505.00
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)	\$	505.00
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		
Amount Pledged this Period	\$	

SCHEDULE B ITEMIZED EXPENDITURES

Page	ρf
1	1

505.00

\$_

\$_

0.00

505.00

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

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	t. David Larsen		
12 , 29 , 06	P O Box 578	505.00	_
12/20/00	CDA ID 83814	\$	\$
urpose of Abov	e Expenditure: Repayment of personal campaign loan		
	2.		
, ,			
		\$	\$
Purpose of Abov	e Expenditure:		
	3.		
		S	\$
urpose of Abov	re Expenditure:		
	4.		
, ,			
		\$	\$
urpose of Abov	e Expenditure:		
	5.		
, ,			
		\$	\$
	e Expenditure:		
	6.		
, ,		•	· ·
''		\$	\$

Subtotals of Columns A & B

Total This Page (add columns A & B)