C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I				
Name of Candidate or Political Cor	nmittee and Chairperson		Office Sought (if candidate)	District (if any)
	sche		STATE KEP	M 9.75
Mailing Address	☐ Check if address change.	City and Zip	Home Phone	Work Phone
Now of Bolisical Transmission	ul	LEWISTON 8350/	208-743-1339	
Name of Political Treasurer Richard R. Rog.	NAS	T		
Mailing Address	☐ Check if address change.	City and Zip	Home Phone	Work Phone
2338 144 57		LEWISTON 6350	218-746-856	
instructional manual for repo	orting periods and due dat	TYPE OF REPORT fill in the appropriate dates a es.		
☐ 7 Day Pre-Primary	Report 3	0 Day Post-Primary Report	October 10	Pre-General Report
☐ 7 Day Pre-General	Report 3	0 Day Post-General Report	Annual Rep	ort
☐ Semi-Annual Repo	rt (Statewide Candidates (Only)		
Is this Report an	amendment? Yes	No Is this a Te	rmination Report?	Yes No
Section III	STATEMENT OF N	O CONTRIBUTIONS OR	EXPENDITURES	
Section IV. I hereby certify the	_	carry forward the appropriate tributions and have made no/ through		
Section IV To reach your Calendar Year figures to the Column II figures			COLUMN I This Period Cale	COLUMN II endar Year to Date
Line 1: Cash on Hand Janua Line 2: Enter Cash Balance Line 3: Total Contributions (Line 4: Subtotal (Add lines Line 5: Total Expenditures (Line 6: Cash Balance at Clo	at Close of Last Reporting Enter amount from page 21, 2 and 3) Enter amount from page 2	g Period** \$ 2) \$ \$ 5) \$ _	XXXXXX \$ \$ 41 41, 33 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4/4/, 3.3
Line 7: Outstanding Debt to	Date	\$		
**You must report the cash	on hand at both the beginn	ports filed this calendar year, ning of the reporting period a orting period appears on the r	nd the close of the reporting	
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 I in this report required by la	CERTIFIC (hamf of Political Treasurer) is a true, complete and correction. Signature of Political Treasurer)	, hereby certify to Campaign Financial Dis	y that the information sclosure Report as

DETAILED SUMMARY PAGE

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

Total Total Amount \$____

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	\$
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 0
Number of Calada Danas August 1	
Number of Schedule B pages Attached Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$
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)	s — D
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	\$

C-2 Rev. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I				MARK 23 AM 10: 24
Name of Candidate or Political Con	nmittee and Chairperson		Office Sought (if candidate)	District (if any)
Mailing Address	Check if address change.	City and Zip	Home Phone	AWork Phone 10A110
1405 27	AU	lewiston 835	7451539	
Name of Political Treasurer Ro	guas			
Mailing Address 14th St	∫ ☐ Check if address change.	City and Zip	Home Phone 204746 856	Work Phone
Section II		TVNE OF DEPORT		•
instructional manual for ren	orting periods and due dat	TYPE OF REPORT fill in the appropriate dates ar es. # 18 / OG thro		
7 Day Pre-Primary	Report 3	0 Day Post-Primary Report	October 10	Pre-General Report
7 Day Pre-General	Report 3	0 Day Post-General Report	🔀 Annual Rep	port
☐ Semi-Annual Repo	rt (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	
the appropriate dates and sig		es during this reporting period carry forward the appropriate		
Section IV. I hereby certify the	nat I have received no con from/	tributions and have made no e	expenditures during this r	reporting period
Section IV	U.S. Company of the C	SUMMARY		
To reach your Calendar Year figures to the Column II figures		report's Column I	COLUMN I This Period Cal	COLUMN II lendar Year to Date
Line 1: Cash on Hand Janua	ry 1, This Year*	\$	XXXXXX \$	
Line 2: Enter Cash Balance	at Close of Last Reporting	g Period** 5,141.33 \$_	5177.33 8	XXXXXX
Line 3: Total Contributions (2) \$	\$	19517.14
Line 4: Subtotal (Add lines	1, 2 and 3)	5,141.33 \$_	5177.33 s	19517.14
Line 5: Total Expenditures (Enter amount from page 2	·	<u> </u>	14 339.81
Line 6: Cash Balance at Clo	se of Period (Subtract line	5 from line 4)** 141.33	5177.33 s	5177,3 3
Line 7: Outstanding Debt to	Date	\$		
**You must report the cash	on hand at both the begins	ports filed this calendar year. ning of the reporting period ar orting period appears on the n	nd the close of the report	
Dotum This Donord To	Section V	CERTIFIC	ATION	
Return This Report To: Ben Ysursa	1_ Dles	Rusche	, hereby certi	fy that the information
Secretary of State PO Box 83720	in this report	(name of Political Treasurer) is a true, complete and correct	et Campaign Financial Di	sclosure Report as
Boise ID 83720-0080 phone: (208) 334-2852	required by la	aw. John R.	A. O. o.	
fax: (208) 334-2282		Signature of Poli	dical Treasurer &	bick Romas.
		<u> </u>	for	regulas.

DETAILED SUMMARY PAGE

Name of Candidate or Committee		Report Covering the Period From 11 15 106 to 17 131 16
		CONTRIBUTIONS rs (\$50.00) or Less This Period
	Total Number	Total Amount \$

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

Total	2	Total
Number	-0-	Amount \$

	Total This Period
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 (also enter this figure on page 1, Section IV, line 3)	\$ -6-
Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$
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)	\$ -0
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	\$