C-2 Rev. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I	y	,	2007 FFD 00 IM 0. F	
Name of Candidate or Political Co	mmittee and Chairperson	Office Sought (if		
Mailing Address,	Check if address change. City and Zip NAMPA X3	Home Phone 467-41	Work Phone	
Name of Political Treasurer				
Mailing Address 868 N. NERCE	☐ Check if address change. City and Zip	Home Phone 303. 459	Work Phone	
Section II		700 000 101	9000	
instructional manual for rep	type of report being filed, fill in the appropriate porting periods and due dates. rt is for the period from//	dates and check the app	•	
☐ 7 Day Pre-Primary		Report Oc	etober 10 Pre-General Report	
7 Day Pre-Genera	Report 30 Day Post-General R	Report	nnual Report	
Semi-Annual Repo	ort (Statewide Candidates Only)			
Is this Report a Section III	n amendment? Yes No Is the STATEMENT OF NO CONTRIBUTION	nis a Termination Repor		
the appropriate dates and si Section IV.	ontributions or expenditures during this reporting this report. Be sure to carry forward the appropriate I have received no contributions and have m from through	opriate "Calendar Year ade no expenditures du	to Date" figures in Column II,	
Section IV	SUMMARY			
	ir to Date figure: Add this report's Column I ures of your previous report (except on line 6).	COLUMN I This Period	COLUMN II Calendar Year to Date	
Line 1: Cash on Hand Janua	ary 1, This Year*	\$_XXXXXX	s Ø	
Line 2: Enter Cash Balance	at Close of Last Reporting Period**	s <u>82,22</u>	\$ XXXXXX	
Line 3: Total Contributions	(Enter amount from page 2)	sØ_	s <u>2482,00</u>	
Line 4: Subtotal (Add lines	1, 2 and 3)	\$ <u>82.22</u>	s 2482.00	
Line 5: Total Expenditures (Enter amount from page 2)		s 83.22	s <u>3482.</u>	
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**		\$	\$ <i>U</i>	
Line 7: Outstanding Debt to	Date	\$ <u>U</u>		
**You must report the cash	e entered on line 1 of all reports filed this calend on hand at both the beginning of the reporting p balance for the current reporting period appears	eriod and the close of the		
Return This Report To: Ben Ysursa Secretary of State PO Box 83720	I (name of Political Treasurer) in this report is a true, complete and		eby certify that the information ancial Disclosure Report as	
Boise ID 83720-0080 phone: (208) 334-2852	· · · · · · · · · · · · · · · · · · ·			

DETAILED SUMMARY PAGE

Name of Candidate or Committee DONALD INCHARRAM.	Report Covering the Period From / / to / /
UNITEMIZED CON Contributions of Fifty Dollars (\$	
Total Number	Total Amount \$
UNITEMIZED EX Expenditures of Less Than Twenty-Fi	
71	Total

		Total This Period
Number of Schedule A pages Attached		
Contributions		
Unitemized Contributions (\$50 and less) from top of page	\$	0
Itemized Contributions (total all Schedule A sheets)	\$	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	\$	0
Itemized Expenditures (total all Schedule B sheets)	\$	82.22
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)	\$	82.23
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	\$	\mathcal{O}

SCHEDULE B ITEMIZED EXPENDITURES

Page	of
1 age	, 01
1	1
1	1
1	1

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

Name of Candidate or Committee

	1	ColumnA	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
1,807	DON MCMUrrian JR. 868 N. Mercer St. BOISE ID. 83703	\$ 8/00	s_ <i>p</i>
Purpose of Abo	we Expenditure: he imbursement unused donates	pn5	
1 115 107	2 DOWALD McMurrian 603 Joth Ave N. BOISE IV. \$3687	\$	\$
Purpose of Abo	we Expenditure: Return of unused personal donation	n to own can	npaign
	3.		
		\$	\$
Purpose of Abo	ve Expenditure:		
	4.		
		\$	\$
Purpose of Abo	ve Expenditure:		3,7
	5.		
		\$	\$
Purpose of Abo	ve Expenditure:		
	6.		
		\$	\$
Purpose of Abo	ve Expenditure:		
	7.		
		\$	\$
Purpose of Abo	ve Expenditure:		
	8.		
//		\$	\$
Purpose of Abo	ve Expenditure:		
	9.		
		\$	\$
Purpose of Abo	ve Expenditure:		
	Subtotals of Columns A & B	\$ 82,22	\$
	Total This Page (add columns A & B)		\$ 82.22