C-2 Rev. 04/04



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

Section	
SCCHOR	

Name of Candidate or Political Con Joseph Cannon	nmittee and Chairperson		Office Sought (if can	didate) & Dis	EC (2-9) PM 4: D
	Charle if address above 10	:h 2 2:-	Home Phone	11/0	rk Phone
Mailing Address 725 Airport Road	· 1	ity and Zip Blackfoot 83221	208-785-42		208-785-6281
Name of Political Treasurer Dwight E. Baker					TE OF TOTALL
Mailing Address	Check if address change.	ity and Zip	Home Phone	Wor	rk Phone
266 W Bridge	E	Blackfoot 83221	208-785-642	22	208-785-2310
section II		TYPE OF REPORT			
instructional manual for rep	type of report being filed, fill orting periods and due dates.	in the appropriate dates			
	rt is for the period from 0			31 / 200	
7 Day Pre-Primary		Day Post-Primary Report	_		Seneral Report
7 Day Pre-General	Report 30 I	Day Post-General Report	☑ Annu	al Report	
☐ Semi-Annual Repo	ort (Statewide Candidates On	ly)			
Is this Report ar	statement of NO		ermination Report?	✓ Yes	□ No
Section IV.	an this report. Be sure to car that I have received no contril from/	butions and have made no		_	
Section IV	1	SUMMARY		A CONTRACTOR OF THE PARTY OF TH	
	r to Date figure: Add this repures of your provious report (port's Column I	COLUMN 1 This Period		LUMN II ir Year to Date
Line 1: Cash on Hand Janua	ary 1, This Year*	\$	xxxxxx	s	205.55
Line 2: Enter Cash Balance	at Close of Last Reporting P	eriod** \$	205.55	\$ <u>X</u>	XXXXXX
Line 3: Total Contributions	(Enter amount from page 2)	\$	0.00	\$	0.00
Line 4: Subtotal (Add lines	1, 2 and 3)	\$	205.55	\$	205.55
Line 5: Total Expenditures ((Enter amount from page 2)	\$	205.55	s	205.55
•	ose of Period (Subtract line 5	from line 4)** \$	0.00	s	0.00
Line 7: Outstanding Debt to	·	\$	0.00	*********	
*This same figure should be **You must report the cash	e entered on line 1 of all repo on hand at both the beginnin palance for the current reports	g of the reporting period	and the close of the	eporting po	eriod. on hand.
	Section V	CERTIFI			
Return This Report To:	Section 4	CERTIFI	CATION		
Ben Ysursa	Y	Dwight E. Baker	horeh	certify the	at the information
Secretary of State Dwight E. Baker hereby certify that the information				ar me mondation	
Secretary of State PO Box 83720 in this report is a true, complete and correct Campaign Financial Disclosure Report as					
Boise ID 83720-0080 required by law.					
fax: (208) 334-2282	i	- 10013001	71.1 Y ==		
		Signature of Po	litical Treasurer		

DETAILED SUMMARY PAGE

Name of Candidate or Committee Joseph Cannon			ort Covering the Period n 01 / 01 / 06 to 12 / 31 / 06
Con		D CONTRIBUTIONS Dollars (350.00) or Less This Pe	riod
	Total Number	Total Amount \$	
Expendit		ED EXPENDITURES (wenty-Five Dollars (525.00) Th	is Period
1	Total Number	Total Amount \$	

	Total This Period
0 Number of Schedule A pages Attached	
Contributions	
Uniternized Contributions (\$50 and less) from top of page	S
Itemized Contributions (total all Schedule A sheets)	S
Total Contributions (also enter this figure on page 1, Section IV, line 3)	S
1 Number of Schedule B pages Attached	
Expenditures	
Unitermized Expenditures (less than \$25) from top of page	S
Itemized Expenditures (total all Schedule B sheets)	\$ 205.55
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)	\$ 205.55
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)	- s
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	- \$
0 Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	S

SCHEDULE B ITEMIZED EXPENDITURES

Page	of
1	2

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

Name of Candidate or Committee			
Joseph Cannon			

		Column A	Column B				
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)				
11 , 03 , 06	Jim Marriott c/o Neil Morgan 726 W Hwy 39 Blackfoot, ID 83221	s205.55	S				
Purpose of Abov	re Expenditure: District 28 Representative Campaign Contribution						
		\$	\$				
Purpose of Above Expenditure:							
	3.	\$	s				
Purpose of Above Expenditure:							
		\$	s				
Purpose of Above Expenditure:							
//	5.	s	s				
Purpose of Above Expenditure:							
	6.	\$	\$				
Purpose of Above Expenditure:							
	Subtotals of Columns A & B	s205.55	s0.00				
	Total This Page (add columns A & B)		\$205.55				