C-2 Rev, 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type) 07 JAN 16 AM 7:49

| Sect | ŀiΛ | n | |
|------|-----|---|--|
| JEU | LU | | |

| ection I | | | w Landy | Carlos & Jan Jan Land | |
|---|--------------------------------------|--------------------------------|--|------------------------------------|--|
| Name of Candidate or Political Communication Tax Fairness PAC | mittee and Chairperson | | Office Sought (if ear | Majer District of any ATE | |
| Mailing Address 10200 W. Emerald | Check if address change. | City and Zip Boise ID 83704 | Home Phone 208-898-88 | 75 Work Phone 208-375-2323 | |
| Name of Political Treasurer J. Scott Ableman | | | | 100-10-10 | |
| Mailing Address 10200 W Emerald | ☐ Check if address change, | City and Zip Boise ID 83704 | Home Phone 208-338-11 | Work Phone 24 208-375-2323 | |
| Section II | | TYPE OF REPORT | Γ | | |
| Directions: To indicate the ty instructional manual for report This report | | tes. | | priate box(es). See the | |
| ☐ 7 Day Pre-Primary I | | 30 Day Post-Primary Re | | ber 10 Pre-General Report | |
| 7 Day Pre-General 1 | Report 🗀 🖯 | 30 Day Post-General Re | port 🖸 Annu | al Report | |
| ☐ Scmi-Annual Repor | t (Statewide Candidates | Only) | | | |
| Is this Report an | | | s a Termination Report? S OR EXPENDITURE: | | |
| the appropriate dates and sig Section IV. I hereby certify the | at I have received no con | ntributions and have ma | priate "Calendar Year to de no expenditures durin | g this reporting period | |
| Section IV To reach your Calendar Year figures to the Column II figures | | | COLUMN I This Period | COLUMN II Calendar Year to Date | |
| Line 1: Cash on Fland Januar | ry 1, This Year* | | \$_XXXXXX | \$ | |
| Line 2: Enter Cash Balance | at Close of Last Reportir | ng Period** | \$ | \$ XXXXXX | |
| Line 3: Total Contributions (| Enter amount from page | 2) | \$ | \$ | |
| Line 4: Subtotal (Add lines | 1, 2 and 3) | | \$ | \$ | |
| Line 5: Total Expenditures (| Enter amount from page | 2) | \$ | \$ | |
| Line 6: Cash Balance at Clo. | se of Period (Subtract lin | ne 5 from line 4)** | \$ | \$ | |
| Line 7: Outstanding Debt to | Date | | \$ | | |
| *This same figure should be **You must report the cash Note that the closing cash b | on hand at both the begin | ming of the reporting pe | eriod and the close of the | | |
| | Section V | CER | TIFICATION | | |
| Return This Report To: Ben Ysursa | 1 J | Scott Able | , herel | by certify that the information | |
| Secretary of State PO Box 83720 | in this repor | t is a true, complete and | | ncial Disclosure Report as | |
| Baise ID 83720-0080 phone: (208) 334-2852 | Baise ID 83720-0080 required by law. | | | | |
| fax: (208) 334-2282 | | Signature | of Political Treasurer | | |

Page 1