C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section 1						
Name of Candidate or Political Con	Counta	Democrat	ic Club	Office Sought (if can	didate) (Pistrici	(W any)
Mailing Address	Check if address of				8 Work P	
214 Lalca	View Dr	." '	1/1/40 00	814 6645		ANY DO DO
Name of Political Treasurer	V. (3,000)		Milwice	417 007	DIA PIVI	5 Ur 10 11/1
Bonnie 1	Do un la S					DAHO
Multing Address	☐ Check if address of	. " [] " ()	11 000 1	Home Phone	Work P	hone
>14 Lake	view Dr	(Deurd)	Meno 83814	2086645	5659	
ection II					***	
Dimension			F REPORT			
Directions: To indicate the instructional manual for rep	type of report bein	ig filed. fill in the ap	propriate dates ar	nd check the approp	riate box(es).	See the
	t is for the period		/ 06 thro	ough <u>9</u> 3	0106	
7 Day Pre-Primary	Report	30 Day Post-	Primary Report	™ Octob	er 10 Pre-Gen	eral Report
7 Day Pre-General	Report	☐ 30 Day Post-	General Report	☐ Annua	l Report	
Semi-Annual Repo	rt (Statewide Cand	fidates Only)				
Is this Report ar	amendment?	□ Yes 💆 No	Is this a Ter	mination Report?	☐ Yes	X No
Section [1]	STATEMEN1	OF NO CONTR	BUTIONS OR	EXPENDITURES		
Section IV. 1 hereby certify the		πο contributions ar			this reporting	period
Section IV		SUM	MARY		<u> </u>	
To reach your Calendar Year figures to the Column II figu				COLUMN I This Period		MN II Year to Date
Line 1: Cash on Hand Janua	ny 1 This Year*		s	xxxxx	\$ 140	8.05
Line 2: Enter Cash Balance	*	eporting Period**	s _	1608.73	\$ XXX	XXX
Line 3: Total Contributions			\$	4524.00	\$ 55	45.00
Line 4: Subtotal (Add lines		7.0	\$ _	14273	\$ 70	13.05
Line 5: Total Expenditures (n page 2)	\$ _	3519.64	s <u>43</u>	89.96
Line 6: Cash Balance at Clo			(4)** \$ <u></u>	2623.09	8 J-6	223.09
Line 7: Outstanding Debt to	Date		s _	0_		
*This same figure should be **You must report the cash Note that the closing cash h	on hand at both the	e beginning of the r	eporting period ar	nd the close of the r ext report as beginn	eporting perio ing cash on h	rd. and.
	D 41 32		VENWARI V	ACTON:		
Return This Report To:	Section V		CERTIFIC	AIIUN		
Ben Ysursa	1 Bonnie Doug (a.S. hereby certify that the information					
Secretary of State	in this report is a true, complete and correct Campaign Financial Disclosure Report as					
PO Box 83720 Boise ID 83720-0080		red by law.	4			
phone: (208) 334-2852	requir	icu uy iaw.	Bonn	1010	20 1 01	_
fax: (208) 334-2282			Signature of Poli	dical Transverse	ey las	Z
1	ĺ		Signature of Poll	ucai ireasurer		

DETAILED SUMMARY PAGE

Name of Candidate or Committee Kno tenki County Democratic Club	Report Covering the Period From <u>b</u> / 3 / 0 b to 9 / 30 / 0 6
UNITEMIZED CONTR Contributions of Fifty Dollars (\$50.00	
Total Total Number Amor	ont s 29,00
UNITEMIZED EXPE Expenditures of Less Than Twenty-Five De	
Total Total Number 3 Arnot	int \$_58.9\

		Total This Period
Number of Schedule A pages Attached		
Contributions		
Unitemized Contributions (\$50 and less) from top of page	\$	29.00
Itemized Contributions (total all Schedule A sheets)	\$	4505.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$	4534-00
Number of Schedule B pages Attached		
Expenditures		
Unitemized Expenditures (less than \$25) from top of page	\$	58.92
Iternized Expenditures (total all Schodule B sheets)	\$	3460.72
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)	\$	3519.64
Number of Schedule C-2B pages Attached		,
Incurred Expenditures		
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7	\$	-0
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)	= \$	0
Number of Schedule C-2A pages Attached		
Pledged Contributions		
Amount Pledged this Period	\$	-0-

SCHEDULE A ITEMIZED CONTRIBUTIONS of more than Fifty Dollars (\$50.00) this period

Page	. 01
1 1	
1 1	, ,

Name of Candidate or Committee		
Kootenai Gunty	Democratic Club	

	Democra II	Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
8,28,06	Proceeds of Huckleberry Social, Ticket Sales, Auction	s 4505.00	\$	\$
☐ Primary ☐ General		\$ 450 00 Calknoor Year to Date	SCalondar Year To Date	SCatendur Year to Date
/	ı.	\$	\$	\$
☐ General		SCulendar Year To Dane	Culsodar Year To Dete	S Calendar Year to Date
Primary	•	\$	\$	s
General 4		Calender Year To Date	SCalendar Year To Date	Calondar Year to Date
□ Primary		\$	\$	s
General 5		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
Drimary	•	\$	\$	s
General 6		Calendar Year To Date	Calendar Year To Date	Calendar Your to Date
Primary		\$	\$	\$
☐ General 7		Celeader Year To Date:	Calendar Year To Date	Calendar Your to Date
☐ Primary ☐ General		\$ \$	\$	s
R General		Columber Year To Date	Calcudar Year To Date	Catrodar Year to Date
☐ Primary ☐ General		\$	\$	\$
9		Culundar Year To Data	Culendar Year To Date	Calendar Year to The'e
☐ Primary ☐ General		\$	S	Culendar Year to Date
	0.	\$	s	s
☐ Primary ☐ General		\$Culumdur Year To Dake	SCalendar Year To Date	Calendar Your to Done
	Subtotals of Columns A. B & C	s 4505.00	5_0	3_5
Total This Page (add columns A, B & C)				s 4505.00

SCHEDULE B ITEMIZED EXPENDITURES

Page of

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

Name of Candid	ate or Committee		
Roote	nai County Democratic Club	Column A	
	Evil Name McNine Address - 3 7t Co. A.		Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	Fron Horse Restaurant		
6/09/06	Fron Horse Restaurant 4075 herman Coeur d'Alene ID 83814	s 40.45	\$
Purpose of Abo	ve Expenditure: Speaker lunches		
	2 North. Idaholentral Labor Council		
7,13,06	Courd Acene ID 83816	<u> 350.00</u>	s
Purpose of Abo	ve Expenditure: Training by David Domke		
	Linda Juergensen		
\$ 2806	31575 N Clagstone Rd AMOI DO 83801-8251	5 59.52	\$
Purpose of Aba	ve Expenditure: Huelcleberry Social Supplies		
	· Lakecity Senior Center		
8,28,06	1916 Lakewood Dr Coeux d'Aleve ID 83814	s 175,00	\$
Purpose of Abo	We Expenditure: Room Rental Huckleberry	Social	
	> Kootenai Counta Democratic Contrallomm		
9606	PO BOX 1297 Genr d'Alene ID 83816	s 406.75	\$
Purpose of Abo	ve Expenditure: Halfof Insurance		
	· Lorismith		
96.06	Coeur d'Alene TD 83914	s 80.00	s
Purpose of Abo	ve Expenditure: Huckleberry Social Supplie	s Reimbursen	uent
	Donna Hollister	10.000	
9,6,06	8985 N Hauser Lake Rd Hauser ID 83854-55-3	s /20.00	\$
Purpose of Abo	re Expenditure: Hucke berries purchase	Reimburs	ement
****	* PAGT Falls Library	_	
9.706	POST Falls ID 83854	s 25.00	s
Purpose of Abo	ve Expenditure: Room Rental.	. +	
a is at	maj stormo GIPSON	1,274	
1100	cour driene ID 85814	5 6 202 /	S
Purpose of Abo	ive Expenditure: Hudele berry Social 50	Upplies, Tide	ets, Fiers Reimburg
	Subtotals of Columns A & B	5 1318.96	5
	Total This Page (add columns A & B)		1318,96

SCHEDULE B ITEMIZED EXPENDITURES

Page of

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

Name of Candi	date or Committee	/ /	<u> </u>
L	Kootenai County Democratic CI		
		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash ox Check	In-Kind (non-monetary)
9,11,06	Deluxe Business Solutions POBOX 742572 CINCINNATE OH 45274-2572	5_/37.76	s
Purpose of Abo	ove Expenditure: Checks, Deposit Book, checkpe	ok cover	
	2 Kootenai County Democratic Contral Com	h.	
9,13,06	Coeur d'A(ene ID) 838/6.	s 2004.00	s
Purpose of Abo	ove Expenditure: Half of Huckle berry Social	Profet	
	3.		
		\$	\$
Purpose of Abo	ve Expenditure:		
	•		
//		\$	s
Purpose of Abo	ve Expenditure:		
	5.		
		\$	s
Purpose of Abo	ve Expenditure:		
	6.		
		\$	\$
Purpose of Abo	ve Expenditure:		
	7		
//		\$	\$
Purpose of Abo	ve Expenditure:	*****	
	8.		
		\$	\$
Purpose of Abo	ve Expenditure:		
	9.		
//		\$	s
Purpose of Abo	ve Expenditure:		-
	Subtotals of Columns A & B	s 2141.76	50
	Total This Page (add columns A & B)		, 2141,76

SCHEDULE C-2A CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED

or Committee of eval (0)	into Domocratic Club Report	overing the Period 6/3/06 to 9/30/06
te this schedule if y goods or services o	o were promised and agreed to accept a contribution during this n	eporting period but have not actually entries on Schedule A until you actually
ontributions of \$5	00 or Less This Period: Total Number	Total Amount \$
tions of More Than	\$50.00 This Period:	
Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Fledged
	2.	
	3.	
	4	
//	5	
//	6.	
	7.	
	я.	
//	9.	
	10.	
, ,	31.	
	te this schedule if you goods or services off tion. Contributions of \$50. tions of More Tham Date of Pledge	te this schedule if you were promised and agreed to accept a contribution during this n goods or services offered before the end of the reporting period. Do not include these tion. Contributions of \$50.00 or Less This Period: Total Number tions of More Than \$50.00 This Period: Date of Full Name, Malling Address and Zip Code

Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1)

Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total on page 2.

SCHEDULE C-2B EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT

Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service or made a payment bit. Do not include these enters on Schedule if National School in the proof include these enters on Schedule in National School in the proof include these enters on Schedule in National School in the proof include these enters on Schedule in National School in the Period: Total Number	Kootenal County De mocratic C	Report Covering the Period From 6/3/06 to 9/30/06
Expenditures lacurred (Debs and Obligations) or Payment Made on Debt of \$25.00 or More This Period: Full Name, Maliting Address and Zip Code of Creditor	Strections: Complete this schedule if you incurred an obligation during the	
Full Name. Mailing Address and Zip Code of Creditor Purpose of Expenditure Outstanding Balance beginning this period. \$ Date Incurred Payment this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance. \$ Date of Payment Outstanding Balance. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment Outstanding Balance beginning this period. \$ Date of Payment	Line 1: Incurred Expenditures of Less Than \$25.00 This Period:	Total Number Total Amount \$
Outstanding Balance beginning this period \$ Date Incurred Payment this period \$ Date of Payment Outstanding Balance beginning this period \$ Date of Payment Outstanding Balance \$ Date Incurred Date of Payment Outstanding Balance beginning this period \$ Date Incurred Date of Payment Date of Payment Outstanding Balance beginning this period \$ Date Incurred Date of Payment Date of Payment Outstanding Date of Pa	Expenditures Incurred (Debts and Obligations) or Payment Made of	n Debt of \$25.00 or More This Period:
Outstanding Balance beginning this period \$ Date Incurred Date of Payment Outstanding Balance \$ Date Incurred Date of Payment Date of Pa		·
Amount Incurred this period	i.	
Payment this period		
Outstanding Balance beginning this period	·	
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Amount Incurred this period	2.	
Payment this period	• • •	
Outstanding Balance \$ Outstanding Balance beginning this period		
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	Amount Incurred this period\$ Payment this period\$	Date Incurred Date of Payment
Totals of this Page		