

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

ame of Candidate or Political Co				
LEANNE			Office Sought (if candidate)	District (if any)
failing Address	Check if address change.	City and Zip	Home Phone	Work Profile 5 PM
1099 S. Wells:	St #120	Meridian 836	12	388-1888
ame of Political Treasurer	He llen			STATE OF ID
failing Address	☐ Check if address change.	City and Zip	Home Phone	Work Phone
ection II	:	TYPE OF REPORT		
Directions: To indicate the	type of report being filed,	fill in the appropriate dates	and check the appropriate b	ox(es). See the
	porting periods and due dat			
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☐ 7 Day Pre-Primary	y Report 2	30 Day Post-Primary Report	October 10 F	re-General Report
7 Day Pre-Genera	ıl Report 🔯 3	30 Day Post-General Report	☐ Annual Repo	ort
Semi-Annual Rep	ort (Statewide Candidates	Only)		
Is this Report a	an amendment?	□ No Is this a T	ermination Report?	Yes 🔲 No
Section III	STATEMENT OF N	O CONTRIBUTIONS OF	REXPENDITURES	
☐ I hereby certify	that I have received no con	itributions and have made no	o expenditures during this re	ጥስነተከተር ክድርነስለች
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