### C-2 Rev. 04/04

### CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

#### SCANNED

Section I						
Name of Candidate or Political Con Nez Perce Tribe	nmittee and Chairperson			Office Sought (if can	didate)	District (if any)
Mailing Address P.O. Box 698	☐ Check if address change.	City and Zip Lapwai, ID 83540		Home Phone 208-843-22	53	Work Phone 208-843-2253
Name of Political Treasurer John E. Strombeck						
Mailing Address	Check if address change.	City and Zip		Home Phone		Work Phone
P.O. Box 698		Lapwai, ID 83540		208-843-22	53	208-843-2253
Section II  Directions: To indicate the	type of report being filed,	TYPE OF REPOR fill in the appropriate of		nd check the approp	oriate b	ox(es). See the
instructional manual for rep	orting periods and due dat		thro	ough11/	17 /	06
7 Day Pre-Primary		0 Day Post-Primary Re				Pre-General Report
☐ 7 Day Pre-General	Report	0 Day Post-General Re	eport	Annu	al Repo	ort
☐ Semi-Annual Repo	ort (Statewide Candidates of	Only)				
Is this Report ar	n amendment?  Yes	□ No Is thi	s a Ter	mination Report?		Yes 🗌 No
Section III		O CONTRIBUTION				
Directions: If you had no counter the appropriate dates and sign Section IV.	gn this report. Be sure to on that I have received no con	carry forward the appro	opriate de no e	"Calendar Year to Expenditures during	Date" f	igures in Column II,
Section IV		CHIMMADA				
To reach your Calendar Yea figures to the Column II fig				COLUMN I This Period	Cale	COLUMN II endar Year to Date
Line 1: Cash on Hand Janua	ary 1, This Year*		\$	XXXXXX	\$ _	2,754.82
Line 2: Enter Cash Balance	at Close of Last Reporting	g Period**	\$	7,754.82	\$_	XXXXXX
Line 3: Total Contributions	(Enter amount from page	2)	\$	0.00	\$ _	10,000.00
Line 4: Subtotal (Add lines	1, 2 and 3)		\$	7,754.82	\$ _	12,754.82
Line 5: Total Expenditures (	Enter amount from page 2	2)	\$	350.00	\$_	5,350.00
Line 6: Cash Balance at Clo	ose of Period (Subtract line	e 5 from line 4)**	\$	7,404.82	\$_	7,404.82
Line 7: Outstanding Debt to	Date		\$	0.00		
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both the beginn	ning of the reporting pe	eriod ar			
	Section V	CER	TIFIC	ATION		-
Return This Report To:		John E. Strombo	ok			
Ben Ysursa	I	John E. Strombe	CK	, hereby	certify	y that the information
Secretary of State PO Box 83720	in this report	is a true, complete and	correc	t Campaign Financ	cial Dis	closure Report as
Boise ID 83720-0080	required by l	aw. — 1	<u> </u>	CI A	А	
phone: (208) 334-2852		John	٤,	Strombe, tical Treasurer	ch	
fax: (208) 334-2282		Signature	of Poli	tical Treasurer		

#### **DETAILED SUMMARY PAGE**

Name of Candidate or Committee  Nez Perce Tribe PAC				From 10 / 23 / 06 to 11 / 17 / 06
			CONTRIBUTI ars (\$50.00) or Less	
	Total Number	0	Total Amount \$	0.00
Ex			EXPENDITU	
	Total	0	Total	0.00

Amount \$

Number

		Total This Period
Number of Schedule A pages Attached		
Contributions		
Unitemized Contributions (\$50 and less) from top of page	\$	0.00
Itemized Contributions (total all Schedule A sheets)	\$	
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$	
1 Number of Schedule B pages Attached		
Expenditures		
Unitemized Expenditures (less than \$25) from top of page	\$	0.00
Itemized Expenditures (total all Schedule B sheets)	\$	350.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$	0.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$	350.00
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	\$	

# SCHEDULE A ITEMIZED CONTRIBUTIONS

Page	of
3	6

of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee	
Nez Perce Tribe PAC	

		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
	1.	\$	\$	\$
☐ Primary ☐ General		\$Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
	2.	\$		
Primary		\$	\$ \$	\$ \$
General	3.	Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
Primary		\$	\$	\$
General	4.	Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
/		\$	\$	\$
Primary General		\$Calendar Year To Date	\$Calendar Year To Date	\$ Calendar Year to Date
	5.	\$	\$	\$
Primary General		\$Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
	6.	\$	\$	\$
Primary		\$	\$	\$
General	7.	Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
Primary		\$ \$	\$ \$	\$ \$
General	8.	Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
Primary		\$	\$	\$
General	9.	\$Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
//	7.	\$	\$	\$
☐ Primary ☐ General		\$Calendar Year To Date	\$Calendar Year To Date	\$ Calendar Year to Date
	Subtotals of Columns A, B & C	\$0.00	\$0.00	\$0.00
	Total This Page (add columns A, B & C)			\$0.00

#### SCHEDULE B ITEMIZED EXPENDITURES

age	of
4	6

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

Name of Candidate or Committee

Nez Perce Tribe

Column A Column B Full Name, Mailing Address and Zip Code Cash or In-Kind (non-monetary) Date of Recipient Check Friends of Claudia Kaufman P.O. Box 845 250.00 10 / 26 / 06 Kent, WA 98035-0845 Purpose of Above Expenditure: ReElect John McCoy P.O. Box 1821 100.00 10 / 26 / 06 Marysville, WA 98270 **Purpose of Above Expenditure:** Purpose of Above Expenditure: Purpose of Above Expenditure: Purpose of Above Expenditure: Purpose of Above Expenditure: 350.00 0.00 Subtotals of Columns A & B 350.00 Total This Page (add columns A & B)

### SCHEDULE C-2A CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED

Name of Candida Nez Perce		R	eport Covering the Period rom 10 /23 / 06 to 11 /17 /06
	y, goods or services of	you were promised and agreed to accept a contribution durin offered before the end of the reporting period. Do not include	
Line 1: Pledged	Contributions of \$5	0.00 or Less This Period: Total Number	Total Amount \$
Pledged Contrib	outions of More Tha	n \$50.00 This Period:	
Pledge For	Date of Pledge	Full Name, Mailing Address and Zip C of Contributor/Lender	ode Amount Pledged
☐ Primary ☐ General		1.	
☐ Primary ☐ General		2.	
☐ Primary ☐ General		3.	
☐ Primary ☐ General		4.	
☐ Primary ☐ General		5.	
☐ Primary ☐ General		6.	
☐ Primary ☐ General	/	7.	
☐ Primary ☐ General		8.	
☐ Primary ☐ General		9.	
☐ Primary ☐ General		10.	
☐ Primary ☐ General	/	11.	
	_	ributions of More Than \$50.00 ributions of \$50.00 or Less (enter amount from line 1)	s <u>0.00</u> s <u>0.00</u>
	_	ributions 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

Payment this period\$  Outstanding Balance\$  Outstanding Balance beginning this period\$  Amount Incurred this period\$  Payment this period\$	Total Amount S
Expenditures Incurred (Debts and Obligations) or Payment Made on Debt of \$25.00  Full Name, Mailing Address and Zip Code of Creditor  Outstanding Balance beginning this period\$  Payment this period\$  Outstanding Balance\$  Outstanding Balance\$  Outstanding Balance\$  Payment this period\$  Payment this period\$  Payment Incurred this period\$  Payment this period\$	Purpose of Expenditure  Date Incurred
Full Name, Mailing Address and Zip Code of Creditor  Outstanding Balance beginning this period\$  Amount Incurred this period\$  Payment this period\$  Outstanding Balance\$  Outstanding Balance beginning this period\$  Payment this period\$  Payment this period\$  Payment this period\$	Purpose of Expenditure  Date Incurred
Outstanding Balance beginning this period\$ Amount Incurred this period\$ Payment this period\$ Outstanding Balance\$  Outstanding Balance beginning this period\$  Amount Incurred this period\$ Payment this period\$	Date Incurred
Amount Incurred this period	
Amount Incurred this period\$  Payment this period\$  Outstanding Balance\$  Outstanding Balance beginning this period\$  Amount Incurred this period\$  Payment this period\$	
Outstanding Balance beginning this period \$Amount Incurred this period \$ Payment this period \$	
Outstanding Balance beginning this period\$  Amount Incurred this period\$  Payment this period\$	Date of Payment
Outstanding Balance\$  Outstanding Balance beginning this period\$  Amount Incurred this period\$	
Amount Incurred this period\$ Payment this period\$	
Amount Incurred this period\$ Payment this period\$	
Amount Incurred this period\$ Payment this period\$	
Payment this period\$	Date Incurred
	Date of Payment
Outstanding Balance beginning this period \$ Amount Incurred this period \$	Date Incurred
Payment this period\$	Date of Payment
Outstanding Balance\$	
4.	
Outstanding Balance beginning this period\$	
Amount Incurred this period\$	Date Incurred
Payment this period\$	Date of Payment
Outstanding Balance \$	
S.	
Outstanding Balance beginning this period S	
Amount Incurred this period	Date Incurred
Payment this period	Date of Payment
Outstanding Balance\$	
Totals of this Page	