C-2 Rev. 06/04

CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section 1						
Name of Candidate or Political Committee Solidarity	and Chairperson		Office	Sought (if candidate)	District (if any)	7 84 0 00
Mailing Address	Check if address change.	City and Zip	Home	Phone	Work Phone	AM 8: 33
225 N. 16th	_5†	Boise 85	7021		STATE	HUE STATE
Name of Political fremsurer Abe	emathu					DAHO
Mailing Address	Check if address thange.	City and Zip	To 3		Work Phone	7
	<u>st.</u>	10012 80	702 44	5-0777	343-1561	ı
Section II Directions: To indicate the type instructional manual for reporting	ng periods and due date	ès,	dates and check		oox(es). See the	
	for the period from _		(p through			,
☐ 7 Day Pre-Primary Rep	xort 🔲 30	() Day Post-Primary (Report	October 10 1	Pre-General Report	
☐ 7 Day Pre General Rep	port 💆 30	U Day Post-General I	deport.	☐ Annual Rep	ort	
☐ Semi-Annual Report (S	Statewide Candidates C	Only)				
Is this Report an am	nendment?	∯ No Ist	his a Terminatio	n Report?	Yes 🔁 No	
Section III	STATEMENT OF N	O CONTRIBUTIO	NS OR EXPEN	DITURES		<u> </u>
the appropriate dates and sign the Section IV. 1 hereby certify that I		-	nade no expendi			
Section IV		SUMMARY				
To reach your Calendar Year to I figures to the Column II figures		report's Column I	COLUM This Pe		COLUMN II endar Year to Date	
Line 1: Cash on Hand January 1	I. This Year*		\$ _XXXX	XXX \$	1435.06	
Line 2: Enter Cash Balance at C	lose of Last Reporting		s 29 <u>41-</u>	29 \$	XXXXXX	
Line 3: Yotal Contributions (Enter amount from page 2) \$ 0 \$ 638-73						
Line 4: Subtotal (Add lines 1, 2 and 3) \$ 3941-29 \$ 505 50 Line 5: Total Expenditures (Enter amount from page 2) \$ 500 50 \$ 535 50						
Line 6: Cash Balance at Close o	· -		5 384	29 s.	2841.29	
Line 7: Outstanding Debt to Dat	te		s <u>O</u>			
*This same figure should be ent **You must report the eash on h Note that the closing eash balan	hand at both the beginn	ning of the reporting	period and the c	lose of the reporti ort as beginning ca	ng period. ash on hand.	
Te	etion V	CF	RTIFICATION	1		_
Return This Report To:	. Alaa	مارک من	and had		and the last of	
Nen Ysursa Secretary of State	I_HEC	(name of Political Treasurer	athy		y that the information	
PO Box 83720 Boise ID 83720-0080	•	is a true, complete a	na correct Camp	aign Financial Dis	sciosure Keport as	
phone: (208) 334-2852	required by la	IW. / X 0.	in (S)	bern Oa		
fax: (208) 334-2282		Signatur	e of Political Tr	easurer	2	

DETAILED SUMMARY PAGE

Name of Candidate or Committee Solidarity Pac	Report Covering the Period From IO / 23 / Ose to 11 / 17 / Ose					
	IZED CONTRIBUTIONS Gifty Dollars (\$50.00) or Less This Period					
Total NumberO	Total Amount \$_O					
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period						
Total Number O	Total Amount \$					

	Total This Period
O Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0
Itemized Contributions (total all Schedule A sheets)	\$ 0
Total Contributions (also enter this figure on page 1, Section IV, line 3)	s 0
Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ O
Itemized Expenditures (total all Schudule B sheets)	\$ 100.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	* O
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	2 100.00
O_ 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)	= \$
O_ Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Perical	\$

SCHEDULE B ITEMIZED EXPENDITURES

S 3

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

1	Column A	Column B
Full Name, Mailing Address and Zip Code Date of Recipient	Cash or Check	In-Kind (non-monetary)
1,700 Cocurd'Alene, Id. 83814	s_100.00	s
irpose of Above Expenditure: Campaign Contribution		
2.	*	s
rpose of Above Expenditure:		
٧.		
//	\$	s
rpose of Above Expenditure:		
4.		
	\$	\$
rpase of Above Expenditure:		
5.		
1 1	s	\$
rpose of Above Expenditure:		
	1 1	3
rpose of Above Expenditure:		
	s	s
rpose of Above Expenditure:		
	s	\$
rpose of Above Expenditure:		
9.		<u> </u>
_//	\$	\$
rpose of Above Expenditure:	1	
Subrorals of Columns A & B	\$ 100.00	\$
Total This Page (add columns A & B)		\$ 100.00