C-2 Rev. 06/04



fax: (208) 334-2282

CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section 1				
Name of Candidate or Political Committee and Chairperson. JOPHO			Office Sought (if candidate)	District (if any)
Mailing Address 899 Principle	☐ Check if address change.	City and Zip Meridian 8364	Home Phone	Work Phone
Name of Political Treasurer	Deck if address change.	ght	STA	E OF DATO
Mailing Address	□ Cbeck if address change.	City and Zip	Home Phone	Work Phone
TYPE OF REPORT Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates. This report is for the period from				
☐ 7 Day Pre-Primary	Report	30 Day Post-Primary Report	October 10 I	Pre-General Report
7 Day Pre-General Report 30 Day Post-General Report Annual Report				
Semi-Annual Report (Statewide Candidates Only)				
Is this Report an amendment? Yes No Is this a Termination Report? Yes No				
Section III STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES				
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV/ I hereby certify that I have received no contributions and have made no expenditures during this reporting period from 10 / 2006 through 1 / 2006.				
Section IV SUMMARY To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6). COLUMN I COLUMN II Calendar Year to Date				
Line 1: Cash on Hand January 1, This Year* Line 2: Enter Cash Balance at Close of Last Reporting Period** 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 Close of Period (Subtract line 5 from line 4)** \$ XXXXXX				XXXXXX
Line 7: Outstanding Debt to Date \$ _				
**You must report the cash	on hand at both the begin	reports filed this calendar year ning of the reporting period a porting period appears on the	and the close of the reporting	
Return This Report To: Ben Ysursa Secretary of State PO Box 83720 Boise ID 83720-0080 phone: (208) 334-2852	Section V I Diction this report required by I	CERTIFIC LANGE (name of Political Treasurer) t is a true, complete and correlaw.	, hereby certify	

Signature of Political Treasurer