

CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I	,							
Name of Candidate or Political Co	mmittee and Chairper	son			Office Sought (if can	didate)	District (if any)	
RAV J.	WRITZ				STATE SENA	<i>े</i> र्ग≂	1 4	
Mailing Address	☐ Check If address	change. (ity and Zip		Home Phone	Ub .	Work Phone 3 1 : 28	
4207 ABBE	y Rd #	1 9	PEUR D'AL	ENE 8381	5 208-664-41	184		
Name of Political Treasurer	WRITZ						ETARY OF STATE ATE OF IDAHO	
Mailing Address	Check if address	change. (City and Zip		Home Phone	•	Work Phone	
4207 ABBEY	Rd #1	ط	SEURA ALA	ene 83815	208-664-4	184		
Section II						/ 0 /		
Directions: To indicate the instructional manual for rep	type of report bei porting periods and rt is for the period	ng filed, fil d due dates				riate b		
7 Day Pre-Primary	Report	30 1	Day Post-Pri	mary Report	☐ Octob	er 10 P	Pre-General Report	
7 Day Pre-General Report 30 Day Post-General Report Annual Report								
☐ Semi-Annual Repo	ort (Statewide Can	ididates On	ly)					
Is this Report a	n amendment?	☐ Yes	No No	Is this a Ter	mination Report?		Yes 🔯 No	
Section III	STATEMEN	T OF NO	CONTRIB	UTIONS OR	EXPENDITURES		Mark	
the appropriate dates and significant IV. I hereby certify to	hat I have receive	d no contri	butions and l	nave made no		this re		
Section IV			SUMM	APV				
To reach your Calendar Yea figures to the Column II fig			port's Colum	n I	COLUMN I This Period		COLUMN II ndar Year to Date	
Line 1: Cash on Hand January 1, This Year* \$ XXXXXX \$								
	Line 2: Enter Cash Balance at Close of Last Reporting Period** \$ \$ XXXXXX							
Line 3: Total Contributions (Enter amount from page 2)								
Line 4: Subtotal (Add lines		F6/		\$ —	0,00	Š	0,00	
Line 5: Total Expenditures (Enter amount from page 2)								
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** \$ 0.00 \$								
Line 7: Outstanding Debt to Date \$								
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both th	ne beginnin	g of the repo	rting period ar	nd the close of the re ext report as beginn	porting ing cas	g period. sh on hand.	
	Section V			CERTIFIC	ATION			
Return This Report To: Ben Yaursa Secretary of State PO Box 83720 Boise ID 83720-0080	1 in thi	RAY mo	(name of Political a true, comp	WRITZ		•	that the information	
phone: (208) 334-2852 fax: (208) 334-2282				aymond &	1 lities			
(av) 554-2202	Í		Sic	matura of Phi	rical Programar			