C-2 Rev. 04/04



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

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| Sec | |
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| ection l | | | | | | | |
|--|--|------------------------------------|---------|--|--------|---------------------------------|--|
| Name of Candidate or Political Con Jane Bingham Lamprech | | | | Office Sought (if cand Representati | , | District (if any) 28B | |
| Mailing Address 423 Neff Circle | ☐ Check if address change. | City and Zip Blackfoot, ID 8322 | 1 | Home Phone 208-782-346 | 6 | Work Phone | |
| Name of Political Treasurer Janet Alvarez | | | | | | | |
| Mailing Address 937 S Shilling Ave | ☐ Check if address change. | City and Zip Blackfoot, ID 8322 | 1 | Home Phone 208-785-1402 | 2 | Work Phone 208-282-4042 | |
| ection II | | L | | | | | |
| Directions: To indicate the tinstructional manual for reporting This reporting 7 Day Pre-Primary | orting periods and due dat t is for the period from | es. | lates a | rough06 /02 | 2_/_ | . , | |
| 7 Day Pre-General | Report 3 | 0 Day Post-General Re | port | ☐ Annual | Repo | ort | |
| Semi-Annual Repo | rt (Statewide Candidates (| Only) | | | | | |
| Is this Report an Section III | statement? Yes | □ No Is thi O CONTRIBUTIONS | | ermination Report? EXPENDITURES | П | Yes No | |
| the appropriate dates and sig Section IV. I hereby certify the | nat I have received no con | | de no | expenditures during | | | |
| Section IV To reach your Calendar Year figures to the Column II figures | | | | COLUMN I This Period | Calc | COLUMN II endar Year to Date | |
| Line 1: Cash on Hand Janua | ry 1, This Year* | | \$_ | XXXXXX | \$_ | 0.00 | |
| Line 2: Enter Cash Balance | at Close of Last Reporting | g Period** | s _ | 50.00 | \$ _ | XXXXXX | |
| Line 3: Total Contributions | Enter amount from page | 2) | \$_ | 0.00 | S_ | 50.00 | |
| Line 4: Subtotal (Add lines | 1, 2 and 3) | | \$_ | 50.00 | \$ _ | 50.00 | |
| Line 5: Total Expenditures (| Enter amount from page 2 | 2) | \$_ | 0.00 | \$_ | 0.00 | |
| Line 6: Cash Balance at Clo | se of Period (Subtract line | : 5 from line 4)** | s_ | 50.00 | \$_ | 50.00 | |
| 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 begin | ning of the reporting pe | riod a | and the close of the re | portir | ng period. ish on hand. | |
| | Section V | CER | TIFI | CATION | | | |
| Return This Report To: Ben Ysursa | Janet Alvarez , hereby certify that the information | | | | | | |
| Secretary of State PO Box 83720 | in this report is a true, complete and correct Campaign Financial Disclosure Report as | | | | | | |
| Boise ID 83720-0080 required by law. phone: (208) 334-2852 | | | | | | | |
| fax: (208) 334-2282 | Signature of Political Treasurer | | | | | | |