C-2 Rev. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

360	tion I				Ub JUL 18 P	M 1: 14		
Nar	ne of Candidate or Political Con	nmittee and Chairperson			Office Sought (if candi	idate) District (if any)		
Ma	ling Address	Check if address change.	City and Zip	82274	Home Phone 522-428	Work Phone		
Nar	ne of Political Treasurer	12.11	Shelley	03617	302-120	0 7 233 2011		
Ma	iling Address	Check if address change.	City and Zip		Home Phone	Work Phone		
1412	1404N 1060			83274	528-0848			
Sec	tion II		TYPE OF RE	PORT				
	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-Prima	ry Report	Octobe	er 10 Pre-General Report		
	7 Day Pre-General	Report	30 Day Post-Gener	al Report	Annual	Report		
	Semi-Annual Repo	ort (Statewide Candidates	s Only)					
	Is this Report a	n amendment?	s 🔲 No	Is this a Terr	nination Report?	☐ Yes ☐ No		
Se	ection III	STATEMENT OF						
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/								
Se	ection IV	Section IV						
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 Column I								
	reach your Calendar Yea			C				
fig	reach your Calendar Yea	ures of your previous rep	is report's Column I	6, 1				
fig Li	reach your Calendar Yeagures to the Column II fig	ures of your previous reparts 1, This Year*	is report's Column I port (except on line	6, 1	This Period			
fig Li Li	reach your Calendar Yeagures to the Column II figures 1: Cash on Hand Janua	ary 1, This Year* at Close of Last Reporti	is report's Column I port (except on line ing Period**	6, 1	This Period	Calendar Year to Date		
fig Li Li	reach your Calendar Yea gures to the Column II fig me 1: Cash on Hand Janua me 2: Enter Cash Balance	ary 1, This Year* at Close of Last Reporti (Enter amount from pag	is report's Column I port (except on line ing Period**	6, 1	Chis Period CXXXXX 312. 312.	S XXXXXX		
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DETAILED SUMMARY PAGE

Name of Candidate or Committee		Report Covering the Period From/ to/			
	UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period				
	Total Total Amount \$				
	UNITEMIZED EXPENDITURE Expenditures of Less Than Twenty-Five Dollars (\$25.00)				
	Total Total Total				

1		Total This Period
Number of Schedule A pages Attached		
Contributions		
Unitermized 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 1V, line 3)	\$	0
Number of Schedule B pages Attached		
Expenditures		
Uniternized Expenditures (less than \$25) from top of page	\$	+
Itemized Expenditures (total all Schedule B sheets)	\$	Z05.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$	Ø
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$	205 00
Number of Schedule C-2B pages Attached		
Incurred Expenditures		
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$	\rightarrow
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$	\(\rightarrow\)
Subtotal	= \$	0
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)	= \$	a
Number of Schedule C-2A pages Attached		
Pledged Contributions		
Amount Pledged this Period	\$	7

SCHEDULE B ITEMIZED EXPENDITURES

Page	of

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

Name of Candidate or Committee				
	Kirk Sheppard	Column A	Column B	
	Full Name, Mailing Address and Zip Code	Cash or	In-Kind	
Date	of Recipient	Check	(non-monetary)	
6,2,00	Sign AMS PO BOX 1551 Idaho FAILS ID 83403	, Zos.	s	
Purpose of Abo	ve Expenditure: Freight on Signs			
	2.			
		s	\$	
Purpose of Abo	ove Expenditure:			
	3.			
		s	s	
Purpose of Abo	ove Expenditure:			
	4.			
		s	\$	
Purpose of Abo	ove Expenditure:			
	5.			
11		\$	\$	
Purpose of Abo	ove Expenditure:	L.,		
	6.			
		\$	\$	
Purpose of Abo	ove Expenditure:	-		
	7.			
		\$	s	
Purpose of Abo	ove Expenditure:			
	8.			
		\$	\$	
Purpose of Abo	ove Expenditure:			
	9.			
1_1		s	\$	
Purpose of Abo	ove Expenditure:			
	Subtotals of Columns A & B	s 205 -	s &	
	Total This Page (add columns A & B)		s 205°	