C-2 Rev. 06/04



## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

| Section I   |   |                    |                      |                  |              |           |  |
|---|---|--------------------|----------------------|------------------|--------------|-----------|--|
| Name of Candidate or Political Committee and Chairperson  |   |                    | Office Sough of Just | BILLIAM          | One District |           |  |
| Mailing Address   | ☐ Check if address change.  | City and Zip       |                      | Home Phone FOD   |              | Phone     |  |
|   | ret   | Lewiston           | 43501                | 208-746-34       | 55 208       | 1799-3141 |  |
| Name of Political Treasurer  Carl B. Kerrick  Name of Political Treasurer  STATE OF IDAHO   |   |                    |                      |                  |              |           |  |
| Mailing Address   | ☐ Check if address change.  | City and Zip       |                      | Home Phone       | Work         | Phone     |  |
| 604 9th Str   | eet   | Lewiston           | 83501                | 208-746-345      | 5 208        | 1799.314  |  |
| 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 ☐ October 10 Pre-General Report ☐ October 10 Pre-General Report  |   |                    |                      |                  |              |           |  |
| ☐ 7 Day Pre-General Report ☐ 30 Day Post-General Report ☐ Annual Report   |   |                    |                      |                  |              |           |  |
| Semi-Annual Report (Statewide Candidates Only)  |   |                    |                      |                  |              |           |  |
| Is this Report ar   | amendment?  | No No              | Is this a Terr       | mination Report? | ☐ Yes        | No No     |  |
| Section III   | STATEMENT OF N  | O CONTRIBU         | TIONS OR I           | EXPENDITURES     |              |           |  |
| 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 144/2006 through 102/2006. |   |                    |                      |                  |              |           |  |
| Section IV  |   | SUMMA              |                      |                  |              |           |  |
| 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  Calendar Year to Date  |   |                    |                      |                  |              |           |  |
| Line 1: Cash on Hand January 1, This Year* \$ XXXXXX \$   |   |                    |                      |                  | \$           |           |  |
| Line 2: Enter Cash Balance at Close of Last Reporting Period**  |   |                    |                      |                  | \$ <u>XX</u> | XXXX      |  |
| Line 3: Total Contributions (Enter amount from page 2) \$\$   |   |                    |                      |                  |              |           |  |
|   |   |                    |                      |                  | \$           |           |  |
| Line 5: Total Expenditures (Enter amount from page 2) \$<br>Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** \$  |   |                    |                      |                  | \$<br>\$     |           |  |
| Line 7: Outstanding Debt to Date \$   |   |                    |                      |                  |              |           |  |
| *This same figure should be<br>**You must report the cash<br>Note that the closing cash b   | on hand at both the begin   | ning of the report | ting period an       |                  |              |           |  |
|   | Section V CERTIFICATION   |                    |                      |                  |              |           |  |
| Return This Report To:  |   |                    |                      |                  |              |           |  |
| Ben Ysursa<br>Secretary of State  | I, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as |                    |                      |                  |              |           |  |
| PO Box 83720  |   |                    |                      |                  |              |           |  |
| Boise ID 83720-0080<br>phone: (208) 334-2852  | required by law.  |                    |                      |                  |              |           |  |
| fax: (208) 334-2282   | Signature of Political Treasurer  |                    |                      |                  |              |           |  |