C-2 Rev. 04/04	SUMIN	AL DISCLOSURE REPORT MARY PAGE Print or Type)	SCANNED	
Name of Candidate or Political Cor	nmirros app Chairperson	Office Sought	if candidate) District (if any)	7
Mariling Address	Check if address change. City and Z	ip Home Photo	Work Phone	7
Name of Policies reasurer	Radles	DELLARIO OF	STATE	-
Mailing Address 29641 Caral	Check if address change. City and Z	a ID 83660 208-72	2-911 208-888-411	]
		OF BURGER		POST
Directions: To indicate the	TYPE ( type of report being filed, fill in the	OF REPORT  appropriate dates and check the a	poropriate box(es). See the	
instructional manual for rep	orung periods and due dates. 5	8 6,06 through 6	02 1	
7 Day Pre-Primary	Report (7 30 Day Pos	i-Primary Report 🔲 🤇	October 10 Pie-General Report	
7 Day Pre-General	Report 30 Day Pos	st-General Report	annual Report	
Semi-Annual Repo	rt (Statewide Candidates Only)			
Is this Report a	amendment? Yes N	o Is this a Termination Rep	ort? 🗆 Yes 🔼 No	
Section III	STATEMENT OF NO CONT	RIBUTIONS OR EXPENDITU	RES	_
	ontributions or expenditures during t in this report. Be sure to carry forw			n
	nat I have received no contributions	and have made no expenditures d	uring this reporting period	
Section IV		MMARY		_
	r to Date figure: Add this report's Cures of your previous report (except		COLUMN II Calendar Year to Date	
Line 1: Cash on Hand Janua	ry 1, This Year*	s "XXXXXX	s 4558.01	
	at Close of Last Reporting Period** (Enter amount from page 2)	\$4.558.01	\$ <u>XXXXXX</u>	
Line 4: Subtotal (Add lines	1, 2 and 3)	s 435801	s 4.55F.01	
Line 5: Total Expenditures ( Line 6: Cash Balance at Clo	Enter amount from page 2) se of Period (Subtract line 5 from li	ne 4)** \$ 4 15 8 .C	1 \$ 4158.01	
Line 7: Outstanding Debt to	Date	s_Ø		
**You must report the cash	entered on line 1 of all reports filed on hand at both the beginning of the valance for the current reporting peri	reporting period and the close of		
	Section V	CERTIFICATION		_
Return This Report To: Ben Ysursa	1_BEtsuf	Changer ,	creby certify that the information	
Necretary of State PO Box 83720	in this report is a rue.	complete and correct Campaign F	inancial Disclosure Report as	1
Boise ID 83720-0080 phone: (208) 334-2852 fax: (208) 334-2282	required by law.	Boty ()	ardlukott	,
		Signature of Holitical Treasure Page 1		( )

Number of Schedule C-2A pages Attached Pledged Contributions

00/ 80/ 2000 88-90 - 1/45

Amount Pledged this Period

## DETAILED SUMMARY PAGE

TOHA HYPAC	From 5/16/06 to 6/2206
UNITEMIZED CONTRIBUTIO	INS
Contributions of Fifty Dollars (\$50.00) or Less T	· •
Total Total Number Amount \$	
UNITEMIZED EXPENDITUR Expenditures of Less Than Twenty-Five Dollars (\$25.0	
Total Total Amount \$	<u> </u>

		Total This Period
Number of Schedule A pages Attached		
Contributions		4
Unitemized Contributions (\$50 and less) from top of page	\$	$\mathcal{O}$
Itemized Contributions (total all Schedule A sheets)	2	$\mathcal{O}_{i}$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$	Ø
Number of Schedule B pages Attached		
Expenditures		$\alpha$
Uniternized Expenditures (less than \$25) from top of page	\$	Q
Itemized Expenditures (total all Schedule B sheets)	\$	400 -
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$	$\mathcal{O}$
Total Expenditures (also enter this figure on page 1, Section TV, line 5)	\$	400 -
Number of Schedule C-2B pages Attached		
Incurred Expenditures	<u> </u>	A
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	5	$\varphi$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$	<i>Q</i>
Subtotal	= \$	Q
Payment this Period (Total all C-2Bs - Payment this Period)	<b>- s</b>	L Q
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$	$\varphi$
Number of Schedule C-2A pages Attached		
Pledged Contributions		6
Amount Pledged this Period	\$	<b>1</b> / <b>X</b> )

## SCHEDULE A ITEMIZED CONTRIBUTIONS of more than Fifty Dollars (\$50.00) this period

Page of

Name of Candidate or Committee

A HYPAC

	TOM INTO	Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
//	ı.	\$	s	_   \$
☐ General		Calendar Year To Done	\$Calendar Year To Dear	Calendar Year to Date
//	•	s	s	_ s
☐ General	3.	SCalendar Year Yo Dese	SCalendar Year To Deer	Calendar Year to Date
//		s	\$	_   \$
☐ General	4.	Calendar Year To Date	S Culendar Year To Dete	Culendar Year to Date
Primary  General	•	s	s	_ s
() General	5.	Calendar Year To Doze	Calendar Year To Doc	Calendar Year to Date
☐ Primary ☐ General		s	5	_   S
	· ~	Calcular Year To Dane	Calendar Year To Diffe	Calendar Year to Daue
☐ Primary ☐ General	Or Do	SCalendar Year To Date	SCalcodar Your To Dete	_ s
		s	s	_ s
☐ Primary ☐ General		SCalendar Year To Date	SCalcindar Year To Direct	Calendar Year to Date
	ı. L	s	s	<b>s</b>
General 9		SCalciular Year To Dage	SCalendar Year To Disc	S S
// I⊃ Primary		s	s	_ s
☐ General	10.	Calcader Your To Date	\$Calendar Year To Disc	Callendar Year so Daus
☐ Primary		\$	s	ss
☐ General	Subtotals of Columns A, B & C	Calendar Year To Date	Calendar Year To Dake	Calcrular Year to Date
Total This Page (add columns A, B & C)				s

## SCHEDULE B ITEMIZED EXPENDITURES

Page	of /

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

Nam'e of Candidate or Committee  IDHA HUPAC		
	Column A	Column B
Full Name, Mailing Address and Zip Code Date of Recipient	Cash or Check	In-Kind (non-monetary)
5 2100 Caldulell ID 83600	:200 -	5
Purpose of Above Expenditure: CAMPaign Cuntvibution Del	Betsy 11	1410/-1
52106 Emet ID 83617	. 800	- 3
Purpose of Above Expenditure: Campaign Contribution pr	Partity C	hander
	\$	s
Purpose of Above Expenditure:		
4.	s	5
Purpose of Above Expenditure:		
5.		
	s	_ s
Purpose of Above Expenditure:		
6.	s	. s
Purpose of Above Expenditure:		
7.	s	s
Pur pose of Above Expenditure:		
H.		
	\$	s
Purpose of Above Expenditure:		
<b>9.</b>	s	s
Purpose of Above Expenditure:		
Subtotals of Columns A & B	s 400 -	s
Total This Page (add columns A & B)		s_400