C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE

	E } ₹⁄	(Please Print or Typ	pe)		
Section I			2	996	
Name of Candidate or Political Con			Office Sought (if c	andidate) District (if any)	
Bonneville Com	Check if address ch	an Central Comm	Home Phone	Work Phone	
Mailing Address 5816 E Sunny Side		ange. City and Zip	83406 524-07	- 12 (b) ("	
Name of Political Treasurer Robert House	-	- Coppi eig	27100 221	ONLE OF TOTAL	
Mailing Address	☐ Check if address cl	nange. City and Zip	Home Phone	Work Phone	
S&16 E Sunny Sid	e ld	Idaho Falk	8340G 524-07	64 533-7879	
Section II					
instructional manual for repo	orting periods and	TYPE OF REPORE g filed, fill in the appropriate due dates. from05 /_08 /_0	dates and check the appro	•	
☐ 7 Day Pre-Primary	Report	30 Day Post-Primary R	Report 🔲 Octo	ober 10 Pre-General Report	
☐ 7 Day Pre-General	Report	☐ 30 Day Post-General R	Report	ual Report	
☐ Semi-Annual Repo	rt (Statewide Cand	idates Only)			
Is this Report ar	amendment?	Yes No Is th	nis a Termination Report?	☐ Yes ☐ No	
Section III	STATEMENT	OF NO CONTRIBUTION	S OR EXPENDITURE	S	
the appropriate dates and sig Section IV.	gn this report. Be s		opriate "Calendar Year to ade no expenditures during		
Section IV		SUMMARY			
To reach your Calendar Year figures to the Column II figures		dd this report's Column I	COLUMN I This Period	COLUMN II Calendar Year to Date	
Line 1: Cash on Hand Janua	ry 1 This Vear*		\$ XXXXXX	s 5865.17	
Line 2: Enter Cash Balance	•	eporting Period**	\$ 5746.15	\$ XXXXXX	
Line 3: Total Contributions			\$ _0	\$	
Line 4: Subtotal (Add lines	1, 2 and 3)		\$ 5746.15	\$ 5865.17	
Line 5: Total Expenditures (Enter amount from	page 2)	\$ 140.98	\$ 260.00 \$ 5605.17	
Line 6: Cash Balance at Clo	se of Period (Subtr	act line 5 from line 4)**	\$ 3605.17	\$ 5605.17	
Line 7: Outstanding Debt to	Date		\$ O		
**You must report the cash	on hand at both the	of all reports filed this calend be beginning of the reporting pent reporting period appears	period and the close of the		
	Section V	СЕР	RTIFICATION		
Return This Report To: Ben Ysursa Secretary of State	Ben Ysursa 1 Kobert Hansen, hereby certify that the information				
PO Box 83720 in this report is a true, complete and correct Campaign Financial Disclosure Report as					

Boise ID 83720-0080 phone: (208) 334-2852

fax: (208) 334-2282

required by law.

Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Report Covering the Period to 06,02,06 to 06,02,06
UNITEMIZED CONTRIBUTIONS
Contributions of Fifty Dollars (\$50.00) or Less This Period
Total Total O Amount \$O
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period
Total Total Amount \$ 15. 98

	Total This Period
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ O
Itemized Contributions (total all Schedule A sheets)	\$ O
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 0
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 15.98
Itemized Expenditures (total all Schedule B sheets)	\$ 15.98
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ O
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$140.98
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ 0
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ 0
Subtotal	= \$ 0
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ O
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ 0
Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$ <i>O</i>

SCHEDULE B ITEMIZED EXPENDITURES

Page		of	-
1 480	1	Ĭ <i>†</i>	
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of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee Bonneville County Republican Control Committee							
Johneon	the country Republican Outral Committee	Column A	Column B				
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)				
6,1,06	Damon Watkins 157 Leesburg Ln Idaho Falls, ID 83404	\$_125,00	\$				
Purpose of Abo	Purpose of Above Expenditure: Printing reimburement						
/		\$	\$				
Purpose of Abo	ve Expenditure:						
	3.	\$	\$				
D	E di						
Purpose of Abo	ve Expenditure:						
		\$	\$				
Purpose of Abo	ove Expenditure:						
	5.						
//		\$	\$				
Purpose of Abo	ve Expenditure:						
	6.						
		\$	\$				
Purpose of Abo	ve Expenditure:						
, ,	7.	\$	\$				
Purpose of Abo	Purpose of Above Expenditure:						
Turpose of riso	8.						
		\$	\$				
Purpose of Abo	ove Expenditure:						
	9.	\$	\$				
Purpose of Abo	ove Expenditure:						
	Subtotals of Columns A & B	\$ 125.00	\$				
	Total This Page (add columns A & B)	T	\$ 125.00				