C-2 Rev. 04/04

#### CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

| ection I   |  |  |  | -5 AM 8:07  |
|--|--|--|--|---|
| ame of Candidate or Political Committee and Chairperson  Jim Patrick   |  | Office Sought (if ca   | /e 23A   | W ∩= 023A   |
| Mailing Address  |  | Home Phone<br>733-689  | STATE  | Work Phone 7.31-6896  |
| lame of Political Treasurer Paul T. Smith  |  |  |  |   |
| Mailing Address  |  | Home Phone   |  | Work Phone  |
| P.O. Box 1941 Twin Falls 8330  | 3  | 734-4846   | 5  | 734-2510  |
| TYPE OF REPO Directions: To indicate the type of report being filed, fill in the appropriate instructional manual for reporting periods and due dates.  This report is for the period from10/01  | e dates and  |  |  |   |
| 7 Day Pre-Primary Report 30 Day Post-Primary   | Report   | □ Octo   | ber 10 P   | re-General Report   |
| <ul> <li>✓ 7 Day Pre-General Report  ☐ 30 Day Post-General</li> <li>☐ Semi-Annual Report (Statewide Candidates Only)</li> </ul>  | Report   | ☐ Annı   | al Repo  | ort   |
| Directions: If you had no contributions or expenditures during this reporti  | ng period,   | Check the box no   | S<br>ext to the  | e statement below,  |
| Directions: If you had no contributions or expenditures during this reporting appropriate dates and sign this report. Be sure to carry forward the appropriate dates.  | ng period, propriate "C  | XPENDITURE  check the box no  Calendar Year to  penditures durin   | S<br>ext to the<br>Date" fi  | e statement below,<br>igures in Column II   |
| Section III  STATEMENT OF NO CONTRIBUTIO  Directions: If you had no contributions or expenditures during this report the appropriate dates and sign this report. Be sure to carry forward the appropriate of the appropriate dates and sign this report. Be sure to carry forward the appropriate of the appropriate dates and sign this report. Be sure to carry forward the appropriate of the appropriate dates and sign this report. Be sure to carry forward the appropriate of the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carr | ons or Example of the control of the | XPENDITURE  check the box no  Calendar Year to  penditures durin   | S<br>ext to the<br>Date" fi  | e statement below,<br>igures in Column II   |
| Directions: If you had no contributions or expenditures during this report the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this rep | ng period, propriate "C  | XPENDITURE  check the box no  Calendar Year to  penditures durin   | S<br>ext to the<br>Date" fi  | e statement below,<br>igures in Column II   |
| Statement of No contribution  Directions: If you had no contributions or expenditures during this report he appropriate dates and sign this report. Be sure to carry forward the appropriate Direction IV.  I hereby certify that I have received no contributions and have refrom   | ng period, propriate "C  | check the box no Calendar Year to penditures durin   | S<br>ext to the<br>Date" fi  | e statement below, igures in Column II porting period   |
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| Directions: If you had no contributions or expenditures during this report the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this rep | ng period, propriate "Comade no ex   | check the box no Calendar Year to penditures durin / DLUMN I his Period   XXXXX 9,212.52 1,700.00                          | S ext to the Date" fing this re-   | e statement below, igures in Column II porting period  COLUMN II endar Year to Date  0.00  XXXXXX  16,193.75                      |
| Directions: If you had no contributions or expenditures during this report the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this rep | ng period, propriate "Comade no ex  Comade se  | check the box no Calendar Year to penditures durin  DLUMN I his Period  XXXXX  9,212.52                                    | S ext to the Date" find g this reconstruction.  Calculate the second sec | e statement below, igures in Column II porting period  COLUMN II endar Year to Date  0.00  XXXXXX  16,193.75  16,193.75           |
| Directions: If you had no contributions or expenditures during this report the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and say and have received no contributions and have received no contributions and have referred to a through dates and support of the sure and the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and say and the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be sure to carry forward the appropriate dates and sign this report. Be  | ng period, propriate "Comade no ex   | check the box no Calendar Year to penditures durin / DLUMN I his Period   XXXXX   9,212.52   1,700.00   10,912.52   627.42 | S ext to the Date" find g this reconstruction.  Calculate the second sec | e statement below, igures in Column II porting period  COLUMN II endar Year to Date  0.00  XXXXXX  16,193.75  16,193.75  5,908.65 |
| Section III  STATEMENT OF NO CONTRIBUTIO  Directions: If you had no contributions or expenditures during this report the appropriate dates and sign this report. Be sure to carry forward the appropriate IV.  I hereby certify that I have received no contributions and have refrom/ through   | ng period, propriate "Comade no ex   | check the box no Calendar Year to penditures durin / DLUMN I his Period   XXXXX 9,212.52 1,700.00 10,912.52                | S ext to the Date" find this reserve to the Calculation of the Calcula | e statement below, igures in Column II porting period  COLUMN II endar Year to Date  0.00  XXXXXX  16,193.75  16,193.75           |

\*\*You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

|   | Section V | CERTIFICATION   |
|---|-----------|---|
| Return This Report To:<br>Ben Ysursa<br>Secretary of State<br>PO Box 83720<br>Boise ID 83720-0080<br>phone: (208) 334-2852<br>fax: (208) 334-2282 |           | I Paul T. Smith , hereby certify that the information in this report is a true, complete and correct Compaign Financial Disclosure Report as required by law.  Signature of Political Treasurer |
|   |           | Signature of Political Treasurer  |

Page 1

### **DETAILED SUMMARY PAGE**

| Patrick for Representativ |  | Report Covering the Period From 10 / 01 / 06 to 10 / 22 / 06 |
|---------------------------|--|--|
|                           | UNITEMIZED CONTRIBUTED CONTRIB |  |
|                           | Total Number 0 Total Amount \$_  | 0.00   |
|                           | UNITEMIZED EXPENDIT Expenditures of Less Than Twenty-Five Dollars (  |  |
|                           | Total Total Number 0 Amount \$_  | 0.00   |

Amount \$

|   |      | <b>Total This Period</b> |
|---|------|--------------------------|
| 1_Number of Schedule A pages Attached   |      |                          |
| Contributions   |      |                          |
| Unitemized Contributions (\$50 and less) from top of page                                   | \$   | 0.00                     |
| Itemized Contributions (total all Schedule A sheets)  | \$   | 1,700.00                 |
| Total Contributions (also enter this figure on page 1, Section IV, line 3)                  | \$   | 1,700.00                 |
| 1 Number of Schedule B pages Attached   |      |                          |
| Expenditures  |      |                          |
| Unitemized Expenditures (less than \$25) from top of page                                   | \$   | 0.00                     |
| Itemized Expenditures (total all Schedule B sheets)   | 5    | 627.42                   |
| Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)    | S    | 0.00                     |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5)                   | \$   | 627.42                   |
| 1 Number of Schedule C-2B pages Attached  |      |                          |
| Incurred Expenditures   |      |                          |
| Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7) | 5    | 0.00                     |
| Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)        | + \$ | 0.00                     |
| Subtotal  | = \$ | 0.00                     |
| Payment this Period (Total all C-2Bs - Payment this Period)                                 | - \$ | 0.00                     |
| Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)     | = \$ | 0.00                     |
| 1 Number of Schodule C-2A pages Attached  |      |                          |
| Pledged Contributions   |      |                          |
| Amount Pledged this Period  | S    | 0.00                     |

# SCHEDULE A ITEMIZED CONTRIBUTIONS

| Page | of | - |
|------|----|---|
| 1    | 1  | ķ |

of more than Fifty Dollars (\$50.00) this period

| Name of Candidate or Committee |  |
|--------------------------------|--|
| Patrick for Representative     |  |

|                      |  | Column A                            | Column B                  | Column C                |
|----------------------|--|-------------------------------------|---------------------------|-------------------------|
| Date/<br>Receipt For | Full Name, Mailing Address and Zip Code<br>of Contributor/Lender | Cash or<br>Check                    | In-Kind<br>(non-monetary) | Loans                   |
| 10 /04 /06           | Idaho Milk PAC<br>P.O. Box 2751                                  | s500.00                             | \$                        | \$                      |
| ☐ Primary ☐ General  | Boise, ID 83307  | S 1,000.00<br>Calendar Year To Date | S Calendar Year To Date   | SCalcodar Year to Date  |
| 10 / 05 / 06         | Avista Corp. P.O. Box 3727                                       | s250.00                             | s                         | s                       |
| ☐ Primary ☐ General  | Spokane, WA 99220-3727   | \$Calesidar Year To Date            | S Calendar Year Yo Date   | S Calendar Year to Date |
| 10 /06 /06           | Wells Fargo Bank<br>877 W. Main Street                           | \$100.00                            | s                         | S                       |
| ☐ Primary ☐ General  | Boise, ID 83702  | SCalendar Year To Date              | SCalendar Year To Date    | SCalendar Year to Doke  |
| 10 / 12 / 06         | Idaho Republican Party P.O. Box 2267                             | \$500.00                            | s                         | s                       |
| ☐ Primary ☐ General  | Boise, ID 83701  | \$Calendar Year To Date             | SCulendar Year To Date    | S Calendar Your in Dute |
| 0 /16 /06            | Senator John McGee P.O. Box 7807                                 | s100.00                             | s                         | \$                      |
| ☐ Primary ☐ General  | Boise, ID 83707  | SCalcudar Year To Date              | SCalcadar Year To Date    | S Culondar Year to Dave |
| 10 /05 /06           | 6. Capitol Racing P.O. Box 270159                                | \$250.00                            | s                         | s                       |
| ☐ Primary ☐ General  | San Diego, CA 92198-2159   | SCalendar Year To Date              | SCalendar Year To Date    | SCalendar Year to Date  |
| _/_/_                | 7.   | \$                                  | s                         | s                       |
| ☐ Primary ☐ General  |  | S Calendar Year To Date             | SCalendar Year To Date    | S Calendar Year to Date |
|                      | 8.   | s                                   | s                         | s                       |
| ☐ Primary ☐ General  |  | SCalendar Year To Date              | SCalendar Year To Date    | S Calendar Your to Date |
|                      | 9.   | \$                                  | \$                        | s                       |
| ☐ Primary ☐ General  |  | SCalendar Year To Date              | SCalendar Year To Date    | SCalendar Year to Date  |
|                      | Subtotals of Columns A, B & C                                    | s1,700.00                           | \$ 0.00                   | \$ 0.00                 |
|                      | Total This Page (add columns A, B & C)                           |                                     |                           | s 1,700.00              |

# SCHEDULE B ITEMIZED EXPENDITURES

| Page | ol |
|------|----|
| 1    | 1  |

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

Name of Candidate or Committee
Patrick for Representative

|                 |  | Column A         | Column B                  |
|-----------------|--|------------------|---------------------------|
| Date            | Full Name, Mailing Address and Zip Code<br>of Recipient        | Cash or<br>Check | In-Kind<br>(non-monetary) |
| 10 , 10 , 06    | Twin Falls County Clerk Twin Falls, ID 83301                   | S20.00           | \$                        |
| urpose of Above | Expenditure: 2006 Voter List                                   |                  |                           |
| 10 , 10 , 06    | Owyhee County Clerk<br>Murphy, ID 83650                        | \$10.00          | s                         |
| urpose of Abov  | e Expenditure: 2006 Voter List                                 |                  |                           |
| 10 , 12 , 06    | Steven Hartgen<br>1681 Wildflower Lane<br>Twin Falls, ID 83301 | \$ 274.92        | s                         |
| Purpose of Abov | e Expenditure: Media Relations                                 |                  |                           |
| 10 , 14 , 06    | U.S. Post Office<br>Twin Falls, ID 83301                       | s39.00           | \$                        |
| urpose of Abov  | e Expenditure: Postage   |                  |                           |
| 10 , 19 , 06    | Buhl Herald<br>P.O. Box 312<br>Buhl, ID 83316-0312             | s283.50          | S                         |
| Purpose of Abov | e Expenditure: Advertising                                     |                  |                           |
| _''             | 6.   | \$               | S                         |
| Purpose of Abov | e Expenditure:   |                  |                           |
|                 | Subtotals of Columns A & B                                     | \$627.42         | \$0.00                    |
|                 | Total This Page (add columns A & B)                            |                  | s 627.42                  |

## SCHEDULE C-2B EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT

| Patrick for Representative  |                        |             | Report Covering the Period From 10 / 01 / 06 to 10 / 22 / 06 |  |  |  |
|---|------------------------|-------------|--|--|--|--|
| irections: Complete this schedule if you incurred an obligation during obt. Do not include these entries on Schedule B. | g this reporting perio | d to purcha | se an item or service or made a payment of                   |  |  |  |
| Line 1: Incurred Expenditures of Less Than \$25.00 This Period:   | Total Number_          | 0           | Total Amount \$0.00  |  |  |  |
| Expenditures Incurred (Debts and Obligations) or Payment Made   | on Debt of \$25.00 o   | r More Th   | is Period:   |  |  |  |
| Full Name, Mailing Address and or Creditor  | Zip Code               |             | Purpose of Expenditure                                       |  |  |  |
|   |                        |             |  |  |  |  |
| Outstanding Balance beginning this period S  Amount Incurred this period  | -                      | Date Incu   | urred  |  |  |  |
| Payment this period\$   |                        |             | arred  |  |  |  |
| Outstanding Balance\$   |                        |             |  |  |  |  |
|   |                        |             |  |  |  |  |
| Outstanding Balance beginning this period \$  |                        | Data        | 4  |  |  |  |
| Amount Incurred this period\$   |                        | Date Inc.   | arred  |  |  |  |
| Outstanding Balance\$   |                        | Date of F   | ayment   |  |  |  |
| 3.  |                        |             |  |  |  |  |
|   |                        |             |  |  |  |  |
| Outstanding Balance beginning this period \$  |                        |             |  |  |  |  |
| Amount Incurred this period\$   |                        | Date Inc    |  |  |  |  |
| Payment this period   |                        | Date of I   | Payment  |  |  |  |
| Outstanding Balance \$  |                        |             |  |  |  |  |
| 4   |                        |             |  |  |  |  |
| Outstanding Delegay beginning this posied. S  |                        |             |  |  |  |  |
| Outstanding Balance beginning this period \$ Amount Incurred this period  |                        | Date Inc    | urred  |  |  |  |
| Payment this period   |                        |             | Payment  |  |  |  |
| Outstanding Balance   |                        |             |  |  |  |  |
| 5.  |                        |             |  |  |  |  |
| Outstanding Balance beginning this period \$  |                        |             |  |  |  |  |
| Amount Incurred this period\$   |                        | Date Inc    | eurred   |  |  |  |
| Payment this period\$   |                        |             | Payment  |  |  |  |
| Outstanding Balance\$   |                        |             |  |  |  |  |
| Totals of this Page   | a 2. Undar Ingurs      | d Evnandi   | tures) S   |  |  |  |
| Line 2: Amount Incurred This Period (Carry forward to Pag<br>Line 3: Payment This Period (Carry forward to Page 2, unde |                        | u raspendi  | tures) S   |  |  |  |
| Expenditures and Incurred Exp   |                        |             |  |  |  |  |

### SCHEDULE C-2A CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED

| Name of Candidate<br>Patrick for Rep |                    |  |  | Report Covering the From 10 / 01 / 0 | Period<br>06 to 10 / 22 / 08 |
|--------------------------------------|--------------------|--|--|--------------------------------------|------------------------------|
|                                      | goods or services  | you were promised and agree<br>offered before the end of the                                       |  |                                      |                              |
| Line 1: Pledged C                    | ontributions of \$ | 50.00 or Less This Period:   | Total Number 0                                   | Total Amoun                          | t <u>S</u> 0.00              |
| Pledged Contribu                     | tions of More Th   | an \$50,00 This Period:  |  |                                      |                              |
| Pledge<br>For                        | Date of<br>Pledge  | Full Nam   | ne, Mailing Address and<br>of Contributor/Lender |                                      | Amount<br>Pledged            |
| Primary General                      |                    | 1.   |  |                                      |                              |
| ☐ Primary ☐ General                  |                    | 2.   |  |                                      |                              |
| Primary General                      |                    | 3.   |  |                                      |                              |
| Primary General                      |                    | 4.   |  |                                      |                              |
| Primary General                      |                    | 5.   |  |                                      |                              |
| Primary General                      |                    | 6.   | 1000   |                                      |                              |
| Primary General                      |                    | 7.   |  |                                      |                              |
| Primary General                      |                    | *.   |  |                                      |                              |
| Primary General                      |                    | 9.   |  |                                      |                              |
| ☐ Primary ☐ General                  | //                 | 10.  |  |                                      |                              |
| ☐ Primary ☐ General                  |                    | ii.<br>-   |  |                                      |                              |
| Line 3: Total Amou                   | unt of Pledged Co  | ntributions of More Than \$50<br>ntributions of \$50.00 or Less<br>ntributions this Period (add li | (enter amount from line                          |                                      | S 0.00<br>S 0.00             |