C-2 Rev. 04/04



## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I				
Name of Candidate or Political Cor	mmittee and Chairperson		Office Sought (if can	didate) District (if any)
SCOTT MC CLURE			State rep	
Mailing Address	☐ Check if address change.	City and Zip	Home Phone	Work Phone
222 W 500 S		Jerome 8333	8   324-2202	734-9015
Name of Political Treasurer				
Gib Anderson Mailing Address	☐ Check if address change.	City and Zip	Home Phone	Work Phone
104 Seminole Cr		Jerome 833	38 324-5493	
Section II  Directions: To indicate the instructional manual for rep				riate box(es). See the
This repor	t is for the period from _	10 /01 /06	through	
☐ 7 Day Pre-Primary	. –	30 Day Post-Primary R	<u></u>	er 10 Pre-General Report
χ[x] 7 Day Pre-General	Report	30 Day Post-General R	eport	l Report
Semi-Annual Repo	ort (Statewide Candidates	Only)		
Is this Report ar	amendment? 44 Yes	☐ No Is th	is a Termination Report?	Yes XX No
Section III	STATEMENT OF N	O CONTRIBUTION	S OR EXPENDITURES	
the appropriate dates and sig Section IV.	gn this report. Be sure to that I have received no cor	carry forward the appropriate the carry forward the appropriate the carry forward the carry forward the appropriate the carry forward th		
Section IV		0711717471		
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