C-2 Rev. 04/04



## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

06 May 25 PH 1:50

| ection I  |   |  | no that 50   | 00 CM 20 111 1.00              |  |  |
|---|---|--|--|--------------------------------|--|--|
| Name of Candidate or Political Con<br>lan Stenseng  |   | Office Sought (if candidate) District (if any)  State Senate 3 |  |                                |  |  |
| Mailing Address   | ☑ Check if address change.                                | City and Zip   | Home Phone   | 7 Trans 6 1 10                 | •                                      |  |
| 1105 Quince St. NE  |   | Olympia WA 98506   |  |                                | 60 705 1988                            |  |
| lame of Political Treasurer lan Stenseng  |   |  |  |                                |  |  |
| Mailing Address   |   | City and Zip   | Home Phone   | Work I                         | Phone                                  |  |
| 1105 Quince St. NE  |   | Olympia WA 98506   | 360 705 19   | 88 36                          | 60 705 1988                            |  |
| ection II   |   | TYPE OF REPORT   | r  |                                |  |  |
| Directions: To indicate the instructional manual for repo This repo  7 Day Pre-Primary                      | oorting periods and due da<br>rt is for the period from _ | fill in the appropriate dates.                                 | ates and check the approach through5/                |                                |  |  |
| ☐ 7 Day Pre-General   | Report 3  | 30 Day Post-General Re   | port   | ial Report                     |  |  |
| ☐ Semi-Annual Repo  | ort (Statewide Candidates                                 | Only)  |  |                                |  |  |
| _   |   | •  | . a Tamaination Demont?                              | □ Vos                          | □ No                                   |  |
| Section III   | n amendment?  Yes  STATEMENT OF N                         | O CONTRIBUTIONS  | s a Termination Report? OR EXPENDITURE               |                                | <u>No</u>                              |  |
|   |   |  |  |                                |  |  |
| Directions: If you had no che appropriate dates and signeration IV.  I hereby certify t                     | gn this report. Be sure to hat I have received no con     | carry forward the appropartitions and have made                | priate "Calendar Year to<br>le no expenditures durin | Date" figures g this reporting | in Column II,                          |  |
|   | from 1 / 1  | / 06 through   | 5 / 7 / 06   | .*                             |  |  |
| Section IV  |   | SUMMARY  |  |                                |  |  |
| To reach your Calendar Yea<br>figures to the Column II fig  |   | report's Column I  | COLUMN I<br>This Period                              |                                | UMN II<br>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>XXX</u>                  | XXXX                                   |  |
| Line 3: Total Contributions (Enter amount from page 2)  |   |  | \$   | \$                             |  |  |
| Line 4: Subtotal (Add lines 1, 2 and 3)   |   |  | \$   | \$                             | ###################################### |  |
| Line 5: Total Expenditures (Enter amount from page 2)   |   |  | \$   | \$                             |  |  |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**                                     |   |  | \$   | \$                             |  |  |
| Line 7: Outstanding Debt to Date  |   |  | \$   |                                |  |  |
| *This same figure should b<br>**You must report the cash<br>Note that the closing cash                      | on hand at both the begin                                 | ning of the reporting per                                      | riod and the close of the                            | reporting peri                 | od.<br>hand.                           |  |
| Return This Report To: Ben Ysursa Secretary of State PO Box 83720 Boise ID 83720-0080 phone: (208) 334-2852 | Section V   |  | TIFICATION   |                                |  |  |
|   |   | Ian Stenseng   |  | .10 .1                         |  |  |
|   | I   | lan Stenseng hereby certify that the information               |  |                                |  |  |
|   | in this report  | t is a true, complete and                                      | correct Campaign Finar                               | icial Disclosur                | e Report as                            |  |
|   | required by   | law.   |  |                                |  |  |
| fax: (208) 334-2282   |   | C!   | of Dalitical Town                                    |                                |  |  |
|   |   | Signature (  | of Political Treasurer                               |                                |  |  |
|   |   |  |  |                                |  |  |

I hereby certify that I, Ian Stenseng did complete the attached form c2, and that this document represents my digital signature of said document.

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