C-2 Rcv. 06/04



## CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE (Please Print or Type)

Name of Candidate or Political Cor	mmirroe and Chairpers		05 A	AY 17 -	Office Sought (if each		Discrict (if any)
Mailing Address	☐ Check if address		and Zip	<del>41   7</del> -	Home Phone		Work Phone
604 South 1			Deur di		208 667		208 446-1107
Name of Political Treasurer Tohn Pah	ملود ا عاده		STAT	E OF T	LASIATE		
Mailing Address	Check if address			11	Home Phone		Wark Phone
same as		City	and Zip		nome rhone		work Phone
ection II	40202						
			YPE OF REI				
Directions: To indicate the	type of report being	ng tiled, fill h	n the appropri	iate date a	nd check the appro	opriate bo	x(cs). See the
instructional manual for rep	orting periods and	l due dates.			rough <u><b>5</b>/_</u>	_	
- mo 10po	t in tot the pariou					<u> </u>	<u>-</u>
7 Day Pre-Primary	Report	☐ 30 Da	y Post-Prima	ry Repon	Octo	ber 10 Pr	e-General Report
☐ 7 Day Pre-General	Report	🗀 30 Da	y Post-Gener	ul Repon	☐ Ann	ual Repor	t
Semi-Annual Repo	rt (Statewide Can	didates Only)	)				
Is this Report ar	amendment?	☐ Yes [	No :	Is this a ≀e	rmination Report?	Ľ Y	es 🗌 No
Section III	COL TIES CEN	T OF NO O		TONG	EVDENDERIDE		
Section III	STATEMEN	I OF NO C	OMIKIBUL	IONS CIC	EXPENDITURE	3	
the appropriate dates and sign Section IV.  If hereby certify the	hat I have receive	d no contribu	tions and hav	e made 110		ng this rep	
Section IV	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	SUMMAR				
To reach your Calendar Yea	- in Data Sauce	Adıl shin sana			COLUMN I		COLUMN II
figures to the Column II figures					This Period	-	dar Year to Date
Line 1: Cash on Hand Janua	ary 1. This Year*			<b>s</b> _	XXXXXX	<b>s</b> _	
Line 2: Enter Cash Balance	at Close of Last F	Reporting Per	iod**	\$		\$	XXXXXX
Line 3: Total Contributions				_ `		\$	
Line 4: Subtotal (Add lines	-	F-6+ -/		: <b>-</b>		\$ _	
Line 5: Total Expenditures (		m page 2)					
Line 6: Cash Balance at Clo			om line 4)**	·, . \$		s –	
Jime of Gusii Braunes at Gre	, 41.04 (515		.,	٠.		_	
Line 7: Outstanding Debt to	Date			\$ -			
*This same figure should be **You must report the cash Note that the closing cash i	on hand at both th	ne beginning	of the reporti	ng period s	and the close of the		
	Section V			CERTIF	CATION		
Return This Report To:							
Ben Ysursa	I_				, heret	y certify	that the information
Secretary of State	in th	is report is a	mank of Political Treatment Complete	e and cor	ct Campaign Fina	ncial Disc	losure Report as
PO Box 83720		-	+	- 11111 - 071		12 12 V	
Boise ID 83720-0080 phone: (208) 334-2852	requi	ired by law.	^	ND_A	<b>+</b>		}
fax: (208) 334-2282		_		ЦΩ		_	
			Signa	ture of F	litical Treasurer		!
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