C-2 Rev. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I						
Name of Candidate or Political Con	AC		Office Sought (if can	didate) District (if any)		
Mailing Address 12788 Smith Ave	☐ Check if address change.	ty _r and Zip JAMNA 8365	Home Phone 463-0538	Work Phone 17 12: 35		
Name of Political Treasurer (av Mln Schm	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STATE OF STATE		
Mailing Address 12788 SMYN AV		ty and Zip IAMDA 836S	Home Phone 463-0539	Work Phone 7/10 8 461-5615		
Section II						
TYPE OF REPORT Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates. This report is for the period from/_///						
7 Day Pre-Primary		ay Post-Primary Rep		per 10 Pre-General Report		
7 Day Pre-General	Report 30 D	ay Post-General Rep	oort	al Report		
Semi-Annual Repo	rt (Statewide Candidates Only	y)				
Is this Report an	amendment?	No Is this	a Termination Report?	☐ Yes 😾 No		
Section III	STATEMENT OF NO					
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV. I hereby certify that I have received no contributions and have made no expenditures during this reporting period from/						
Section IV		SUMMARY				
	to Date figure: Add this report (e	ort's Column I	COLUMN I This Period	COLUMN II Calendar Year to Date		
Line 1: Cash on Hand Januar	ry 1, This Year*		\$ <u>XXXXXX</u>	\$ 2525.00		
Line 2: Enter Cash Balance	at Close of Last Reporting Pe	riod**	\$ 2525.00	\$ XXXXXX		
Line 3: Total Contributions (Enter amount from page 2)		\$ <i>D</i>	\$O		
Line 4: Subtotal (Add lines I	, 2 and 3)		\$ 2525.00	\$ 2525:00		
Line 5: Total Expenditures (I	Enter amount from page 2)		\$ 250.00			
Line 6: Cash Balance at Clos	se of Period (Subtract line 5 fi	rom line 4)**	\$ 2275.00	\$ 2275.00		
Line 7: Outstanding Debt to	Date		\$O			
*This same figure should be entered on line 1 of all reports filed this calendar year. **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.						
Return This Report To: Ben Ysursa Secretary of State PO Box 83720 Boise ID 83720-0080 phone: (208) 334-2852 fax: (208) 334-2282	I in this report is a required by law.	(name of Political Treasurer) true, complete and of	IFICATION At hereby orrect Campaign Financ M Schmid	•		

Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Idako FT-PAC	Report Covering the Period From 1 / 1 / 10 le to 5 / 1/6 / 0 le
UNITEMIZED CONT Contributions of Fifty Dollars (\$50	
Total To Ar	otal mount \$
UNITEMIZED EXP Expenditures of Less Than Twenty-Five	
X	otal mount \$

		Total This Period	
Number of Schedule A pages Attached		0	
Contributions			
Unitemized Contributions (\$50 and less) from top of page	\$	()	
Itemized Contributions (total all Schedule A sheets)		0	
Total Contributions (also enter this figure on page 1, Section IV, line 3)		\mathcal{O}	
Number of Schedule B pages Attached			
Expenditures			
Unitemized Expenditures (less than \$25) from top of page	\$	0	
Itemized Expenditures (total all Schedule B sheets)	\$	250.00	
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$	0	
Total Expenditures (also enter this figure on page 1, Section IV, line 5)		250.00	
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)	+ \$	D	
Subtotal	= \$	0	
Payment this Period (Total all C-2Bs - Payment this Period)	- \$	0	
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	\$	D	

SCHEDULE B ITEMIZED EXPENDITURES

of
1

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

Name of Candid	date or Committee		
		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
4,26906	Citisens for Kathie Garrett 3227 Chescent Rim Dr. Boise, ID 83706	s 250, ∞	\$
Purpose of Abo	ve Expenditure: event Adong or for Kathie	Farrett, he	eld 5/4/06
	2.	\$	\$
Purpose of Abo	ve Expenditure:		
//	3.	\$	\$
Purpose of Abo	ve Expenditure:		
	4.		
/		\$	\$
Purpose of Abo	ve Expenditure:		
, ,		\$	\$
Purpose of Abo	ve Expenditure:	· · · · · · · · · · · · · · · · · · ·	
	6.		
//		\$	\$
Purpose of Abo	ve Expenditure:		
	7.	\$	\$
		\$	\$
Purpose of Abo	ve Expenditure:		
	8.		
//		\$	\$
Purpose of Abo	ve Expenditure:		
	9.		
//		\$	\$
Purpose of Abo	ve Expenditure:		
	Subtotals of Columns A & B	s_250.00	\$ O
	Total This Page (add columns A & B)		\$ 250.00