C-2 Rov. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type) SECRETARY OF STATE STATE OF IDAHO

| ection [| İ | (22000000000000000000000000000000000000 | -, | SIAI | IE UF | IDAHO |
|---|---|--|-------------------------------|------------------------------------|------------------|------------------------------|
| Isme of Candidate or Political Committee | e and Chairperson. | • • | Off | ce Sought (if can | ildetc) Di | strict (If any) |
| | Check if address cheene | City and Zip Denver, CO 80203 | | ne Phone 303-759-060 | | ork Phone 303-832-4900 |
| lame of Political Treasurer | : | 1 201101 | | | - | 303-002-1000 |
| Lawrence D. Anderson, M.D. Valling Address | Check if address change. | City and Zip | Hor | ne Phone | W | ork Phone |
| 8955 Hackamore | | Boise, ID 83709 | | 208-344-198 | 6 | 208-344-3944 |
| ection II | | | _ | | | |
| Directions: To indicate the type instructional manual for reporting | | tes. | lates and ch | ••• | _ | |
| ☑ 7 Day Pre-Primary Rep | | O Day Post-Primary R | _ | | | -General Report |
| 7 Day Pre-General Rep | ort 🔯 3 | 80 Day Post-General R | eport | Annua 🗌 | d Report | |
| Semi-Annual Report (S | tatowide Candidates | Only) | | | | |
| | endment? Yes | I No Is the | is a Termina S OR KXP | tion Report? | ☐ Ye | No No |
| Directions: If you had so contri the appropriate dates and sign th Section IV. [7] I hereby certify that I | is report. Be sure to have received no cor | carry forward the appro | opriate "Cale ide no exper | endar Year to L Editures during |)ate" figu | res in Column H. |
| Section IV To reach your Calendar Year to I figures to the Column II figures | | | | IIMIN I Period | | OLUMN II lar Year to Date |
| Line 1: Cash on Hand Jamuary 1 | , This Year* | | \$ <u>XX</u> | <u>xxxx</u> | \$ | 2.264.76 |
| Line 2: Enter Cash Halance at C | lose of Last Reportin | g Period** | \$ | 2,264.76 | \$ _ <u>></u> | XXXXX |
| Line 3: Total Contributions (Ent | 2) | \$ | 0.00 | \$ | 0.00 | |
| Line 4: Subtotal (Add fines 1, 2 | | \$ | 2,264.76 | s | 2,264.76 | |
| Line 5: Total Expenditures (Enter amount from pag | | 2) | \$ | 0.00 | s | 0.00 |
| Line 6: Cash Balance at Close o | e 5 from line 4)** | \$ | 2,264.76 | \$ | 2,264.76 | |
| Line 7: Outstanding Debt to Date | | | s | | | |
| *This same figure should be em *You must report the each on h Note that the closing each balan | and at both the begin | ning of the reporting p | eriod and the | e close of the r | eporting | period. on hand. |
| Sec | tion V | CERTIFICATION | | | | |
| Return This Report Fo: Ben Yeursa I | | Lawrence D. Anderson, M.D. , hereby certify that the information | | | | |
| Secretary of State PO Box 83720 | in this report | t is a true, complete and | d correct Car | | | |
| Boise ID 83728-8088 phone: (208) 334-2852 | required by I | • | NA 1 | Inde- | | - |
| fax: (208) 334-2282 | | Signature | of Political | Treasurer | | |