CAMPAIGN FINANCIAL DISCLOSURE REPORT



SUMMARY PAGE (Please Print or Type)

08 JAN 16 AM 8: 45 Office Sought (if capdidate) District (if any) Name of Candidate or Political Committee and Chairperson Bob 319-5093 Name of Political Treasure Home Phone Work Phone Caldwell 2021 Candidate or Political Committee 🗵 Political Treasurer Change of address for: TYPE OF REPORT Section II X Original □ Amendment This filing is an: This report is for the period from 11/107 through 12/31/07☐ 30 Day Post-Primary Report October 10 Pre-General Report ☐ 7 Day Pre-Primary Report 7 Day Pre-General Report 30 Day Post-General Report M Annual Report Semi-Annual Report (Statewide Candidates Only) Is this a Termination Report: Yes Section III STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below 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. Section IV SUMMARY COLUMN I **COLUMN II** To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6). This Period Calendar Year to Date s 7.269.34 XXXXXX Line 1: Cash on Hand January 1, This Calendar Year* s 7,269.34 XXXXXX Line 2: Enter Beginning Cash Balance** Line 3: Total Contributions (Enter amount from line 5, page 2) \$ 7,269,34 Line 4: Subtotal (Add lines 1, 2 and 3) 593,67 Line 5: Total Expenditures (Enter amount from line 11, page 2) \$ 6675.67 6.675.67 Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4) Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2) *This same figure should be entered on line 1 of all reports filed this calendar year. **This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0. Note: The closing cash balance for the current reporting period appears on the next report as the beginning cash on hand.

Section V

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, Richard T. Roberg ereby certify that the information in this

report is a true, complete and conject Campaign Financial Disclosure Report as required by law.

and This

Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Robert Bob Ring

			Tota	al This Period
Contributions				
Unitemized Contributions (\$50 and less)	# of Contributors	+	\$	0
Itemized Contributions (Total of all Schedule A sh	eets)	+	\$	0
In-Kind Contributions (Total of all Contribution am	ounts from Schedule C sheets)	+	\$	0
Loans (Total of all New Loan amounts from Schee	dule D sheets)	+	\$	Q
Total Contributions (Transfer this figure to page 1, Section	on IV, Line 3)	=	\$	0

	Expenditures			
6	Unitemized Expenditures (\$25 and less) # of Expenditures	+	\$	0
7	Itemized Expenditures (Total of all Schedule B sheets)	+	\$	593.67
8	8 In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)			0
9	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+	\$	0
10	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+	\$	0
11)	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	=	\$	593,67

	Loans, Credit Cards and Debt	
12	Outstanding Balance from previous reporting period	+ \$ 0
13)	New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+ \$ 🖒
14)	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ \$ O
15)	Subtotal	= \$ 0
16)	Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- \$ <i>O</i>
17)	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- \$ 0
18	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$ Ø

	Pledged Contributions	
19	Unitemized Pledged Contributions (\$50 and less) # of Pledges	+ \$ <i>O</i>
20	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$ 0
21	Total Pledged Contributions this period	= \$ 0

SCHEDULE B ITEMIZED EXPENDITURES

Page	of
Ĵ	1

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

Name o	of Candidate or Committee: Robert	B	iob' Ring
Purpos	se Codes		1
Α	All Travel Expenses (Airfare, Fuel, Lodging & Mileage)	N	Newspaper & Other Periodical Advertising
В	Broadcast Advertising (Radio, TV & Internet)	0	Other Advertising (Yard Signs, Buttons, etc.)
С	Contributions to Candidates & PAC's	Ρ	Postage
D	Donations & Gifts	S	Surveys & Polls
Ε	Event Expenses	Т	Tickets (Events)
F	Food & Refreshments	U	Utilities
G	General Operational Expenses	W	Wages, Salaries, Benefits & Bonuses
L	Literature, Brochures, Printing	Υ	Petition Circulators
M	Management Services	Z	Preparation & Production of Advertising

Date Spent			Cash or Check
1 131,07	1. 44 Know Your Government 3412 College Are (D. Bolz) Caldwell 83605	P	s_50
2,2,07	2. CCRCC 19105 Evening Dr. Caldwell 83607	T	_{\$_35, -}
3,12,07	3. USPS POSTORICE	P	<u>\$ 77,67</u>
5,16,07	4. CCRCC 19105 Evening Dr Caldwell 83607	7	\$_60
6,13,07	0. CCRCC 19105 Evening Dr. Caldwell 83607	T	\$ 30, -
6,21,07	6. Terry Reilly Health Services 211 16 Ave N Nam pa 83687	D	\$ 100. -
(1,19,07	7. USPS	P	s <u>41,-</u>
	8. Families for Spinal Muscular Atrophy PO Box 196 Libertyville IL 60048	D	\$ 50,-
12115107	9. Mike Moyle 480 N Flummer Rd Star 83669		\$_50,-
12,19,07	10. Terry Reilly Health Services 211 16 Ave N Nampa 83487	D	\$ 100
		This Page:	\$ 593.67