CAMPAIGN FINANCIAL DISCLOSURE REPORT

C-2 Rev. 10/07

SUMMARY PAGE (Please Print or Type)

Section I				
Name of Candidate or Political Committee and Chairpe	erson	Offic	e Sought (if candidate)	District (if any)
Mailing Address	2122 City and Zip Tvaca	Ell, Hom	ie Phone	Work Phone
Clokeron Dave ?	Juliciane To	82301 20	8-734 2677	208-293-57
Name of Political Treasurer	the_			
Mailing Address	City and Zip		e Phone	Work Phone
2122 Jule LAve	Torotal		08-734-2677	208-293-573
		-	3	
Section II This filing is an: Original	TYPE OF REPOR Amendment	T		
This report is for the period from/		08 .		
7 Day Pre-Primary Report	☐ 30 Day Post-Primary Re	port	October 10 Pr	e-General Report
7 Day Pre-General Report	☐ 30 Day Post-General Re	port	Annual Report	t
Semi-Annual Report (Statewide Ca	andidates Only)			
Is this a Termination Report: Yes	No No			
Directions: If you had no contributions or e Be sure to carry fo	TATEMENT OF NO CONTRIBUTIONS xpenditures during this reporting periox rward the appropriate "Calendar Year received no contributions and have ma	d, check the box to Date" figures	next to the statement in Column II, Section I	V.
Section IV	SUMMARY		ares during this report	ng period.
To reach your Calendar Year to Date figure: figures to the Column II figures of your previous	Add this report's Column I	COLL This F		COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Calen	dar Year*	\$_XXX	XXX \$_	25200
Line 2: Enter Beginning Cash Balance**		s_ <u>S</u> 2	\$_	XXXXXX
Line 3: Total Contributions (Enter amount from	m line 5, page 2)	\$ <u>76</u>	\$_ \$_	
Line 4: Subtotal (Add lines 1, 2 and 3)		5 129	.U \$_	
Line 5: Total Expenditures (Enter amount from	n line 11, page 2)		s_ 0P.5	
Line 6: Enter Ending Cash Balance (Subtract	line 5 from line 4)	s_79-	\$_	
Line 7: Outstanding Debt to Date (Enter amo	unt from line 18, page 2)	s		
*This same figure should be entered on line **This is the figure on line 6 of the last Camp Note: The closing cash balance for the curre	aign Financial Disclosure Report filed.	If this is your firs t report as the b	st report, this amount is eginning cash on hand	s 0. d.
Section V	,			
Return This Report To: Ben Ysursa Secretary of State	Ceru C. D.	ارو	nereby certify that the i	information in this
Phone: (208) 334-2852	port is a true, complete and correct Ca	mpaign Financia	al Disclosure Report as	required by law.
Fax: (208) 334-2282			\rightarrow	
ě	Page 1	Signature of	Political Treasurer	

DETAILED SUMMARY

	Name of Candidate or Committee: Make Thice	
1) 2) 3) 4) 5)	Contributions Unitemized Contributions (\$50 and less) # of Contributors Itemized Contributions (Total of all Schedule A sheets) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets) Loans (Total of all New Loan amounts from Schedule D sheets) Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	Total This Period + \$ 500 62 + \$ 500 62 + \$ 500 62
6 7 8 9 10 11	Unitemized Expenditures (\$25 and less) # of Expenditures Itemized Expenditures (Total of all Schedule B sheets) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets) Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets) Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets) Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	+ \$
12) 13) 14) 15) 16) 17) 18)	Outstanding Balance from previous reporting period New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets) New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets) Subtotal Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets) Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets) Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	+ \$
19 20 21	Pledged Contributions Unitemized Pledged Contributions (\$50 and less) # of Pledges Itemized Pledged Contributions this Period (Total of all Schedule F sheets) Total Pledged Contributions this period	+ \$ + \$ = \$

SCHEDULE A ITEMIZED CONTRIBUTIONS

Page	of	
1	4	

of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee: Mike Thee			
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check	
☐ /I / 08 ☐ Primary ☐ General	1. Kenneth Itappes 1467 Falls Ave West Two Falls, TD. 8330]	S 100 corrections S 100 correc	
7 / 17 / 08 ☐ Primary ☐ General	2. Oleta Bybee 1214 Tor: Utila Coop Trantalls. D. 83301	\$ 50 °C \$ Calendar Year-To-Date	
	3. Co. 2001 Janes 1401 Dodae Ave Traco tall. 12.83301	\$ 50 02 \$ 50 02 Calendar Year-To-Date	
1 /1 1 /08 ☐ #rimary ☐ General	1 P.D. Therepseed 2231 Settles (Ave Two Falls, D. 8330)	\$	
7 /17 /08 EPrimary General	5. Montes Tognette 1135 Starber Street Twen Falls, ID, 8330)	\$ 50 02 \$ 70 97 \$ Calendar Year-To-Date	
□ Frimary □ General	6. Jeer Marchitonio P. O. Bot 5073 Trow Fall, ID. 87301	\$	
7 /17 /08 Primary General	Flee, Ta. 87328	S S U 22 S TO 22 Celendar Year-To-Date	
☐ Primary☐ General	8. Mite Vagger Two Falls ID. 83307	\$ 100 dz \$ 100 dz Calendar Year-To-Date	
// □ Primary □ General	9.	\$	
☐ Primary☐ General	10.	\$	
L	Total This Page:	\$	

Transfer the combined total of all Schedule A pages to the Detailed Summary on page 2 line 2.

Name of Candidate or Committee:

A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)

Purpose Codes

Newspaper & Other Periodical Advertising

SCHEDULE B ITEMIZED EXPENDITURES



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

D E F G	Contribut Donation Event Ex Food & R General 0	penses T Tickets (Events) Refreshments U Utilities Operational Expenses W Wages, Salaries, Benefits & Bonu	·	
L M		e, Brochures, Printing Y Petition Circulators nent Services Z Preparation & Production of Adver	tisina	
	te Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
اع	30/28	1. Ace Perstro 250 Mari Ave. North Troutfalls, ID. 83301		s_492,90
J		2.		\$
		3.		\$
,	1	4.		\$
	- -	5.		\$
	1	6.		\$
		7.		\$
	1	8.		\$
		9.		\$
,		10.		\$

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.

Total This Page:

\$