C-2 Rev. 06/04



fax: (208) 334-2282

CAMPAIGN FINANCIAL DISCLOSURE REPORT -8 PM 2: 37

SUMMARY PAGE (Please Print or Type)

SECRETARY DE STATE

Section I				STATE OF	didaté) District (if any)
Name of Candidate or Political		1500	des PAC	Office Sought (if can	didaté) District (if any)
Mailing Address	Check if address cha		1003 F03C	Home Phone	Work Phone
5148 E. WOR	dlama or	POST FOIL	S3857	660-839	<u> </u>
Name of Political Treasurer	~ S				
Mailing Address	☐ Check if address cha	- 10.17 4.14 2.17		Home Phone	Work Phone
5148 E. W	od level Dr.	POSTFOR	1/2 83854	668-00	۵
Section II		TYPE OF R	FPORT		
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Semi-Annual Re	port (Statewide Candi	dates Only)			
Is this Repor	an amendment?	Yes No	Is this a Terr	nination Report?	Yes No
Section III	STATEMENT	OF NO CONTRIBL	TIONS OR I	XPENDITURES	
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Signature of Political Treasurer