C-2 Rev. 04/04



## CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE

(Please Print or Type)

10 FEB 17 PM 5: 04

Section 1	<b>基</b> 91				
•	ical Committee and Chairperson	1 0	Office Sought (if c		
Mailing Address	Check if address change	City and Zip	Home Phone	STATE OF 10 AHO	
DB02 305					
Name of Political Treasurer	, .				
Mailing Address	DI Check if address change.	City and Zip	Home Phone	Work Phone	
LPO BOX 305	A	LABURETTE			
Section II		TYPE OF REPOR	RT		
instructional manual for	to the type of report being filed for reporting periods and due do report is for the period from _	ates.			
7 Day Pre-Pr		30 Day Post-Primary R		ber 10 Prc-General Report	
7 Day Pre-Ge	eneral Report	30 Day Post-General R	eport 🛭 🗷 Ann	ual Report	
☐ Semi-Annual	Report (Statewide Candidates	Only)			
Is this Rep	ort an amendment? Yes		is a Termination Report? IS OR EXPENDITURE		
the appropriate dates a Section IV.	and sign this report. Be sure to rtify that I have received no co	carry forward the appr	opriate "Calendar Year to	ng this reporting period	
Section IV		CUIANA DS/			
	nr Year to Date figure: Add this If figures of your previous rep		COLUMN 1 This Period	COLUMN II Calendar Year to Date	
Line 1: Cash on Hand	January I, This Year*		\$ <u>_XX</u> XXXX	s 480482	
Line 2: Enter Cash Ba	lance at Close of Last Reportin	g Period**	\$ 4804.8.>	\$ XXXXXX	
Line 3: Total Contribut	fions (Enter amount from page	2)	\$	\$	
Line 4: Subtotal (Add	lines 1, 2 and 3)		s_4804.82	\$ 4804.82	
Line 5: Total Expenditures (Enter amount from page 2)			s 1400,00	2 1700 00	
Line 6: Cash Balance a	at Close of Period (Subtract lin	e 5 from line 4)**	\$_3404.82-	\$ 3404.8)	
Line 7: Outstanding De	ebt to Date		\$		
** You must report the	uld be entered on line 1 of all recash on hand at both the begin eash balance for the current rep	ning of the reporting pe	eriod and the close of the	reporting period. ming cash on hand.	
	Section V	CER	TIFICATION		
Return This Report I		el T. Mal	Ca: 11- , hereb	v certify that the information	
Secretary of State		(manus of Profettinal Researchers)			
PO Box 83720 Boise 1D 83720-008		in this report is a true, complete and correct Campaign Financial Disclosure Report as			
phone: (208) 334-285 fax: (208) 334-2282	52	Joann	n JMares of Political Treasurer	1 2-17-10	
()		Signature	of Political Treasurer		

Page 1

## **DETAILED SUMMARY PAGE**

Name of Candidate or Committee  1100 PULL Trible PAC	Report Covering the Period From 011011209 to 1243112009
	O CONTRIBUTIONS ollars (\$50.00) or Less This Period
Total Number <u> </u>	Total Amount \$
	ED EXPENDITURES venty-Five Dollars (\$25.00) This Period
Total Number <u>· C</u>	Total Amount \$ O

		Total This Period
Number of Schedule A pages Attached		
Contributions		
Unitemized Contributions (\$50 and less) from top of page	\$	
Itemized Contributions (total all Schedule A sheets)	\$	
otal Contributions (also enter this figure on page 1, Section IV, line 3)		NONE
Number of Schedule B pages Attached		MANUAL TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T
Expenditures		
Unitemized Expenditures (less than \$25) from top of page	\$	
Itemized Expenditures (total all Schedule B sheets)	\$	1400.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$	
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$	
Number of Schedule C-2B pages Attached		
Incurred Expenditures		
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)		
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$	
Subtotal	= \$	
Payment this Period (Total all C-2Bs - Payment this Period)	\$	GO.004!
Total Outstanding Balance at close of this period (enter on page I, Section IV, line 7)	<b></b> \$	
Number of Schedule C-2A pages Attached		
Pledged Contributions		
Amount Pledged this Period	\$	

## SCHEDULE B ITEMIZED EXPENDITURES

Page	- C	
Page	1 60	
	i	1

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

	late or Committee		
L/QZ	Pence Tribe PAC		
		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	or Recipient  I woult minnice for languess		(mont interventing)
. (6-1.00	PO BOX 304	570 00	
218109	Boise, TD 83701	\$ 500.00	\$
Parpose of Abo	ve Expenditure:		
	2 Friends of Claudia Kaulfman		
7	1° 6 6 845	\$ 800.00	\$
_/_/	Kent, WA 98035-0845	#	<b>*</b>
Purpose of Aho	ve Expenditure:		
	MANYSVILL WA 98270		
7,10,00	NAME OF THE PARTY OF THE	\$_100.00	\$
Purpose of Abo	ve Expenditure:		
	<b>a</b> .		
/ /		\$	\$
D	Para Maria		
rurpose of Abo	ve Expenditure:		
//		\$	\$
Purnose of Abo	ve Expenditure:		
t an prose are real	6.	1	
///		\$	\$
Purpose of Abo	ve Expenditure:		
	7,		,,
		\$	\$
		.,,	,,
Purpose of Abov	ve Expenditure:		
	В,		
, ,		\$	\$
/			- Mariana and a second
Purpose of Abov			
	9.		
, ,		S	\$
Purpose of Alice	ve Expenditure:		
	- Light Light	* 11100 CV	
	Subtotals of Columns A & B	\$ 1400,00	<u>\$</u>
	Total This Page (add columns A & B)		s 1.4-00.00