

## **CAMPAIGN FINANCIAL DISCLOSURE REPORT**

SUMMARY PAGE (Please Print or Type) POSTED ev. 10/07

7-1-11 Rec.
Secretary of State

District (if any)

**SCANNED** 

| Section I   |  |                                   | Sec                | retary of 5                           |  |  |  |
|---|--|-----------------------------------|--------------------|---------------------------------------|--|--|--|
| Name of Candidate or Political Committee and Chair<br>Gay and Lesbian Victory Fur   |  | Office Sought (if                 | candidate)         | Disfrict (if any)                     |  |  |  |
| Mailing Address   | City and Zip   | Home Phone                        | - 1                | Work Phone                            |  |  |  |
| 4165 Hill Road  | Boise, ID 83   | 3703 208-48                       | 4-2590             | 202-842-8679                          |  |  |  |
| Name of Political Treasurer  Nancy Elizabeth Spittle  |  |                                   |                    |                                       |  |  |  |
| Mailing Address   | City and Zip   | . Home Phone                      |                    | Work Phone 202-842-8679               |  |  |  |
| 4165 Hill Road  | Boise, ID 83   | 3703 208-48                       | 4-2590             |                                       |  |  |  |
| Change of address for: Candidate or   | Political Committee  Polit   | ical Treasurer                    |                    |                                       |  |  |  |
| iection II This filing is an:  Original   | TYPE OF REPO   | ORT                               |                    |                                       |  |  |  |
|   | 13 / 10 through 12 / 31  | / <b>10</b>                       |                    |                                       |  |  |  |
| 7 Day Pre-Primary Report  | 30 Day Post-Primary  | Report C                          | ctober 10 Pre-     | -General Report                       |  |  |  |
| 7 Day Pre-General Report  | 30 Day Post-General  | Report A                          | nnual Report       | nual Report                           |  |  |  |
| Semi-Annual Report (Statewide C   | Candidates Only)   |                                   |                    |                                       |  |  |  |
| s this a Termination Report: Yes  | No   |                                   |                    |                                       |  |  |  |
|   | ETATEMENT OF NO CONTRIBUTIO  | NE OD EVDENDITUDES                |                    |                                       |  |  |  |
| Section III Directions: If you had no contributions or  | STATEMENT OF NO CONTRIBUTION expenditures during this reporting pe   |                                   | ne statement b     | elow and sign this rep                |  |  |  |
|   | forward the appropriate "Calendar Ye   |                                   |                    |                                       |  |  |  |
| I hereby certify that I hav   | e received no contributions and have   | made no expenditures durin        | ng this reporting  | g period.                             |  |  |  |
| ection IV   | SUMMARY  |                                   |                    |                                       |  |  |  |
| o reach your Calendar Year to Date figure<br>gures to the Column II figures of your prev  |  | COLUMN I<br>This Period           | C                  | COLUMN II<br>Calendar Year<br>to Date |  |  |  |
| ine 1: Cash on Hand January 1, This Cale  | endar Year*  | s XXXXXX                          | \$                 | 0.00                                  |  |  |  |
| ine 2: Enter Beginning Cash Balance**   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | \$ 0.00                           | \$                 | XXXXXX                                |  |  |  |
|   | Total Contributions (Enter amount from line 5, page 2)   |                                   | \$                 | 0.00                                  |  |  |  |
| ine 4: Subtotal (Add lines 1, 2 and 3)  | ,  | \$ 0.00                           | \$                 | 0.00                                  |  |  |  |
| ine 5: Total Expenditures (Enter amount fr  | om line 11, page 2)  | \$0.00                            | \$                 | 0.00                                  |  |  |  |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)   |  | \$0.00                            | \$                 | 0.00                                  |  |  |  |
| ine 7: Outstanding Debt to Date (Enter an   | nount from line 18, page 2)  | \$                                |                    |                                       |  |  |  |
| This same figure should be entered on line *This is the figure on line 6 of the last Cam Note: The closing cash balance for the cur | npaign Financial Disclosure Report file  | ed. If this is your first report, |                    |                                       |  |  |  |
| Section V   | The state of the s |                                   |                    |                                       |  |  |  |
| Return This Report To:  | <b>a</b> .   | ^                                 |                    |                                       |  |  |  |
| Ben Ysursa  | C.A. Wolf  |                                   | artify that the in | formation in this                     |  |  |  |
| Secretary of State PO Box 83720   | Name of <del>Political Treasur</del>   |                                   | iny mai me m       | ioimation iii tilis                   |  |  |  |
|   | report is a true, complete and correct   | -                                 | ure Report as      | required by law.                      |  |  |  |
| Phone: (208) 334-2852   |  |                                   | ,                  | ,                                     |  |  |  |
| Fax: (208) 334-2282   | ( Hero   | effe                              |                    |                                       |  |  |  |

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Signature of Political Treasurer

## DETAILED SUMMARY

Name of Candidate or Committee: Gay and Lesbian Victory Fund

|   |  |   | Tot | al This Period |
|---|--|---|-----|----------------|
|   | Contributions  |   |     |                |
| 1                                       | Unitemized Contributions (\$50 and less) # of Contributors   | + | \$  | 0.00           |
| 2                                       | Itemized Contributions (Total of all Schedule A sheets)  | + | \$  | 0.00           |
| <ul><li>2</li><li>3</li><li>4</li></ul> | In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)                                       |   |     | 0.00           |
| 4                                       | Loans (Total of all New Loan amounts from Schedule D sheets)   |   |     | 0.00           |
| (5)                                     | Total Contributions (Transfer this figure to page 1, Section IV, Line 3)   |   |     | 0.00           |
|   |  |   |     |                |
|   | Expenditures   |   |     |                |
| 6                                       | Unitemized Expenditures (\$25 and less) # of Expenditures  | + | \$  | 0.00           |
| 7                                       | Itemized Expenditures (Total of all Schedule B sheets)   | + | \$  | 0.00           |
| (8)                                     | In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)   | + | \$  | 0.00           |
| 8<br>9<br>10                            | Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)   |   |     | 0.00           |
| (10)                                    | Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)                                |   |     | 0.00           |
| (11)                                    | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)  | = | \$  | 0.00           |
| (12)                                    | Loans, Credit Cards and Debt Outstanding Balance from previous reporting period  | + | \$  | 0.00           |
| (12)                                    | New Loans received during this reporting period  | • | φ   | 0.00           |
| 13)                                     | (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)   |   |     | 0.00           |
| (14)                                    | New Credit Card and Debt incurred this reporting period  |   | ¢   | 0.00           |
| _                                       | (Total of all New Incurred Debt amounts from Schedule E sheets)  | * | Þ   | 0.00           |
| 15)                                     | Subtotal   | = | \$  | 0.00           |
| 16)                                     | Repayments of Loans made during this reporting period  (Total of all Loan Repayment amounts from Schedule D sheets)    |   | \$  | 0.00           |
| 17)                                     | Repayments of Credit Card and Debt this reporting period  (Total of all Debt Repayment amounts from Schedule E sheets) |   | \$  | 0.00           |
| 18)                                     | Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)                 | = | \$  | 0.00           |
|   |  |   |     |                |
|   | Pledged Contributions  |   |     |                |
| 19)                                     | Unitemized Pledged Contributions (\$50 and less) # of Pledges  | + | \$  | 0.00           |
| (19)<br>(20)                            | Itemized Pledged Contributions this Period (Total of all Schedule F sheets)  | + | \$  | 0.00           |
| 21)                                     | Total Pledged Contributions this period  | = | \$  | 0.00           |