



## CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE (Please Print or Type)

| Section i  |   |                              |  | - 1 4 4 7 6間 7:27                     |  |
|--|---|------------------------------|--|---------------------------------------|--|
| Name of Candidate or Political Comm                                  |   | AC                           | Office Sought (If ca                                       | ndidate) District (if any)            |  |
| CONSERVATIVE WOMEN OF IDAHO STATE P                                  |   |                              | Varia Chana  | STATESTY UNATAT                       |  |
| Mailing Address PO BOX 25  |   | City and Zip<br>TENSED 83870 | Home Phone<br>208-274-290                                  | STATE NOR PIONAHO                     |  |
| Name of Political Treasurer KAREN CALISTERIO                         |   | I                            |  |                                       |  |
| Mailing Address  |   | City and Zip                 | Home Phono   | Work Phone                            |  |
| 1519 MOSES MOUNTAIN ROAD   |   | TENSED 83870                 | 208-274-200  |                                       |  |
| Change of address for:   | Candidate or Political Committe   | ee D Political               | Treasurer 🔘  |                                       |  |
| Section II   |   | TYPE OF REPORT               | •  |                                       |  |
|  | Original   Amendmer   |                              |  |                                       |  |
| This report is for the period fro                                    | •   | ough///                      |  |                                       |  |
| 7 Day Pre-Primary F  | Report 🔲 30   | Day Post-Primary Rep         | ort 🖺 Oct  | ober 10 Pre-General Report            |  |
| ☐ 7 Day Pre-General Report ☐ 30 Day Post-General                     |   |                              | Report Annual Report                                       |                                       |  |
| Semi-Annual Record   | t (Statewide Candidates Only)   |                              |  |                                       |  |
| Is this a Termination Report:  | ☐ Yes ☑ No  |                              |  |                                       |  |
| Bes  | ntributions or expenditures duri<br>sure to carry forward the appro-  | priate "Calendar Year to     | check the box next to the Date" figures in Column II       | •                                     |  |
|  | tify that I have received no con  |                              | le no expenditures during t                                | this reporting period.                |  |
| Section IV   |   | SUMMARY                      |  |                                       |  |
|  | o Date figure: Add this report's<br>s of your previous report (excep  |                              | COLUMN I<br>This Period                                    | COLUMN II<br>Calendar Year<br>to Date |  |
| Line 1: Cash on Hand January 1, This Calendar Year*                  |   |                              | \$ XXXXXX  | \$ 310.25                             |  |
| Line 2: Enter Beginning Cash I                                       | Balance**   |                              | \$ <u>310.25</u>   | \$ XXXXXX                             |  |
| Line 3: Total Contributions (En                                      |   | \$ 0.00                      | \$ 0.00  |                                       |  |
| Line 4: Subtotal (Add lines 1, 2                                     | 2 and 3)  |                              | \$ 310.25  | \$ 310.25                             |  |
| Line 5: Total Expenditures (Enter amount from line 11, page 2)       |   |                              | \$_0.00  | \$ 0.00                               |  |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)      |   |                              | \$ 310.25  | \$ 310.25                             |  |
| Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2) |   |                              | \$_0.00  |                                       |  |
| "This is the figure on line 6 of                                     | ntered on line 1 of all reports file<br>the last Campaign Financial Di<br>e for the current reporting perio | sclosure Report filed. If    | this is your first report, this eport as the beginning cas | s amount is 0.<br>h on hand.          |  |
|  | Section V   |                              |  |                                       |  |
| Return This Report To:   |   |                              |  |                                       |  |
| Ben Ysursa   | KAREN CALISTERIO  |                              |  |                                       |  |
| Secretary of State   | Name of Political Treasurer, hereby certify that the information in this                                    |                              |  |                                       |  |
| PO Box 83720   |   |                              |  |                                       |  |
| Boise ID 83720-0080<br>Phone: (208) 334-2852                         | report is a true, complete and correct Campaign Financial Disclosure Report as required by law.             |                              |  |                                       |  |
| Fax: (208) 334-2282  |   | -4/11. 1. 1. 1               | ( a D. Atm   | <del>***</del>                        |  |
| ,  | <u>.</u>  | WW                           | Signature of Political Tre                                 | Seurar                                |  |
|  |   |                              | CIBLIDITIES OF LOUGODE 116                                 | GOGI (V)                              |  |