

## CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE

(Please Print or Type)

Rev

Section 1				1:	2 MAY 24	AM 9: 35	
Section   Name of Candidate or Political Committee and Chairperson							
Glida Ecthwell				State Rec	PAPPER	District (if any) UHSIAHEB	
Mailing Address	_ 1 .	City and Zip	2/1/	939-6		Mouthing.	
Name of Political Treasurer	w Lh	Eagle 83	ele	11210	· · · · · · · · · · · · · · · · · · ·		
Elizabeth	Roberts	1 Av 1 3				I Manda Phana	
Mailing Address	· \ c D	City and Zip	77, 11	Home Phone	17:1	Work Phone	
1351 N Mansh	idate or Political Committe		36		1307		
	idate of Folitical Committee	TYPE OF REPOR		<b>.</b>			
Section II This filing is an:   Origin	nal 🗆 Amendmer		•				
This report is for the period from	1 / 1 / 12 thro	ough <u>4 / 29 /</u>	12.				
7 Day Pre-Primary Report 30 Day Post-Primary Report					October 10 Pr	re-General Report	
7 Day Pre-General Report 30 Day Post-General Report			eport		Annual Repor	t	
☐ Semi-Annual Report (Sta	tewide Candidates Only)						
Is this a Termination Report:	Yes ⊠ No						
Section III	STATEMENT OF	NO CONTRIBUTIONS	S OR EXP	ENDITURES			
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below and sign this re  Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.							
Be sure	to carry forward the appro	priate "Calendar Year	to Date" tig	gures in Colum	in II, Section	IV.	
l hereby certify th	nat I have received no cor	tributions and have m	ade no exp	enditures duri	ng this report	ing period.	
Section IV	• • • • • • • • • • • • • • • • • • • •	SUMMARY		_	_		
To reach your Calendar Year to Date figure: Add this report's Column I				COLUMNI		COLUMN II	
figures to the Column II figures of y	our previous report (exce	pt on line 6).		This Period		Calendar Year to Date	
Line 1: Cook on Hond, January 1. This Colondar Voor*			¢	xxxxx	¢	10 0010	
Line 1: Cash on Hand January 1, This Calendar Year*			→	C	_	VVVVV	
Line 2: Enter Beginning Cash Balance**			\$		_ \$_	XXXXXX	
Line 3: Total Contributions (Enter amount from line 5, page 2)			\$		_ \$_		
Line 4: Subtotal (Add lines 1, 2 and 3)			\$		_ \$_		
Line 5: Total Expenditures (Enter amount from line 11, page 2)			\$		_ \$_		
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)			\$		\$_		
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)					_		
*This same figure should be entere	d on line 1 of all reports f	led this calendar year.					
**This is the figure on line 6 of the l							
Note: The closing cash balance for		ou appears on the nex	epon as	uie beginning	Cash on han	<u> </u>	
Return This Report To:	tion V						
Ben Ysursa	+ + 1 - 1		4-	h h			
Secretary of State	I, Fizaber 13 hereby certify that the information in this Name of Political Treasurer						
Boise ID 83720-0080							
Phone: (208) 334-2852 Fax: (208) 334-2282							
Signature of Political Treasurer							
		Page 1	Signa	ure or Politica	reasurer		