

2014 NOV -4 AM 8: 47

REPORT OF ELECTIONEERING COMMUNICATION STATE OF IDAHO

For use by a person who has expended \$100 or more per year on electioneering communications.

Any person incurring costs of \$1,000 or more must file within 48 hours of incurring costs.		POSTE
Name of person/entity	1/ee Top Ranches 1/S Capital city 130186 State ID Zip 837 30x 8126 city 130186 State FD Zip 8379 377 6998	702 07
	TYPE OF REPORT	
7 Day Pre-Primary R	eport 30 Day Post-Primary Report 48 Hour F	Report
7 Day Pre-General R	eport 30 Day Post-General Report	
Is this an amended report?		
This amends a previous report filed on		
Date of Public Distribution(s) (CC+ 31, NOV 2		
Total Expenditures this Statement		\$3250.09
Total Itemized Contributions of \$50 or More this statement		\$
Total Contributions this statement		\$ 3256.64
Return This Report To: Ben Ysursa Secretary of State PO Box 83720 Boise ID 83720-0080 phone: (208) 334-2852		
phone: (208) 334-2852 fax: (208) 334-2282	Date Signed	

Itemized Contributions for Electioneering Communication (\$50 or more)

Italian Top Ranches Name of person/entity: Date Received 4. Name (last, first) William S. Contribution Amount City/State/Zip_BUISC. ☐ In-Kind 1. Date Received 4. Name (last, first)_____ 2. Contribution Amount 5. Address____ 3. Cash Loan 6. City/State/Zip_____ ☐ In-Kind Date Received 4. Name (last, first)_____ Contribution Amount 5. Address__ 6. City/State/Zip_____ ☐ In-Kind **Date Received** / / 4. Name (last, first)______ 2. Contribution Amount Address 3. Cash Loan 6. City/State/Zip_____ ☐ In-Kind Date Received _/__/_ 4. Name (last, first)_____ Contribution Amount Address 6. City/State/Zip____ ☐ In-Kind

Itemized Expenditures for Electioneering Communication

BIND, SALES Idallo Statesman Name of person/entity: Date Expended Name (last, first) 4. Address 1200 N. Curtis Rd 5. City/State/Zip Base, ID 2. Amount 6. Method of Communication(s) Newspaper 7. Name of Candidate(s) referred to GW Bytch Otter \$3250,00 cash in-kind 1. Date Expended 3. Name (last, first) 4. Address 5. City/State/Zip_____ 2. Amount Method of Communication(s) 7. Name of Candidate(s) referred to 8. Support _____ Oppose ____ cash in-kind Purpose of Expenditure___ 1. Date Expended 3. Name (last, first)_____ 4. Address_____ ___/___/___ City/State/Zip_____ 2. Amount 6. Method of Communication(s) 7. Name of Candidate(s) referred to 8. Support _____ Oppose ____ cash 9. Purpose of Expenditure in-kind Date Expended 3. Name (last, first)______ 4. Address_____ _______ 5. City/State/Zip____ 2. Amount 6. Method of Communication(s)_____ 7. Name of Candidate(s) referred to 8. Support _____ Oppose _____ cash Purpose of Expenditure in-kind