## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE

14 OCT 30 AM 08:44

Rev. 5/11

## (Please Print or Type) SECRETARY OF STATE

| Section I                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE                                  | DF IDAHO                              |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Name of Candidate or Political Committee and Chairperson                                                          | on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Office Sought (if cand                 |                                       |
| David R Suswal                                                                                                    | City and Zin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | St Rep, Pos B                          |                                       |
| Mailing Address PO Box 148                                                                                        | City and Zip Deary 83823                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Home Phone 2088771313                  | Work Phone                            |
| Name of Political Treasurer                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2000771313                             |                                       |
| Renee L Abbott                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                       |
| Mailing Address                                                                                                   | City and Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Home Phone                             | Work Phone                            |
| PO Box 421                                                                                                        | Troy 83871                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2088353271                             | 2088353271                            |
| Change of address for: Candidate or Pol                                                                           | litical Committee   Political Politi | tical Treasurer                        |                                       |
| Section II This filing is an:   Original                                                                          | TYPE OF REP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                       |
| This report is for the period from 10 / 01                                                                        | _/ <u>2014</u> through <u>10 / 19</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>/ 2014</u>                          |                                       |
| 7 Day Pre-Primary Report                                                                                          | 30 Day Post-Primary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | ber 10 Pre-General Report             |
| √ 7 Day Pre-General Report                                                                                        | 30 Day Post-General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Report Annu                            | al Report                             |
| Semi-Annual Report (Statewide Candles this a Termination Report: Yes                                              | didates Only)  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                       |
|                                                                                                                   | ATEMENT OF NO CONTRIBUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                       |
| Directions: If you had no contributions or exp  Be sure to carry forw                                             | enditures during this reporting pe<br>vard the appropriate "Calendar Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                       |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                      |                                       |
| I hereby certify that I have re                                                                                   | ceived no contributions and have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | made no expenditures during th         | is reporting period.                  |
| Section IV                                                                                                        | SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Y</b>                               |                                       |
| To reach your Calendar Year to Date figure: Ac figures to the Column II figures of your previous                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COLUMN I<br>This Period                | COLUMN II<br>Calendar Year<br>to Date |
| Line 1: Cash on Hand January 1, This Calenda                                                                      | ır Year*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$_XXXXXX                              | \$ 0.00                               |
| Line 2: Enter Beginning Cash Balance**                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ <u>-120.69</u> O                    | \$ XXXXXX                             |
| Line 3: Total Contributions (Enter amount from                                                                    | line 5, page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$_0.00                                | \$ <u>100.0</u> 0 <i>220.</i> 60      |
| Line 4: Subtotal (Add lines 1, 2 and 3)                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ <del>-120.69</del> ○                | \$ 100.00 220,60                      |
| Line 5: Total Expenditures (Enter amount from                                                                     | line 11, page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ 0.00                                | \$ 220.69                             |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ <del>-120.69 °</del>                | \$ <del>-120.69 </del>                |
| Line 7: Outstanding Debt to Date (Enter amour                                                                     | nt from line 18, page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ <del>0.00</del> 120.69              |                                       |
| *This same figure should be entered on line 1 of the last Campaion Note: The closing cash balance for the current | gn Financial Disclosure Report file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ed. If this is your first report, this |                                       |
| Section V                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                       |
| Return This Report To:                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                       |
| Ben Ysursa                                                                                                        | Renee L Abbott                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | horoby partific                        | that the information in this          |
| Secretary of State                                                                                                | Name of Political Treasur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        | mat the imormation in this            |
| PO Box 83720<br>Boise ID 83720-0080 repo                                                                          | ort is a true, complete and correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Campaign Financial Disclosure I        | Report as required by law.            |
| Phone: (208) 334-2852                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                      | 1                                     |
| Fax: (208) 334-2282                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Digital Signature                      |                                       |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature of Political Trea            | surer                                 |
|                                                                                                                   | D 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                                      |                                       |

## **DETAILED SUMMARY**

## Name of Candidate or Committee: David R Suswal

|                                                                                  | Total This Period |
|----------------------------------------------------------------------------------|-------------------|
| Contributions                                                                    |                   |
| 1 Unitemized Contributions (\$50 and less) # of Contributors 0                   | + \$0.00          |
| 2 Itemized Contributions (Total of all Schedule A sheets)                        | + \$0.00          |
| In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets) | + \$0.00          |
| 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          |

| Ex      | xpenditures                                                                         |                |
|---------|-------------------------------------------------------------------------------------|----------------|
| 6       | Unitemized Expenditures (Less than \$25) # of Expenditures O                        | + \$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       |
| 9       | 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 she | eets) + \$0.00 |
| (11) To | otal Expenditures (Transfer this figure to page 1, Section IV, Line 5)              | = \$0.00       |

| L      | oans, Credit Cards and Debt                                                                                                     |   |        |
|--------|---------------------------------------------------------------------------------------------------------------------------------|---|--------|
| (12)   | Outstanding Balance from previous reporting period                                                                              | + | \$0.00 |
| 13     | New Loans received during this reporting period<br>(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 (Total of all New Incurred Debt amounts from Schedule E sheets)         | + | \$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) T | otal 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 O             | + \$0.00 |
| 20  | Itemized Pledged Contributions this Period (Total of all Schedule F sheets) | + \$0.00 |
| 21) | Total Pledged Contributions this period                                     | = \$0.00 |