

5747



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

C-2
Rev. 12/14

Section I

Name of Candidate or Political Committee and Chairperson: Brandon Hixon
Office Sought (if candidate):
District (if any):
Mailing Address: 910 N Plateau Cwe
City and Zip: Caldwell
Home Phone:
Work Phone:
Name of Political Treasurer: Arlene Yamamoto
Mailing Address: 818 Suncrest Ln
City and Zip: Caldwell ID
Home Phone: 459-7079
Work Phone:

Change of address for: Candidate or Political Committee [] Political Treasurer []

Section II

This filing is an: [] Original [X] Amendment
TYPE OF REPORT
This report is for the period from ___/___/___ through ___/___/___

- [] 7 Day Pre-Primary Report [] 30 Day Post-Primary Report [] October 10 Pre-General Report
[] 7 Day Pre-General Report [] 30 Day Post-General Report [X] Annual Report
[] Semi-Annual Report (Statewide Candidates Only)

Is this a Termination Report: [] Yes [] No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

[] I hereby certify that I have received no contributions and have made no expenditures during this reporting period.

Section IV

SUMMARY

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

Table with 3 columns: Description, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt to Date.

*This same figure should be entered on line 1 of all reports filed this calendar year.
**This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.
Note: The closing cash balance for the current reporting period appears on the next report as the beginning cash on hand.

Section V

Return This Report To:
Secretary of State
PO Box 83720
Boise ID 83720-0080
Phone: (208) 334-2852
Fax: (208) 334-2282

I, _____, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Political Treasurer

SCHEDULE C IN-KIND CONTRIBUTIONS and EXPENDITURES

Name of Candidate or Committee:

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- | | |
|--|---|
| <p>A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)</p> <p>B Broadcast Advertising (Radio, TV, Internet & Telephone)</p> <p>C Contributions to Candidates & PAC's</p> <p>D Donations & Gifts</p> <p>E Event Expenses</p> <p>F Food & Refreshments</p> <p>G General Operational Expenses</p> <p>H Independent Expenditure</p> <p>L Literature, Brochures, Printing</p> <p>M Management Services</p> | <p>N Newspaper & Other Periodical Advertising</p> <p>O Other Advertising (Yard Signs, Buttons, etc.)</p> <p>P Postage</p> <p>S Surveys & Polls</p> <p>T Tickets (Events)</p> <p>U Utilities</p> <p>W Wages, Salaries, Benefits & Bonuses</p> <p>Y Petition Circulators</p> <p>Z Preparation & Production of Advertising</p> |
|--|---|

1.	<u>06/23/15</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code Jim Rice For Idaho 1011 Tech Ave Caldwell, ID 83605	\$ <u>150.00</u> \$ _____ Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code Goddard County Family Festival P.O. Box 993 Nampa, ID 83653	\$ <u>150.00</u> Purpose Code(s) L
2.	<u> / / </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____ \$ _____ Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code	\$ _____ Purpose Code(s)
3.	<u> / / </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____ \$ _____ Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code	\$ _____ Purpose Code(s)
4.	<u> / / </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____ \$ _____ Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code	\$ _____ Purpose Code(s)
		Expenditure Total: (Transfer the combined total of all Expenditures on Schedule C pages to the Detailed Summary, page 2 line 8)	\$ _____
		Contributor Total: (Transfer the combined total of all Contributors on Schedule C pages to the Detailed Summary, page 2 line 3)	\$ _____