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

C-2 Rev. 12/14

16 FEB -9 PM 2: 37

| Section I | | | SECULTA | 5. |
|---|---------------------------------|-----------------------------------|---|--------------------------------------|
| Name of Candidate or Political Committee | ee and Chairperson | | Office South Fill Cancel State Servate | |
| Shawn Keough | | City and Zip | Home Phone | OF IDAHO One |
| Mailing Address P.O. Box 101 | | Sandpoint, 83864 | (208) 263-183 | |
| Name of Political Treasurer | | | | |
| Shawn A. Keough | | | | |
| Mailing Address | | City and Zip | Home Phone | Work Phone |
| P.O. Box 101 | | Sandpoint, 83864 | (208) 263-183 | 39 |
| Change of address for: Ca | andidate or Political Committ | ee Political Tre | asurer | |
| Section II | | TYPE OF REPORT | | |
| This filing is an: | iginal 🏻 🗘 Amendmer | nt | | |
| This report is for the period from | thre | ough _. | • | |
| ☐ 7 Day Pre-Primary Re | port 🔲 30 |) Day Post-Primary Report | ☐ Octo | ber 10 Pre-General Report |
| ☐ 7 Day Pre-General Re | port 🔲 30 | Day Post-General Report | Annı 🔳 | ual Report |
| ☐ Semi-Annual Report (\$ | Statewide Candidates Only) | | | |
| Is this a Termination Report: | ☐ Yes No | | | |
| 0 0 10 | CTATEMENT OF | NO CONTRIBUTIONS OF | EXPENDITI IRES | |
| Section III Directions: If you had no contr | ibutions or expenditures dur | ina this reporting period. ch | neck the box next to the s | statement below and sign this report |
| Be su | re to carry forward the appro | opriate "Calendar Year to D | ate" figures in Column II, | Section IV. |
| □ 11 h | y that I have received no cor | atributions and have made | no ovnenditures durina t | his reporting period |
| | y that I have received no coi | | | nis reporting period. |
| Section IV | | SUMMARY | COLLINANIA | COLLIMALII |
| 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). | | | COLUMN I This Period | COLUMN II Calendar Year |
| ngures to the column in ngures t | y your provious repert (sixes | | | to Date |
| Line 1: Cash on Hand January 1 | I This Calendar Vear* | | s XXXXXX | \$ 13,611.95 |
| • | | | £ 13,611.95 | s XXXXXX |
| Line 2: Enter Beginning Cash Balance** | | | Ψ | ¥ |
| Line 3: Total Contributions (Ente | er amount from line 5, page 2 | 2) | \$ 9,550.00 | \$ 9,550.00 |
| Line 4: Subtotal (Add lines 1, 2 | and 3) | | \$ | \$ |
| Line 5: Total Expenditures (Ente | er amount from line 11, page | 2) | \$ 4,737.52 | \$ <u>4,737.52</u> |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4) | | e 4) | \$ | \$ |
| Line 7: Outstanding Debt to Dat | e (Enter amount from line 18 | 8, page 2) | \$ | |
| *This same figure should be ent **This is the figure on line 6 of the | he last Campaign Financial I | Disclosure Report filed. If th | his is your first report, this | s amount is 0. |
| Note: The closing cash balance | | nou appears on the next re | port as the beginning cas | an on nunu. |
| | Section V | | | |
| Return This Report To: | OI * 14 | · | | |
| Lawerence Denney Secretary of State | _{l,} <u>Shawn A.</u> K | eough Name of Political Treasurer | , hereby certif | fy that the information in this |
| PO Box 83720 | | Name of Political Treasurer | | . |
| Boise ID 83720-0080 | report is a true, c | complete and correct Camp | aion Financial Disclosure | Report as required by law. |
| Phone: (208) 334-2852 | | \sim | 4121. 1X | Kingel |
| Fax: (208) 334-2282 | | / 4/ | 1////////////////////////////////////// | 11/11/11/11 |

Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Shawn Keough

| The state of the s | | | Total This Period |
|--|--------------------------------|--|--|
| Contributions | | A company of about the company of th | The state of the s |
| Unitemized Contributions (\$50 and less) | # of Contributors 1 | + | \$5.00 |
| Itemized Contributions (Total of all Schedule A sheets) | | + | \$9,550.00 |
| In-Kind Contributions (Total of all Contribution a | mounts from Schedule C sheets) | + | \$ |
| Loans (Total of all New Loan amounts from School | edule D sheets) | + | \$ |
| Total Contributions (Transfer this figure to page 1, Sect | ion IV, Line 3) | | \$9,550.00 |

| Exp | penditures | | | |
|---------|--|--|---|------------|
| 6 | Unitemized Expenditures (Less than \$25) | # of Expenditures 4 | + | \$54.98 |
| 0 | Itemized Expenditures (Total of all Schedule B sl | neets) | + | \$4,682.54 |
| 3) | In-Kind Expenditures (Total of all Expenditure an | nounts from Schedule C sheets) | + | \$ |
| | Loan Repayments (Total of all Loan Repayment | amounts from Schedule D sheets) | + | \$ |
| 0 | Credit Card and Debt Repayments (Total of all R | epayment amounts from Schedule E sheets) | + | \$ |
| 1) Tota | al Expenditures (Transfer this figure to page 1, Secti | on IV, Line 5) | = | \$4,737.52 |

| Lo | pans, Credit Cards and Debt | |
|--------|--|------|
| 12 | Outstanding Balance from previous reporting period | + \$ |
| 13) | New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets) | + \$ |
| 14) | New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets) | + \$ |
| 15) | Subtotal | = \$ |
| 16) | Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets) | - \$ |
| 17) | Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets) | - \$ |
| 18) To | tal Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7) | = \$ |

| | Pledged Contributions | The second secon |
|-----|---|--|
| 19 | Unitemized Pledged Contributions (\$50 and less) # of Pledges | + \$ |
| 20 | Itemized Pledged Contributions this Period (Total of all Schedule F sheets) | + \$ |
| 21) | Total Pledged Contributions this period | = \$ |

SCHEDULE A ITEMIZED CONTRIBUTIONS

Page of 2

of more than Fifty Dollars (\$50.00) this period

| Name of Candi | date or Committee: | |
|------------------------|--|---|
| Date Received | Full Name, Mailing Address and Zip Code of Contributor | Cash or Check |
| 12 ,16 ,15 | Mountain View Hospital, LLC 2325 Coronado Street | \$ <u>500.00</u> |
| ☑ Primary ☐ General | Idaho Falls, Id 83404 | \$ \frac{500.00}{Calendar Year-To-Date} |
| 12 16 15 | 2. Maverick, Inc. 880 West Center Street | \$ 250.00 |
| ☑ Primary ☐ General | North Salt Lake, UT 84054 | \$ 250.00 Calendar Year-To-Date |
| 12 ,16 ,15 | 3. Management & Training Corp. P.O. Box 10 | \$ 250.00 |
| ☑ Primary ☐ General | Centerville, UT 84014-0010 | \$ 250.00 Calendar Year-To-Date |
| 12 ,21 ,15 | 4. Potlatch, Corp. 601 West First Ave, Ste. 1600 | \$_1,000.00 |
| ☑ Primary ☐ General | Spokane, Wa 99201 | \$ 1,000.00 Calendar Year-To-Date |
| 12 ,26 ,15 | 5. Kelly R. Packer P.O. Box 147 | \$_100.00 |
| ☑ Primary ☐ General | McCammon, Id 83250 | \$ \frac{100.00}{Calendar Year-To-Date} |
| 12 _29 _15 | 6. Brent Hill 1010 South Second East Rexburg, Id 83440 | \$ 1,000.00 |
| ☑ Primary ☐ General | 7. | \$ 1,000.00 Calendar Year-To-Date |
| / | | \$ |
| ☐ Primary ☐ General | 8. | \$Calendar Year-To-Date |
| | O. | \$ |
| ☐ Primary ☐ General | | \$Calendar Year-To-Date |
| | 9. | \$ |
| ☐ Primary ☐ General | | \$Calendar Year-To-Date |
| | 10. | \$ |
| ☐ Primary ☐ General | | \$Calendar Year-To-Date |
| | Total This Page: | \$3,100.00 |