Fax: (208) 334-2282

## CAMPAIGN FINANCIAL DISCLOSURE REPORT **SUMMARY PAGE**

|  |                                   | (Please Print or Typ                    |                  |  | 2n.  |  |
|--|-----------------------------------|---|------------------|--|--|--|
|  |                                   | (************************************** | , - ,            |  | ZOIS JUN 1   |  |
| Section I  |                                   |   |                  | $\mathcal{S}_{\!\scriptscriptstyle \mathcal{K}}$ | ' All  | >  |
| Name of Candidate or Political Comm  |                                   | s McMillan,                             | Chair 0          | office Sought (if candid                         | MACON TO SERVICE SERVI | istrict (if any)                             |
| Shoshone County Mailing Address  | Republican Com                    |   |                  | - /  | 47549  | <u>''                                   </u> |
|  |                                   | City and Zip                            | 7                | ome Phone<br>3                                   | 1 // `   | Phone 3                                      |
| 512 Cedar Stree Name of Political Treasurer  | <u>t</u>                          | Wallace, II                             | 838              | (208)75  | <u>2-1800₹</u>   | 4616   |
| Linda Baker  |                                   |   |                  |  |  |  |
| Mailing Address  |                                   | City and Zip                            | H                | ome Phone  | Work   | Phone  |
| 24 Margaret Ave  | nue                               | Kellogg, II                             | 3 8383           | 7 (208)66  | 0-3655   |  |
| Change of address for:   | Candidate or Political Committe   | ee 🗆 Political                          | Treasurer        |  |  |  |
| Section II   |                                   | TYPE OF REPOR                           | Т                |  |  |  |
|  | Original   Amendmen               |   | •                |  |  |  |
| This report is for the period from   | m <u>5 1 2 1 16</u> thro          | ough <u>5 127 1</u>                     | <u>16</u> .      |  |  |  |
| 7 Day Pre-Primary R  | eport 🕱 30                        | Day Post-Primary Rep                    | port             | ☐ Octobe   | r 10 Pre-Gen   | eral Report                                  |
| 7 Day Pre-General R  | deport 🔲 30                       | Day Post-General Rep                    | port             | ☐ Annual   | Report   |  |
| ☐ Semi-Annual Report   | (Statewide Candidates Only)       |   |                  |  |  |  |
| Is this a Termination Report:  | ☐ Yes ☐ No                        |   |                  |  |  |  |
|  | 100 211 110                       |   |                  |  |  | <del></del>                                  |
| Section III  |                                   | NO CONTRIBUTIONS                        |                  |  |  |  |
|  | tributions or expenditures during |   |                  |  |  | and sign this report.                        |
| De 3   | ure to carry forward the approp   | Jilale Calellual feal (                 | o Date ligure    | is in Column II, Se                              | ection IV.   |  |
| ☐ I hereby certi   | fy that I have received no cont   | ributions and have ma                   | de no expend     | ditures during this                              | reporting per  | riod.  |
| Section IV   |                                   | SUMMARY                                 |                  |  |  |  |
| To reach your Calendar Year to   | Date figure: Add this report's    | Column I                                | CO               | LUMN I   | COI  | LUMN II                                      |
| figures to the Column II figures   | of your previous report (excep    | t on line 6).                           | This             | s Period   |  | ndar Year                                    |
|  |                                   |   |                  |  | to   | Date   |
| Line 1: Cash on Hand January   | 1, This Calendar Year*            |   | \$ <u>XX</u>     | XXXX_  | s 1, 2   | 07.12  |
| Line 2: Enter Beginning Cash E   | Balance**                         |   | \$ <u>2,8</u>    | 83.62  | \$ <u>XX</u>   | XXXX   |
| Line 3: Total Contributions (Ent   | er amount from line 5, page 2)    |   | \$               | Ø  | \$ 2,8   | 12.00  |
| Line 4: Subtotal (Add lines 1, 2   | and 3)                            |   | \$ <u>2,8</u>    | <u>83.6</u> 2                                    | \$ 4, C  | 19.12  |
| Line 5: Total Expenditures (Ente   | er amount from line 11, page 2    | )                                       | \$               | $\frac{300.00}{600}$                             | \$ 1,9   | 135,50                                       |
| Line 6: Enter Ending Cash Bala   | nce (Subtract line 5 from line 4  | <del>1</del> )                          | \$2,0            | 83.62  | \$ 2,0   | 183.62                                       |
| Line 7: Outstanding Debt to Dat  | te (Enter amount from line 18,    | page 2)                                 | \$ <u>2, 2</u>   | 89.36  |  |  |
| *This same figure should be ent<br>**This is the figure on line 6 of t<br>Note: The closing cash balance | he last Campaign Financial Dis    | sclosure Report filed. I                |                  |  |  |  |
|  | Section V                         |   |                  | gg   |  |  |
| Return This Report To:   | OUGUIT T                          |   |                  |  |  |  |
| Ben Ysursa   | 1:240                             | z Rak                                   | ev               |  |  |  |
| Secretary of State   | 1, <u>UITTUE</u>                  | me of Political Treasurer               |                  | , hereby certify the                             | at the informa   | ition in this                                |
| PO Box 83720<br>- Boise ID 83720-0080  |                                   | plete and correct Cam                   | naion Einaac     | rial Disclosura Pa                               | nort ac roquir   | rod by low                                   |
| Phone: (208) 334-2852  | report is a true, con             | ihiore and contect call                 | ipaigii FiliailC | iai Disclusule Re                                | port as requir   | cu by law.                                   |

## **DETAILED SUMMARY**

Name of Candidate or Committee: Shoshone County Republican Committee

|  |                               |   | Total This Period |
|--|-------------------------------|---|-------------------|
| Contributions  |                               |   |                   |
| Unitemized Contributions (\$50 and less)                     | # of Contributors             | + | \$                |
| Itemized Contributions (Total of all Schedule A sh           | eets)                         | + | \$                |
| In-Kind Contributions (Total of all Contribution am          | ounts from Schedule C sheets) | + | \$                |
| Loans (Total of all New Loan amounts from Scheo              | dule D sheets)                | + | \$                |
| Total Contributions (Transfer this figure to page 1, Section | on IV, Line 3)                | = | \$ 0              |

| Expenditures  |        | <br>         |
|---|--------|--------------|
| 6 Unitemized Expenditures (Less than \$25) # of Expenditures                        | +      | \$<br>       |
| Temized Expenditures (Total of all Schedule B sheets)                               | +      | \$<br>800,00 |
| 8 In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)    | +      | \$           |
| 9 Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)      | +      | \$           |
| Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E she | ets) + | \$<br>       |
| Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)             | =      | \$<br>800.00 |

|     | Loans, Credit Cards and Debt  |   |            |
|-----|---|---|------------|
| 12  | Outstanding Balance from previous reporting period  | + | \$2,289.36 |
| 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  | Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)                        | = | \$2,28936  |

| F          | Pledged Contributions   | T |    |
|------------|---|---|----|
| 19         | Unitemized Pledged Contributions (\$50 and less) # of Pledges               | + | \$ |
| <b>@</b> [ | Itemized Pledged Contributions this Period (Total of all Schedule F sheets) | + | \$ |
| 20 7       | otal Pledged Contributions this period                                      | = | \$ |

## SCHEDULE B ITEMIZED EXPENDITURES

Page of 3

Twenty-Five Dollars (\$25.00) or more this period

Shoshone County Republican Committee

Name of Candidate or Committee:

**Purpose Codes** All Travel Expenses (Airfare, Fuel, Lodging & Mileage) Α **Newspaper & Other Periodical Advertising** Broadcast Advertising (Radio, TV & Internet) 0 Other Advertising (Yard Signs, Buttons, etc.) C Contributions to Candidates & PAC's P Postage **Donations & Gifts** D S Surveys & Polls Ε **Event Expenses** T Tickets (Events) F Food & Refreshments U Utilities General Operational Expenses W Wages, Salaries, Benefits & Bonuses Literature, Brochures, Printing **Petition Circulators** Υ M Management Services Ζ Preparation & Production of Advertising Date Spent Full Name, Mailing Address and Zip Code of Recipient Purpose Code Cash or Check 1. The Brooks 500 Cedar Street E 5,13,16 Wallace It 83873 200.00 N 8. 9. 10.

Total This Page: