

CAMPAIGN FINANCIAL DISCLOSURE REPORT **SUMMARY PAGE**

C-2 Rev. 12/14

(Please Print Mypgin 13 AN 10: 34

Section I			OFORTADY	OF OTATE	
Name of Candidate or Political Comm	ittee and Chairperson		SECRETARY	UF SIAIL OF SIQUIT (if candidate)	
Mailing Address Kirste	n Faith	Richard City and Zip	SON	Schate	District (if any)
		City and Zip		Home Phone	Work Phone
Name of Political Treasurer		Letho	83636	365-426	2 869-2619
Pro-Lil	C _				
Mailing Address)- 👟	City and Zip		Home Phone	
Box 5		1 .	83636	1	Work Phone
Change of address for: C	andidate or Political			365-4262	869-2619
Section II	CINICAL OF TORREST	•	olitical Treasurer		
This filling is an:	rininal IT Ar	TYPE OF R	EPORT		
This report is for the period from			7.0		
•		6 through 5 / 2			
☐ 7 Day Pre-Primary Re	port	30 Day Post-Prima	ry Report	October 10 F	re-General Report
7 Day Pre-General Re	ET 20 Day Doot Com	N.D., D. J.D.			
2 • 5 4) • 10 001014110	☐ 30 Day Post-Gene	Day Post-General Report			
☐ Semi-Annual Report (Statewide Candidate	s Only)			
Is this a Termination Report:	☐ Yes 🗹	No			
Castion III			·		
Section III	STATEME	NT OF NO CONTRIBUT	TIONS OR EXPE	NDITURES	
Directions: If you had no contri Be su	ivutions of expenditu	res during this reporting	nariad chaok the	hou mand to the con-	t below and sign this report
_	• • • • • • • • • • • • • • • • • • • •		real to Date light	res in Column II, Section	IV.
i hereby certify	that I have received	no contributions and ha	ve made no evne	nditures during this report	
Section IV		CLIBARA	or made no expe	nutures during this report	ing period.
To reach your Calendar Year to E	Pata figura: Add this	SUMMA			
figures to the Column II figures o	f vour previous renor	teports Column		OLUMN I	COLUMN II
	· year provided topol	c (except on time o).		nis Period	Calendar Year
ling 1: Cook on Hand Invest	T. O				to Date
Line 1: Cash on Hand January 1,		\$X	XXXXXs	-0-	
Line 2: Enter Beginning Cash Ba		\$	-0-	VVVVV	
		Ψ		XXXXXX	
Line 3: Total Contributions (Enter	page 2)	\$	<u>-0-</u> \$_	-0-	
Line 4: Subtotal (Add lines 1, 2 a		ę	- 0 -	<u> </u>	
ine 5: Total Evacaditums /Cutsus		Ψ		0 -	
Line 5: Total Expenditures (Enter	- ·	\$	<u>-0-</u> \$_	-0-	
ine 6: Enter Ending Cash Baland	om line 4)	\$	- 0 -	- 0=	
	•	Ψ			
ine 7: Outstanding Debt to Date	(Enter amount from)	ine 18, page 2)	\$	-0-	
This same figure should be enter	red on line 1 of all re	orts filed this calendar v	O or		
THE RESIDENCE OF MINE OF OUR DREAM OF THE	eni-l nnenme:) 126l (ncial Dicologues Dana d	tal trace .	first report this amount is	. 0
lote: The closing cash balance fo	or the current reporting	g period appears on the	next report as the	beginning cash on hand	
	ction V		· - · · · · · · · · · · · · · · · · · ·		
Return This Report To:	•	$\hat{}$			
Secretary of State		Pro-Life			
PO Box 83720 Boise ID 83720-0080	l,	Name of Political Treasu	FOF	_, hereby certify that the in	nformation in this
Phone: (208) 334-2852	renort is a tr		·· -•	orial Disch	
Fax: (208) 334-2282	. sport to a u	oo, oonpiete anti tonee	Campaign Finan	cial Disclosure Report as	required by law.
		_	12.1	1 110	1000
			Signature	o Political Treasurer	12016
		Page 1	ogialite	OFFUNICAL HEASURE	•