

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

C-2 Rev. 12/14

| Section I  |   |                                | 16 MAY -4 PM 3:  |
|--|---|--------------------------------|--|
| Name of Candidate or Political Committee and Chairperson   |   | Office Sought (If              | candidate) District (if post)                              |
| Malling Address Ag Comm  | City and Zip  | Home Phone                     | SEURLIARY OF ST  |
| Name of Political Treasurer  | Idoho Falls   |                                | 248-523-080C   |
|  |   |                                |  |
| Mailing Address  | City and Zlp  | Home Phone                     | Work Phone   |
| PO Box 50499   | Idoho Falls   | 83409                          | 208.523-5953   |
| Change of address for: Candidate or Political Co   |   | Treasurer                      | 200 000 000  |
| _  | TYPE OF REPOR'  |                                |  |
| This report is for the period from/  | _through_5/.OI/.  | الغ                            |  |
| ∇ 7 Day Pre-Primary Report   | ☐ 30 Day Post-Primary Rep                                 | oort 🗀 Oc                      | lober 10 Pre-General Report                                |
| 7 Day Pre-General Report   | ] 30 Day Post-General Rep                                 | oort 🗀 Ani                     | nual Report  |
| ☐ Semi-Annual Report (Statewide Candidates C s this a Termination Report: ☐ Yes ☐  | Only)<br>No   |                                |  |
| Directions: If you had no contributions or expenditures  Be sure to carry forward the a  Larry I hereby certify that I have received no  | ippropriate Calendar Year to                              | Date" ligures in Column I      | I, Section IV.   |
| eation IV  | SUMMARY   |                                |  |
| o reach your Calendar Year to Date figure: Add this rep<br>gures to the Column II figures of your previous report (e   | oort's Column I<br>except on line 6).                     | COLUMN I<br>This Period        | COLUMN II<br>Calendar Year<br>to Date                      |
| ne 1: Cash on Hand January 1, This Calendar Year*  |   | \$ XXXXXX                      | \$ 632.97  |
| ne 2: Enter Beginning Cash Balance**   |   | \$                             | s XXXXXX   |
| ne 3: Total Contributions (Enter amount from line 5, pag   | ge 2)   | \$                             | \$   |
| ne 4: Subtotal (Add lines 1, 2 and 3)  |   | \$                             | \$   |
| ne 5: Total Expenditures (Enter amount from line 11, pa  | ge 2)   | \$                             | \$   |
| ne 6: Enter Ending Cash Balance (Subtract line 5 from l  | line 4)   | \$                             | \$_532.97  |
| e 7: Outstanding Debt to Date (Enter amount from line  | 18, page 2)   | \$                             |  |
| nis same figure should be entered on line 1 of all report<br>his is the figure on line 6 of the last Campaign Financia<br>te: The closing cash balance for the current reporting p | al Disclosure Report filed. If t                          | his is your first report, this | amount is 0.   |
| Section V  |   |                                | · ··· (Fill 1941   |
| Return This Report To.  Secretary of State PO Box 83720 Boise ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282  Return This Report To.  I. Clark  report is a true,         | Name of Political Treasurer<br>complete and correct Campa |                                | that the information in this<br>Report as required by law. |
|  | Cla   | Signature of Political Treat   | Surer  |