



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

C-2
Rev. 12/14

16 MAY 12 AM 11:33

Section I

Name of Candidate or Political Committee and Chairperson TOM KATSILOMETES		Office Sought (if candidate) SECRETARY OF STATE STATE SENATE	
Mailing Address P.O. BOX 11	City and Zip POCATELLO 83204	Home Phone	Work Phone 251-5287
Name of Political Treasurer TOM KATSILOMETES			
Mailing Address P.O. BOX 11	City and Zip POCATELLO, ID 83204	Home Phone	Work Phone 251-5287

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment
This report is for the period from **04/19/2016** through **05/10/2016**

- 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 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).

	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Calendar Year*	\$ XXXXXX	\$ _____
Line 2: Enter Beginning Cash Balance**	\$ _____	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ _____	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ _____	\$ _____
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ _____	\$ _____
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ _____	\$ _____
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ _____	\$ _____

*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:
Lawrence Denney
Secretary of State
PO Box 83720
Boise ID 83720-0080
Phone: (208) 334-2852
Fax: (208) 334-2282

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

T. Katsilometes
Signature of Political Treasurer