

Fax: (208) 334-2282

## CAMPAIGN FINANCIAL DISCLOSURE REPORT 17 JAN 30 AH 7: 31 SUMMARY PAGE

(Please Print or Type)

SECKETARY OF STATE STATE OF IDAHO

Rev. 12/14

| Section I   | <u>.</u>  |                             | Y-2  | Int. 1                         |
|---|---|-----------------------------|--|--------------------------------|
| Name of Candidate or Political Committee and Chairperson  |   |                             | Office-Sought (if candidate)                             | District (if any)              |
| Maling Address  | City and Zip  | 0 0 0 0 1 1                 | Home Phone   | Work Phone                     |
| (0033N(2002t)   | _ = \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                 | 185714                      |  | 2587614342                     |
| Name of Political Treasurer   |   |                             |  |                                |
| Mailing Address   | City and Zi   | n                           | I Home Phone   | T Work Phone                   |
| 6023NGARRY  | = 5t GC   | 85714                       |  | 2087614342                     |
| Change of address for: Candidate of   | or Political Committee                                  | Political Treasurer         |  |                                |
| Section II TYPE OF REPORT   |   |                             |  |                                |
| This filing is an: Original   | Amendment   | 131 3410                    |  |                                |
| This report is for the period from  | 0 1201 4through 15                                      | <u> </u>                    |  | O I Day and                    |
| ☐ 7 Day Pre-Primary Report  | ☐ 30 Day Post-  | Primary Report              | □October 10 Pr   | e-General Report               |
| ☐ 7 Day Pre-General Report ☐ 30 Day Post-General Report   |   |                             | Annual Repo  | ort                            |
| Semi-Annual Report (Statewide   | e Candidates Only)                                      |                             |  |                                |
| Is this a Termination Report:   | s 🗆 No  |                             |  | <u></u>                        |
| Section III Directions: If you had no contributions of  | STATEMENT OF NO CONT<br>or expenditures during this rep | orting period, check th     | e box next to the statemer                               | nt below and sign this report. |
| Be sure to carr   | y forward the appropriate "Cal                          | lendar Year to Date" fig    | jures in Column II, Section                              | IV.                            |
| Thereby certify that I have   | ave received no contributions                           |                             | enditures during this repor                              | rting period.                  |
| Section IV  |   | UMMARY                      |  |                                |
| To reach your Calendar Year to Date figures to the Column II figures of your p  |   | • • •                       | COLUMN I This Period                                     | COLUMN II<br>Calendar Year     |
| ligures to the Column is ligures or your p  | revious report (except on in                            | (                           | 12019  | to Date                        |
| Line 1: Cash on Hand January 1, This  | Calendar Year*  | 9                           | XXXXXX s   |                                |
| (12) (12) · vvvvvv  |   |                             |  |                                |
| Line 2: Enter Beginning Cash Balance**  |   |                             |  |                                |
| Line 3: Total Contributions (Enter amount from line 5, page 2)  |   |                             | \$   |                                |
| Line 4: Subtotal (Add lines 1, 2 and 3)   |   |                             | <u>30''</u> s_   |                                |
| Line 5: Total Expenditures (Enter amount from line 11, page 2)  |   |                             | <u>C</u> \$.   | C0019                          |
| 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 l **This is the figure on line 6 of the last C. Note: The closing cash balance for the c | ampaign Financial Disclosure                            | Report filed. If this is ye | our first report, this amoun<br>the beginning cash on ha | t is 0.<br>nd.                 |
| Section V   |   |                             |  |                                |
| Return This Report To:  |   | $\sim$                      |  |                                |
| Lawerence Denney  | i baloh N   | Par 2                       | , hereby certify that th                                 | e information in this          |
| Secretary of State PO Box 83720   | Name of Poli  | tical Treasurer             |  |                                |
| Boise ID 83720-0080   | report is a true, complete an                           | nd correct Campaign Fi      |  | as required by law.            |
| Phone: (208) 334-2852   |   |                             |  |                                |

Signature of Political Treasurer