

*****AMENDED REPORT*****



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

C-2
Rev. 12/14

* I basically missed an in-kind contribution/expenditure
I put on my personal credit card

Section I

Name of Candidate or Political Committee and Chairperson <u>Lori Shewmaker</u>		Office Sought (if candidate) <u>St Rep Pos B</u>	District (if any) <u>13</u>
Mailing Address <u>69 S Chase St</u>	City and Zip <u>Nampa 83687</u>	Home Phone <u>7 208941-1782</u>	Work Phone
Name of Political Treasurer <u>Lori Shewmaker</u>			
Mailing Address <u>69 S Chase St</u>	City and Zip <u>Nampa 83687</u>	Home Phone <u>208-941-1782</u>	Work Phone

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 04/30/18 through 05/25/18

- 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**	\$ <u>0</u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ <u>0</u>	\$ <u>0</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>0</u>	\$ <u>0</u>
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ <u>1,416.80</u>	\$ <u>1,416.80</u>
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 0.00	\$ <u>0.00</u>
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ <u>0.00</u>	\$ <u>0.00</u>

*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) 334-2382

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

Lori Shewmaker
Signature of Political Treasurer

SCHEDULE B
ITEMIZED EXPENDITURES
Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee:

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- B Broadcast Advertising (Radio, TV, Internet & Telephone)
- C Contributions to Candidates & PAC's
- D Donations & Gifts
- E Event Expenses
- F Food & Refreshments
- G General Operational Expenses
- H Independent Expenditures
- L Literature, Brochures, Printing
- M Management Services
- N Newspaper & Other Periodical Advertising
- O Other Advertising (Yard Signs, Buttons, etc.)
- P Postage
- S Surveys & Polls
- T Tickets (Events)
- U Utilities
- W Wages, Salaries, Benefits & Bonuses
- Y Petition Circulators
- Z Preparation & Production of Advertising

Previously Reported

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
5/16/18	Louis Chevrolet 1500 Pennsylvania Ave Daleville, GA 30132	B	\$55.70
___/___/___			\$ _____
___/___/___			\$ _____
___/___/___			\$ _____
___/___/___			\$ _____
___/___/___			\$ _____
___/___/___			\$ _____
___/___/___			\$ _____
___/___/___			\$ _____
___/___/___			\$ _____
Total This Page:			\$ 0.00

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.

**SCHEDULE C
IN-KIND CONTRIBUTIONS and EXPENDITURES**

Name of Candidate or Committee: LORI SHEWMAKER

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- | | |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N Newspaper & Other Periodical Advertising |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's | P Postage |
| D Donations & Gifts | S Surveys & Polls |
| E Event Expenses | T Tickets (Events) |
| F Food & Refreshments | U Utilities |
| G General Operational Expenses | W Wages, Salaries, Benefits & Bonuses |
| H Independent Expenditure | Y Petition Circulators |
| L Literature, Brochures, Printing | Z Preparation & Production of Advertising |
| M Management Services | |

*NOT in-kind -
Put on School E*

1.	4/30/18 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code <u>Lori Shewmaker</u> 61 Schae St, Nampa 83687	\$ 1416.80
		Expenditure Name, Mailing Address and Zip Code <u>International Minute Press</u> 1980 Overland Rd, Boise 83709	\$ 1416.80
			Purpose Code(s) <u>LIP</u> <i>postcard mailing</i>
2.	<input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____
		Expenditure Name, Mailing Address and Zip Code	\$ _____
			Purpose Code(s)
3.	<input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____
		Expenditure Name, Mailing Address and Zip Code	\$ _____
			Purpose Code(s)
4.	<input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____
		Expenditure Name, Mailing Address and Zip Code	\$ _____
			Purpose Code(s)
Expenditure Total: (Transfer the combined total of all Expenditures on Schedule C pages to the Detailed Summary, page 2 line 8)			\$ <u>1416.80</u> 0.00
Contributor Total: (Transfer the combined total of all Contributors on Schedule C pages to the Detailed Summary, page 2 line 3)			\$ <u>1416.80</u> 0.00

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SCHEDULE E - CREDIT CARDS and DEBT

Name of Candidate or Committee: LORI SHEWMAKER

Each incurred expense not yet paid (i.e. credit card purchases and debt) should be listed on a separate line. Each time you make purchases with a credit card or incur debt, it is considered to be a separate item. However, you will maintain a single item for each credit card and add purchases to that item. Each Creditor listed below with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where and when the debt was incurred.

Credit Cards are considered debt to the campaign. Regardless of whether the credit card is repaid when the statement is received, all credit card transactions will appear on Schedule E and E-1. However, only Repayments of Debt during this reporting period appear in the Expenditure Section of the Detailed Summary Page.

Any creditor(s) with a balance(s) appearing on the last report must be listed below with the amount in the Previous Balance column. Any new debt should be listed in the New Debt column, including any accrued interest. If a payment was made on the debt, list it in the Repayments column. Note: Any debt that was repaid in full in a previous reporting period does not need to be listed. The Outstanding Balance column is the Previous Balance plus New Debt less any Repayments of Debt.

Name, Mailing Address and Zip Code of Creditor (Candidate, Individual or Business)	Previous Balance of debt at the end of the last reporting period	New Debt amount incurred during this reporting period	Repayments of Debt during this reporting period	Balance outstanding at the end of this reporting period
1. Idaho Central Credit Union visa Platinum P.O. Box 2469 Pocatello ID 83206		Date: 4/30/18 Amount: \$1416.80	Date: _____ Amount: \$ _____	1,416.80
2.		Date: _____ Amount: \$ _____	Date: _____ Amount: \$ _____	
3.		Date: _____ Amount: \$ _____	Date: _____ Amount: \$ _____	
4.		Date: _____ Amount: \$ _____	Date: _____ Amount: \$ _____	
5.		Date: _____ Amount: \$ _____	Date: _____ Amount: \$ _____	
6.		Date: _____ Amount: \$ _____	Date: _____ Amount: \$ _____	

Previous	Incurred	Repayments	Ending Balance
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Previous Total: \$ 0.00

Incurred Total: \$ 0.00
(Transfer the combined total of all incurred debt to the Detailed Summary, page 2 line 14)

Repayments Total: \$ 0.00
(Transfer the combined total of all debt repayments to the Detailed Summary, page 2 line 10 & 17)

Ending Balance Total: 1,416.80
~~\$ 0.00~~

SCHEDULE F PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED

Page 9 of 9

Name of Candidate or Committee:

Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Pledged For	Date Pledged	Full Name, Mailing Address and Zip Code of Contributor	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	1.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	2.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	11.	

Total Amount of Pledged Contributions: \$ 0.00

Transfer the combined total of all Schedule F pages to the Detailed Summary on page 2 line 20.