

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

AMENDMENT

Section I			
Name of Candidate or Political Committee and Ch. Mike McFadyen		Office Sought (if ca State Rep,	26B
Mailing Address 30N. 800E.	City and Zip Fairfield 8332	Home Phone	Work Phone
Name of Political Treasurer L.Michelle Ruetmann	·		
Mailing Address	City and Zip	Home Phone	Work Phone
Po BOX 566	Fairfield 8332	7 2084812424	,
•	or Political Committee Pol	itical Treasurer	
Section II			
This report is for the period from 11/17	2018 through 12/31 2	018	
☐ 7 Day Pre-Primary Report	☐ 30 Day Post-Primary	Report 🔲 Oc	tober 10 Pre-General Report
☐ 7 Day Pre-General Report	☐ 30 Day Post-Genera	I Report An	nual Report
☐ Semi-Annual Report (Statewide	e Candidates Only)		
Is this a Termination Report: 🗵 Yes			
Section IV	SUMMAR	Y	
To reach your Calendar Year to Date figur figures to the Column II figures of your pr		COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Ca	ılendar Year*	\$ XXXXXX	\$
ine 2: Enter Beginning Cash Balance**		\$ <u>4,665.72</u>	\$ XXXXXX
ine 3: Total Contributions (Enter amount	from line 5, page 2)	\$	\$
ine 4: Subtotal (Add lines 1, 2 and 3)		\$ <u>4,665.72</u>	\$ <u>12,773.61</u>
ine 5: Total Expenditures (Enter amount	from line 11, page 2)	\$ <u>4,665.72</u>	\$ 12,773.61
ine 6: Enter Ending Cash Balance (Subt	ract line 5 from line 4)	\$ 0.00	\$ 0.00
ine 7: Outstanding Debt to Date (Enter a	amount from line 18, page 2)	\$ 0.00	
This same figure should be entered on li This is the figure on line 6 of the last Ca Note: The closing cash balance for the cu	impaign Financial Disclosure Report fi	led. If this is your first report, th	is amount is 0. sh on hand.
Section V			
Return This Report To:			

PO Box 83720 Boise ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

Name of Political Treasurer

report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

DETAILED SUMMARY

Name of Candidate or Committee:

			Tot	al This Period
Contributions		, and the state of		
Unitemized Contributions (\$50 and less)	# of Contributors	+	\$	
) Itemized Contributions (Total of all Schedule A s	heets)	+	\$	O.00
In-Kind Contributions (Total of all Contribution ar	mounts from Schedule C sheets)	+	\$	O .00
Loans (Total of all New Loan amounts from Scho	edule D sheets)	+	\$	O .00
Total Contributions (Transfer this figure to page 1, Sect	ion IV, Line 3)	=	\$	O .00

Ex	penditures		THE PERSON NAMED IN COLUMN TWO	
6	Unitemized Expenditures (Less than \$25)	# of Expenditures	+	\$ 1,964.72
7)	Itemized Expenditures (Total of all Schedule B she	eets)	+	\$ 2,701.00
8)	In-Kind Expenditures (Total of all Expenditure amo	ounts from Schedule C sheets)	+	\$ 0.00
	Loan Repayments (Total of all Loan Repayment a	mounts from Schedule D sheets)	+	\$ 0.00
0	Credit Card and Debt Repayments (Total of all Re	payment amounts from Schedule E sheets)	+	\$ 0.00
1) To	otal Expenditures (Transfer this figure to page 1, Section	n IV, Line 5)	=	\$ 4,665.72

Loans, Credit Cards and Debt	
Outstanding Balance from previous reporting period	+ \$
New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+ \$ O.00
New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ \$ O.00
Subtotal	= \$ O.00
Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- \$ 0.00
Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- \$ 0.00
Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$ O.00

	Pledged Contributions	
(19)	Unitemized Pledged Contributions (\$50 and less) # of Pledges	+ \$
20	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$ 0.00
21)	Total Pledged Contributions this period	= \$ 0.00

SCHEDULE B ITEMIZED EXPENDITURES

Page	of	
-		

Twenty-Five Dollars (\$25.00) or more this period

ame d	of Candidate or Committee: Mike McFadyen			
urpos	e Codes (Enter up to 3 purpose codes per Expenditure.)			
Α	All Travel Expenses (Airfare, Fuel, Lodging & Mileage)	N	Newspaper & Other Periodical Advertising	
В	Broadcast Advertising (Radio, TV, Internet & Telephone)	0	Other Advertising (Yard Signs, Buttons, etc.)	
С	Contributions to Candidates & PAC's	Р	Postage	
D	Donations & Gifts	S	Surveys & Polls	
Ε	Event Expenses	Τ	Tickets (Events)	
F	Food & Refreshments	U	Utilities	
G	General Operational Expenses	W	Wages, Salaries, Benefits & Bonuses	
Н	Independent Expenditures	Υ	Petition Circulators	
L	Literature, Brochures, Printing	Z	Preparation & Production of Advertising	
M	Management Services		-	

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
	Camas County Education Foundation 610 Soldier Rd.	D	
12 27 2011	Fairfield, ID 83327		2,701.00
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			\$
	3.		
1 1			¢
'	4.		\$
			\$
	5.		
1 1			¢
	6.		\$
//			\$
	7.		
1 1			•
	8.		\$
			\$
	9.		
1 1			6
	10.		\$
			\$
	Total T	This Page:	\$ 2,701.00