C-2 Rev. 7/97

PAIGN FINANCIAL DISCLOSURE RE	P
SUMMARY PAGE	
(Please Print or Type)	

Section I							
Name of Candidate or Political Co				ice Sought (if candidate)	District (if any)		
Lan Robe Mailing Address	Check if address c	hange. City and Zip	Home	Phone Phone	Work Phone		
419 North Gart	ield #1	Pocatelle 6	83204 3	08-235-1945	UL SIAIË		
Name of Political Treasurer		/		STATE C)F IDAHO		
Richard Kenn Mailing Address	□ Check if address c	hange. City and Zip	Но	me Phone	Work Phone		
1020 McKinley		Pocotello 8	~ · ·	08-237-4704	Work Frionc		
Section II	1100 20		7 100	0.0.0.0.0.0			
TYPE OF REPORT Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the							
instructional manual for reporting periods and due dates.							
This repor	t is for the period fi	rom <u>(71/05</u> / 20	through.	7 <u> </u>	<u>000</u>		
7 Day Pre-Primary	y Report	☐ 7 Day Pre-General Re		Quarterly (April 30) ly filed by ballot mea	sure committees)		
☐ 30 Day Post-Prim	ary Report	Cl 30 Day Post-General	Report				
☐ October 10 Pre-G	eneral Report	☐ Annual Report		Quarterly (July 30) ly filed by ballot mea	sure committees)		
Is this Report as	n amendment?] ¢M• ⊠ No	Is this a Terr	mination Report?	Yes 🗷 No		
Section III	STATEMENT	OF NO CONTRIBUTIO	NS OR EXP	ENDITURES			
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates 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 from 01/2000 through 05/07/2000.							
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Section IV	nom <u>C v /</u>		<u>U5 / 67</u>	<u> </u>			
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