C-2 Rev. 06/04

Section I



CAMPAIGN FINANCIAL DISCLOSURE REPORT

Pages - 3

SUMMARY PAGE (Please Print or Type)

		07 IAN _	I. AM 7. 28	
nmittee and Chairperson		Office Sought (if canditate)	District (if alry)	
		Representativ		
☐ Check if address change.	City and Zip	Home Phone STATE	Work Phone	
West	Rupert, ID 83350	208-532-4524	208-532-4105	
	Circulation	Mars Phase	Work Phone	
· ·				
th	Paul, ID 83347	208-532-4106	208-532-4105	
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 report is for the period from 11 / 18 / 06 through 12 / 31 / 06				
Report 3	0 Day Post-Primary Report	October 10	Pre-General Report	
Report 3	0 Day Post-General Report	Annual Rep	port	
rt (Statewide Candidates (Only)			
amendment?	☐ No Is this a Ter	mination Report?	Yes No	
STATEMENT OF N	O CONTRIBUTIONS OR	EXPENDITURES		
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/				
	SUMMARY	•		
			COLUMN II lendar Year to Date	
ary 1. This Year*	\$	XXXXXX \$	37503331	
•			XXXXXX	
	_		21,750.00	
			25,253.31	
			21,219.92	
se of Period (Subtract line	5 from line 4)** \$		4,033.39	
Date	\$ _			
on hand at both the beginn	ports filed this calendar year. ning of the reporting period ar porting period appears on the n			
on hand at both the beginn	ning of the reporting period at	ext report as beginning of		
	r to Date figure: Add this ures of your previous report at Close of Last Reporting (Enter amount from page 2 and 3) Enter amount from page 2 as of Period (Subtract line)	City and Zip Rupert, ID 83350 City and Zip Rupert, ID 83350 City and Zip Rupert, ID 83347 TYPE OF REPORT Type of report being filed, fill in the appropriate dates an orting periods and due dates. It is for the period from 11 / 18 / 06 through Report 30 Day Post-Primary Report Report 30 Day Post-General Report In this a Term STATEMENT OF NO CONTRIBUTIONS OR Is this a Term STATEMENT OF NO CONTRIBUTIONS OR Is this reporting period on this report. Be sure to carry forward the appropriate that I have received no contributions and have made no end from / through / thr	City and Zip	

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period
John A. "Bert"Stevenson	From 11/18 06 to 12 /31 / 06

UNITEMIZED CO Contributions of Fifty Dollars					
Total Number	Total Amount \$O				
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period					
Total Number1	Total Amount \$ 20.00				

	Т	otal This Period
O Number of Schedule A pages Attached		
Contributions		
Unitemized Contributions (\$50 and less) from top of page	\$	
Itemized Contributions (total all Schedule A sheets)	\$	
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$	0
1 Number of Schedule B pages Attached		
Expenditures		
Unitemized Expenditures (less than \$25) from top of page	\$	20.00
Itemized Expenditures (total all Schedule B sheets)	\$	1,860.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$.	1,880.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$	
Number of Schedule C-2B pages Attached		
Incurred Expenditures		
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$	
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$	
Subtotal	= \$	
Payment this Period (Total all C-2Bs - Payment this Period)	- \$	
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$	
Number of Schedule C-2A pages Attached		
Pledged Contributions		
Amount Pledged this Period	\$	

SCHEDULE B

ITEMIZED EXPENDITURES

Page 1

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

Name of C	andid	ate or Commit	tee	
John	A.	"Bert"	Stevenson	

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
11,24,06	n. Minidoka Memorial Health Care Foundation 1224 - 8th St. Rupert, Idaho 83350	\$ 775.00	s
Tut pose of Abo	² Inaurgual Fund		
06ر13ر12	Boise, ID P.O. Box 5306	\$ 560.00	s
Purpose of Abo	ve Expenditure: Inaugural Ball Tickets for Minico	Young Repub	licans
06ر 20ر 12	Republican National Committee P.O. Box 98206 Washington DC 20077-7561	s 125.00	s
Purpose of Abo	we Expenditure: donation		
06ر 23ر 12	Julie Pence 3384 North 4500 East Murtaugh, ID 83344	s_400.00	s
Purpose of Abo	ove Expenditure: Advertising		
	5.	s	e
Purpose of Abr	ove Expenditure:		
	6.		
		\$	s
Purpose of Abo	ove Expenditure:		
	7.		1
		s	s
Purpose of Abo	ove Expenditure:		
	8.		
		s	\$
Purpose of Abo	ove Expenditure:		
	9.		
		\$	\$
Purpose of Abo	ove Expenditure:		T
	Subtotals of Columns A & B	\$ 1,880.00	\$
	Total This Page (add columns A & B)		\$1,880.00