



08 JUL -1 AM 8:13

REPORT OF ELECTIONEERING COMMUNICATIONS SECRETARY OF STATE
STATE OF IDAHO

For use by a person who has expended \$100 or more per year on electioneering communications.

Any person incurring costs of \$1,000 or more must file within 48 hours of incurring costs.

Name of person/entity Mark Van Derbert

Address (Physical) 2318 Threemile City Boise State ID Zip 83704

Mailing Address Creekway City _____ State _____ Zip _____

Telephone (208) 544-1902

TYPE OF REPORT

- 7 Day Pre-Primary Report
- 7 Day Pre-General Report
- 30 Day Post-Primary Report
- 30 Day Post-General Report
- 48 Hour Report

Is this an amended report? No Yes

This amends a previous report filed on 6/26/08

Date of Public Distribution(s) 11/23/08

Total Expenditures this Statement	\$ <u>108.32</u>
Total Itemized Contributions of \$50 or More this statement	\$
Total Contributions this statement	\$

I, Mark Van Derbert, hereby certify that the information in this
Name of Individual Completing Report
report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Mark Van Derbert
Signature of Individual Completing Report
6/27/08
Date Signed

Return This Report To:
Ben Yursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Itemized Expenditures for Electioneering Communication

Name of person/entity: Mark van Derbert

1. Date Expended <u>02/26/09</u>	3. Name (last, first) _____
2. Amount <u>\$ 108.37</u>	4. Address _____
cash <input type="checkbox"/>	5. City/State/Zip _____
in-kind <input checked="" type="checkbox"/>	6. Method of Communication(s) <u>Project Vote Smart</u>
	7. Name of Candidate(s) referred to <u>192.168.2.2 Simpson</u>
	8. Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>
	9. Purpose of Expenditure <u>Political Courage Test</u>

1. Date Expended _ / _ / _	3. Name (last, first) _____
2. Amount \$ _____	4. Address _____
cash <input type="checkbox"/>	5. City/State/Zip _____
in-kind <input type="checkbox"/>	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support <input type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure _____

1. Date Expended _ / _ / _	3. Name (last, first) _____
2. Amount \$ _____	4. Address _____
cash <input type="checkbox"/>	5. City/State/Zip _____
in-kind <input type="checkbox"/>	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support <input type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure _____

1. Date Expended _ / _ / _	3. Name (last, first) _____
2. Amount \$ _____	4. Address _____
cash <input type="checkbox"/>	5. City/State/Zip _____
in-kind <input type="checkbox"/>	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support <input type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure _____