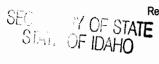
10 OCT 28 AM 8: 14 C-2

## Rev. 10/07

## **CAMPAIGN FINANCIAL DISCLOSURE REPORT**

**SUMMARY PAGE** (Please Print or Type)



| Section i  |  |   |  |  |                         |                                |
|--|--|---|--|--|-------------------------|--------------------------------|
| Name of Candidate or Political Committee and Chairpe Charles H. Coiner   | rson   |   |  | Office Sought (if candidate State se             |                         | District (if any) 24           |
| Mailing Address  |  | City and Zip                                  |  | Home Phone                                       |                         | Phone                          |
| 528 Ballingrude  |  | Twin Falls 83                                 | 301  | 208 734-16                                       | 75 2                    | 208 731-4015                   |
| Name of Political Treasurer Gale Kleinkopf   |  |   |  |  |                         |                                |
| Mailing Address  |  | City and Zip                                  |  | Home Phone                                       | Work                    | Phone                          |
| 1572 Princeton Drive   |  | Twin Falls 83                                 | 301  | 208 734-83                                       | 59 2                    | 08 420-6684                    |
| Change of address for: Candidate or Political Committee Political Treasurer  |  |   |  |  |                         |                                |
| Section II This filing is an: Original   | Amendmen   |   |  |  |                         |                                |
| This report is for the period from 6 / 25  | /10 thro   | ough 9 / 30 /                                 | <u> 10                                    </u> |  |                         |                                |
| 7 Day Pre-Primary Report   | 30   | Day Post-Primary Re                           | port   | Octobe   | r 10 Pre-Ge             | neral Report                   |
| 7 Day Pre-General Report   | 30   | Day Post-General Re                           | port   | Annual   | Report                  |                                |
| Semi-Annual Report (Statewide Ca   | indidates Only)  |   |  |  |                         |                                |
| Is this a Termination Report: Yes  | No   |   |  |  |                         |                                |
| Section III  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:<br>figures to the Column II figures of your previo   |  | Column I                                      |  | COLUMN I<br>his Period                           | Cale                    | LUMN II<br>ndar Year<br>o Date |
| Line 1: Cash on Hand January 1, This Calend  | dar Year*  |   | \$>  | (XXXXX   | \$1,                    | 791.08                         |
| Line 2: Enter Beginning Cash Balance**   |  |   | \$6  | 5,630.92   | ¥                       | (XXXX                          |
| Line 3: Total Contributions (Enter amount from line 5, page 2)   |  |   | \$   | 0.00   | Ψ                       | ,130.00                        |
| Line 4: Subtotal (Add lines 1, 2 and 3)  |  |   | \$6  | 5,630.92   | \$ <u>15</u>            | ,921.08                        |
| Line 5: Total Expenditures (Enter amount from line 11, page 2)   |  |   | \$   | 250.00   | Ψ                       | 540.16                         |
| Line 6: Enter Ending Cash Balance (Subtract  | line 5 from line   | 4)  | \$6  | 5,380.92   | \$6,                    | 380.92                         |
| Line 7: Outstanding Debt to Date (Enter amo  | unt from line 18,  | page 2)                                       | \$   |  |                         |                                |
| *This same figure should be entered on line 1<br>**This is the figure on line 6 of the last Campa<br>Note: The closing cash balance for the curre  | aign Financial D   | isclosure Report filed.                       | If this is yo                                  | ur first report, this an<br>the beginning cash o | nount is 0.<br>on hand. |                                |
| Section V  |  |   |  |  |                         |                                |
| Return This Report To:  Ben Ysursa Secretary of State PO Box 83720   |  | Gale Kleinkopf<br>lame of Political Treasurer |  | , hereby certify th                              | at the inform           | nation in this                 |
| Boise ID 83720-0080 rep<br>Phone: (208) 334-2852   | Boise ID 83720-0080 report is a true, complete and correct Campaign Financial Disclosure Report as required by law.  Phone: (208) 334-2852 |   |  |  |                         |                                |
| Fax: (208) 334-2282  |  | Chaco   | / \S   | uro of Political Trade                           | <del></del>             |                                |
|  |  |   | signati  | ire oi ronucai Treast                            | yer .                   |                                |

## **DETAILED SUMMARY**

Name of Candidate or Committee: Charles H. Cooiner

|               | Contributions   |   | Total This Period |
|---------------|---|---|-------------------|
| 1             | Unitemized Contributions (\$50 and less) # of Contributors0   | + | \$                |
|               | Itemized Contributions (Total of all Schedule A sheets)   | + | \$                |
| ②<br>③        | In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)  | + | \$                |
| 4             | Loans (Total of all New Loan amounts from Schedule D sheets)  | + | \$                |
| <u>(5)</u>    | Total Contributions (Transfer this figure to page 1, Section IV, Line 3)  | = | \$ 0.00           |
|               | Expenditures  |   |                   |
| <b>6</b>      | Unitemized Expenditures (less than \$25) # of Expenditures1   | + | \$                |
| 7             | Itemized Expenditures (Total of all Schedule B sheets)  | + | \$ 250.00         |
| 8             | In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)  | + | \$                |
| <b>8</b><br>9 | Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)  | + | \$                |
| 10            | Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)                                       | + | \$                |
| 11)           | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)   | = | \$ 250.00         |
| <b>@</b>      | Loans, Credit Cards and Debt  |   |                   |
| 12)           | Outstanding Balance from previous reporting period  | + | \$                |
| 13)           | New Loans received during this reporting period  (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets) | + | \$                |
| 14)           | New Credit Card and Debt incurred this reporting period<br>(Total of all New Incurred Debt amounts from Schedule E sheets)    | + | \$                |
| (15)          | Subtotal  | = | \$ 0.00           |
| 16)           | Repayments of Loans made during this reporting period  (Total of all Loan Repayment amounts from Schedule D sheets)           | - | \$                |
| 17)           | Repayments of Credit Card and Debt this reporting period<br>(Total of all Debt Repayment amounts from Schedule E sheets)      |   | \$                |
| 18)           | Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)                        | = | \$ 0.00           |
|               | Pledged Contributions   |   |                   |
| 19            | Unitemized Pledged Contributions (\$50 and less) # of Pledges   | + | \$                |
| (19)<br>(20)  | Itemized Pledged Contributions this Period (Total of all Schedule F sheets)   | + | \$                |
| 21)           | Total Pledged Contributions this period   | = | \$ 0.00           |

## SCHEDULE B ITEMIZED EXPENDITURES

| ĺ | Page | of |
|---|------|----|
|   | 1    | 1  |

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

| Name  | me of Candidate or Committee: Charles H. Coiner        |   |   |  |
|-------|--|---|---|--|
| Purpo | se Codes   |   |   |  |
| Α     | All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N | Newspaper & Other Periodical Advertising      |  |
| В     | Broadcast Advertising (Radio, TV & Internet)           | 0 | Other Advertising (Yard Signs, Buttons, etc.) |  |
| С     | Contributions to Candidates & PAC's                    | P | Postage                                       |  |
| D     | Donations & Gifts                                      | S | Surveys & Polls                               |  |
| Ė     | Event Expenses   | T | Tickets (Events)                              |  |
| F     | Food & Refreshments                                    | U | Utilities                                     |  |
| G     | General Operational Expenses                           | W | Wages, Salaries, Benefits & Bonuses           |  |
| Ĺ     | Literature, Brochures, Printing                        | Y | Petition Circulators                          |  |
| ш     | Management Services                                    | Z | Preparation & Production of Advertising       |  |

| Date Spent | Full Name, Mailing Address and Zip Code of Recipient               | Purpose Code   | Cash or Check |
|------------|--|----------------|---------------|
| 8 / 5 / 10 | Brad Little for Lt. Governor     Statehouse     Boise, Idaho 83720 | С              | \$_250.00     |
|            | 2.   |                |               |
|            |  |                | \$            |
|            | 3.   |                |               |
|            |  |                | \$            |
|            | <b>4</b> .   |                |               |
|            |  |                | \$            |
|            | 5.   |                |               |
|            |  |                | \$            |
|            | 6.   |                |               |
|            |  |                | \$            |
|            | 7.   |                |               |
|            |  |                | \$            |
|            | 8.   |                |               |
|            |  |                | \$            |
|            | 9.   |                |               |
|            |  |                | \$            |
|            | 10.  |                |               |
|            |  |                | \$            |
|            | То   | tal This Page: | \$ 250.00     |