CAMPAIGN FINANCIAL DISCLOSURE REPORT



SUMMARY PAGE (Please Print or Type)

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			<u>3</u> 1/31 =	
Name of Candidate or Political Committee NEIL M. WILLIAMS	and Chairperson		Office Sought (if candidate) STATE SEN	ATE District (if any)
Mailing Address		City and Zip	Home Phone	Work Phone
2941 HARTERT DR. Name of Political Treasurer		Idaho Falls, 83404	529-1982	522-3372
NEL M. WILLIAMS				
Mailing Address		City and Zip	Home Phone	Work Phone
2941 HARTERT DR.		Idaho Falls, 83404	529-1982	522-3372
change of address for: Cano	didate or Political Committ	ee 🔲 Political Treasurer		
ection II		TYPE OF REPORT		
his filing is an: X Origin				
his report is for the period from		ough		
7 Day Pre-Primary Repor	rt 30	Day Post-Primary Report	October 10 I	Pre-General Report
7 Day Pre-General Repo	rt 30	Day Post-General Report	Annual Repo	ort
Semi-Annual Report (Sta	tewide Candidates Only)			
this a Termination Report:	Yes No			
ection III	STATEMENT OF	NO CONTRIBUTIONS OR EXPE	MULTIDES	
Directions: If you had no contribu				nt below and sign this repo
		priate "Calendar Year to Date" fig		
I hereby certify th	nat I have received no con	tributions and have made no exp	enditures during this repo	rting period.
ection IV	1	SUMMARY	, - u - u - u - u - u - u - u - u - u -	
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			COLUMN I his Period	COLUMN II Calendar Year
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gures to the Column II figures of your	our previous report (excep	ot on line 6). T	his Period	Calendar Year to Date
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