



CAMPAIGN FINANCIAL DISCLOSURE REPORT  
SUMMARY PAGE  
(Please Print or Type)

C-2  
Rev. 5/11

SCANNED

OCT 30 PM 2:37

Section I

|   |                                      |   |                               |                                |
|---|--------------------------------------|---|-------------------------------|--------------------------------|
| Name of Candidate or Political Committee and Chairperson<br><b>BOB FITZGERALD</b> |                                      | Office Sought (if candidate)<br><b>SENATE</b> | STATE<br><b>IDAHO</b>         | District (if any)<br><b>32</b> |
| Mailing Address<br><b>4079 North 3000 WEST</b>                                    | City and Zip<br><b>TETONIA 83452</b> | Home Phone<br><b>456-2833</b>                 | Work Phone<br><b>351-3080</b> |                                |
| Name of Political Treasurer<br><b>Phyllis Fitzgerald</b>                          |                                      |   |                               |                                |
| Mailing Address<br><b>4079 North 3000 WEST</b>                                    | City and Zip<br><b>TETONIA 83452</b> | Home Phone<br><b>456-2830</b>                 | Work Phone<br><b>456-2833</b> |                                |

Change of address for: Candidate or Political Committee  Political Treasurer

Section II

TYPE OF REPORT

This filing is an:  Original  Amendment

This report is for the period from 10/1/14 through 10/19/2014

POSTED

- 7 Day Pre-Primary Report
- 30 Day Post-Primary Report
- October 10 Pre-General Report
- 7 Day Pre-General Report
- 30 Day Post-General Report
- Annual Report
- Semi-Annual Report (Statewide Candidates Only)

Is this a Termination Report:  Yes  No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

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: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

|  | COLUMN I<br>This Period   | COLUMN II<br>Calendar Year<br>to Date |
|--|---------------------------|---------------------------------------|
| Line 1: Cash on Hand January 1, This Calendar Year*                            | \$ XXXXXX                 | \$ _____                              |
| Line 2: Enter Beginning Cash Balance** 10/1 to 10/19/14                        | \$ 100.00                 | \$ XXXXXX                             |
| Line 3: Total Contributions (Enter amount from line 5, page 2) 10/1 - 10/19/14 | \$ <del>85.11</del> 23.80 | \$ 100                                |
| Line 4: Subtotal (Add lines 1, 2 and 3)  | \$ 100                    | \$ 100                                |
| Line 5: Total Expenditures (Enter amount from line 11, page 2)                 | \$ 85.11                  | \$ 85.11                              |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)                | \$ 14.89                  | \$ 14.89                              |
| Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)           | \$ 0                      | \$ _____                              |

\*This same figure should be entered on line 1 of all reports filed this calendar year.

\*\*This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.

Note: The closing cash balance for the current reporting period appears on the next report as the beginning cash on hand.

Section V

Return This Report To:  
 Ben Ysursa  
 Secretary of State  
 PO Box 83720  
 Boise ID 83720-0080  
 Phone: (208) 334-2852  
 Fax: (208) 334-2282

I, Phyllis Fitzgerald hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Phyllis Fitzgerald  
Signature of Political Treasurer

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee: **BOB FITZGERALD - SENATE DISTRICT 32**

NOV - 6 10:56 AM  
SECRETARY OF STATE  
STATE OF IDAHO

**Purpose Codes**

- |  |   |
|--|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV & Internet)           | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's                    | P Postage                                       |
| D Donations & Gifts                                      | S Surveys & Polls                               |
| E Event Expenses   | T Tickets (Events)                              |
| F Food & Refreshments                                    | U Utilities                                     |
| G General Operational Expenses                           | W Wages, Salaries, Benefits & Bonuses           |
| L Literature, Brochures, Printing                        | Y Petition Circulators                          |
| M Management Services                                    | Z Preparation & Production of Advertising       |

| Date Spent              | Full Name, Mailing Address and Zip Code of Recipient        | Purpose Code | Cash or Check   |
|-------------------------|---|--------------|-----------------|
| 10,14,14                | 1. TRAILSIDE GAS STATION-6170 MAIN ST<br>TUBONIA 83452      | A            | \$ 10.00        |
| 10,14,14                | 2. MAVERICK COUNTRY STORE + GAS<br>Rexburg 75 N 2nd E 83440 | A            | \$ 25.04        |
| 10,21,14                | 3. KWIK WAY GAS - 10 EAST HARPER<br>DRiggs, ID 83422        | A            | \$ 50.09        |
| ___/___/___             | 4.  |              | \$ _____        |
| ___/___/___             | 5.  |              | \$ _____        |
| ___/___/___             | 6.  |              | \$ _____        |
| ___/___/___             | 7.  |              | \$ _____        |
| ___/___/___             | 8.  |              | \$ _____        |
| ___/___/___             | 9.  |              | \$ _____        |
| ___/___/___             | 10.   |              | \$ _____        |
| <b>Total This Page:</b> |   |              | <b>\$ 85.11</b> |

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.