

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

C-2 Rev. 5/11

16 DEC 19 AM In: n2

| Section I | | | | 13 HIT 10: UZ |
|--|--------------------------------------|---|---------------------------|--|
| Name of Candidate or Political Comm | hittee and Chairperson | E < /MMONUS | Office Sought (If cand | STATE OF IDALIS |
| Malling Address | 1750 21.14 162-5 | City and Zip | Home Phone | Work Phone AHO |
| Name of Political Treasurer | IER BLUD #203 | 150/SE 8 > 70 | 6 | 1343-8872 |
| GREG AU | JEN | | | |
| Mailing Address 17-6-7-75-75-75-115-73 | ASIN RD. | City and Zp | Home Phone | 340-6227 |
| The second secon | Candidate or Political Committ | ee Political Tre | easurer 🗆 | |
| Section II This filing is an: | Original Amendmen | TYPE OF REPORT | | |
| 7 Day Pre-Primary R | |) Day Post-Primary Report | —· I Deto | ber 10 Pre-General Report |
| 7 Day Pre-General F | | Day Post-General Report | | al Report |
| - | | · · · · · · · · · · · · · · · · · · · | | |
| is this a Termination Report: | (Statewide Candidates Only) 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. | | | | |
| _ | • | • | • | |
| Section IV | lify that I have received no con | SUMMARY | no expenditures during tr | iis reporting period. |
| To reach your Calendar Year to figures to the Column II figures | | Column I | COLUMN I This Period | COLUMN II Calendar Year to Date |
| Line 1: Cash on Hand January | 1, This Calendar Year | | \$_XXXXXX | \$ |
| Line 2: Enter Beginning Cash Balance** | | | <u> 1000</u> | s XXXXXX |
| Line 3: Total Contributions (Enter amount from line 5, page 2) | |) | s_1000 | s 1000 |
| Line 4: Subtotal (Add lines 1, 2 and 3) | | | \$ 1000 | \$ 1000 |
| Line 5: Total Expenditures (Enter amount from line 11, page 2) | | 2) | 5 | \$ |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4) | | 4) • | \$/000_ | s 1000 |
| Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2) | | | \$ | |
| *This same figure should be er **This is the figure on line 6 of Note: The closing cash balance | the last Campaign Financial D | lisclosure Report filed. If the | | |
| | Section V | | | |
| Return This Report To: Ben Ysursa Secretary of State PO Box 83720 Bolse ID 83720-0080 Phone: (208) 334-2852 | I, <u>OVE</u> | iame of Political Treasurer mplete and correct Carago | | that the information in this Report as required by law. |
| Fax: (208) 334-2282 | | MATT | | |

Signature of Political Treasurer