| | CAMPAIGN FINANCIAL DISCLO | SURE REPORT | C-2 |
|---|---|------------------------------------|-------------------------------------|
| | SUMMARY PAG | E IS | Rev. 5/11 |
| | (Please Print or Typ | e) 10 | DEC-8 PH 2:28 |
| | | sêûr | CLARY OF STATE |
| Section I Name of Candidate or Political Committee and Chalroe | | Office Sought (If cand | Mate OF ID (Gate (It any) |
| IO PAC | | Onice cought in carry | |
| Mailing Address | City and Zip | Home Phone | Work Phone |
| PO Box 2668 | Boise 83701 | 208-344-7888 | 208-344-7888 |
| Lawrence Anderson, MD | | | |
| Mailing Address | City and Zip | Home Phone | Work Phone |
| 8955 Hackamore | Boise 83709 | 208-344-7996 | . 208-344-3944 |
| Change of address for: Candidate or F | | Treasurer 12 | |
| Section II This filling is an: | TYPE OF REPOR | r | |
| This report is for the period from <u>10 /24</u> | | 2016 | |
| · · · · · · · · · · · · · · · · · · · | • | | or 10 Bro Connert Benet |
| 7 Day Pre-Primary Report | 30 Day Post-Primary Rep | | er 10 Pre-General Report |
| 📋 7 Day Pre-General Report 📰 30 Day Post-General Report 🔲 Annual Report | | | |
| [~] Semi-Annual Report (Statewide Ca | andidates Only) | | |
| Is this a Termination Report: D Yes | 12 No | | |
| Section III S | TATEMENT OF NO CONTRIBUTIONS | | |
| Directions: If you had no contributions or e | | | atement below and sign this report. |
| | rward the appropriate "Calendar Year I | | |
| I hereby certify that I have | received no contributions and have ma | de no expenditures during th | is reporting period. |
| Section IV | SUMMARY | | |
| To reach your Calendar Year to Date figure: | Add this report's Column I | COLUMNI | COLUMN II |
| figures to the Column II figures of your previo | ous report (except on line 6). | This Period | Celendar Year |
| | | | to Date 4,447.04 |
| Line 1: Cash on Hand January 1, This Calen | | s <u>XXXXXX</u> | Ψ |
| Line 2: Enter Beginning Cash Balance** | 7997 | 04 4.447.04 | \$ <u>XXXXXX</u> |
| Line 3: Total Contributions (Enter amount fro | m line 5, page 2) | s_0.00 | \$ 500.00 |
| Line 4: Subtotal (Add lines 1, 2 and 3) | | \$ 4,947.04 | \$ 4,947.04 |
| | | \$_0.00 | e 0.00 |
| Line 5: Total Expenditures (Enter amount fro | m line 11, page 2) | | |
| Line 6: Enter Ending Cash Balance (Subtrac | t line 5 from fine 4) | \$_4,947.04 | \$ |
| Line 7: Outstanding Debt to Date (Enter amo | ount from line 18, page 2) | \$ | |
| *This same figure should be entered on line | 1 of all monorte filed this calendar year | | |
| "This is the figure on line 6 of the last Camp | aign Financial Disclosure Report filed. | If this is your first report, this | amount is 0. |
| Note: The closing cash balance for the cure | nt reporting period appears on the next | report as the beginning cash | on hand. |
| Section V | | | |
| Return This Report To: Ben Yawsa | Lawrance Anderson NO | | |
| Secretary of State |), Lawrence Anderson, MD Name of Political Treasurer | | |
| PO Box 83720 Boise 10 83720-0080 re | | | |
| Phone: (208) 334-2852 | | | 1 |
| Fax: (208) 334-2282 | | 2rs/h | VI |
| | | Signature of Political Tree | BULAL |

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