



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

C-2
Rev. 12/14

16 NOV -2 PM 12: 38

Section I

Name of Candidate or Political Committee and Chairperson Ammon Emanuel Prolife		Office Sought (if candidate) SECRETARY OF STATE	District (if any) 8(B)
Mailing Address Box 5	City and Zip Letha 83636	Home Phone 365-4262	Work Phone 869-2619
Name of Political Treasurer Pro-Life			
Mailing Address Box 5	City and Zip Letha 83636	Home Phone 365-4262	Work Phone 869-2619

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 / 01 / 2016 through 10 / 23 / 2016

- 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 This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Calendar Year*	\$ XXXXXX	\$ -0-
Line 2: Enter Beginning Cash Balance**	\$ -0-	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ -0-	\$ -0-
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ -0-	\$ -0-
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ -0-	\$ -0-
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ -0-	\$ -0-
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:
Secretary of State
PO Box 83720
Boise ID 83720-0080
Phone: (208) 334-2852
Fax: (208) 334-2282

I, Pro-Life, hereby certify that the information in this
Name of Political Treasurer
report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Pro-Life 11/02/2016
Signature of Political Treasurer