



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

2016 JUL 15 AM 9:21 C-2 Rev. 12/14

Semi-Annual Report of STATE OF IDAHO

Section I

|   |  |   |  |                                   |  |
|---|--|---|--|-----------------------------------|--|
| Name of Candidate or Political Committee and Chairperson<br><b>Pro-Life</b> |  | Office Sought (if candidate)<br><b>Governor</b> |  | District (if any)<br><b>Idaho</b> |  |
| Mailing Address<br><b>Box 5</b>   |  | City and Zip<br><b>Letha 83636</b>              |  | Home Phone<br><b>365-4262</b>     |  |
|   |  |   |  | Work Phone<br><b>869-2619</b>     |  |
| Name of Political Treasurer<br><b>Pro-Life</b>                              |  |   |  |                                   |  |
| Mailing Address<br><b>Box 5</b>   |  | City and Zip<br><b>Letha 83636</b>              |  | Home Phone<br><b>365-4262</b>     |  |
|   |  |   |  | Work Phone<br><b>869-2619</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 01/01/16 through 6/30/2016

- 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<br>This Period | COLUMN II<br>Calendar Year<br>to Date |
|--|-------------------------|---------------------------------------|
| Line 1: Cash on Hand January 1, This Calendar Year*                  | \$ XXXXXX               | \$ 29                                 |
| Line 2: Enter Beginning Cash Balance**                               | \$ 29                   | \$ XXXXXX                             |
| Line 3: Total Contributions (Enter amount from line 5, page 2)       | \$ -0-                  | \$ -0-                                |
| Line 4: Subtotal (Add lines 1, 2 and 3)                              | \$ 29                   | \$ 29                                 |
| 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)      | \$ 29                   | \$ 29                                 |
| 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 report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Pro-Life 6/12/2016  
Signature of Political Treasurer