## CAMPAIGN FINANCIAL DISCLOSURE REPORT



SUMMARY PAGE (Please Print or Type) 20 JAN 31 PM 04:44

SECRETARY OF STATE
STATE OF IDAHO

| Section I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                  |                                                                                                                                                                                                              | STATE C                                                                             | OF IDAHO                                                 |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|---------|
| Name of Candidate or Political Comm<br>Chelsea C. Gaona-L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                  |                                                                                                                                                                                                              | Office Sought (if cand                                                              |                                                          | y)      |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                                                                                                                                         | City and Zip                                                                                                                                                                                                 | Home Phone                                                                          | Work Phone                                               |         |
| 1401 CLEVELAND BLVI Name of Political Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  | CALDWELL 83605-386                                                                                                                                                                                           | 01                                                                                  |                                                          |         |
| Jessica Chilcott                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                  |                                                                                                                                                                                                              |                                                                                     |                                                          |         |
| Mailing Address 2322 Polk Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                  | City and Zip Caldwell 83605                                                                                                                                                                                  | Home Phone                                                                          | Work Phone                                               |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 514 515 10 39                                                                                                                                                                  |                                                                                                                                                                                                              | 2083042906                                                                          |                                                          |         |
| Section II This filing is an:  This report is for the period from This report is for t | Report 30  Report 30  Report 30  (Statewide Candidates Only)  Yes No  STATEMENT OF tributions or expenditures duriure to carry forward the approfity that I have received no con | TYPE OF REPORT  nt  ough 12 / 31 / 2019  Day Post-Primary Report  Day Post-General Report  NO CONTRIBUTIONS OR E  ng this reporting period, chec  priate "Calendar Year to Date  tributions and have made no | XPENDITURES k the box next to the s " figures in Column II, expenditures during the | Section IV.                                              | report. |
| To reach your Calendar Year to figures to the Column II figures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                                                                                                                                                                                              | COLUMN I<br>This Period                                                             | COLUMN II<br>Calendar Year<br>to Date                    |         |
| Line 1: Cash on Hand January                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1, This Calendar Year*                                                                                                                                                           | \$_                                                                                                                                                                                                          | XXXXXX                                                                              | \$ <u>584.27</u>                                         |         |
| Line 2: Enter Beginning Cash B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Balance**                                                                                                                                                                        | \$_                                                                                                                                                                                                          | 584.27                                                                              | \$ XXXXXX                                                |         |
| Line 3: Total Contributions (Ent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | er amount from line 5, page 2                                                                                                                                                    | \$ <u></u>                                                                                                                                                                                                   | 0.00                                                                                | \$ 0.00                                                  |         |
| Line 4: Subtotal (Add lines 1, 2 and 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                  | \$ <u>.</u>                                                                                                                                                                                                  | 584.27                                                                              | \$ <u>584.27</u>                                         |         |
| Line 5: Total Expenditures (Ent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | er amount from line 11, page 2                                                                                                                                                   | 2) \$ _                                                                                                                                                                                                      | 0.00                                                                                | \$ 0.00                                                  |         |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  | 4) \$_                                                                                                                                                                                                       | 584.27                                                                              | <sub>\$</sub> 584.27                                     |         |
| Line 7: Outstanding Debt to Da                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ate (Enter amount from line 18                                                                                                                                                   | , page 2) \$_                                                                                                                                                                                                | 0.00                                                                                |                                                          |         |
| *This same figure should be er<br>**This is the figure on line 6 of<br>Note: The closing cash balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | the last Campaign Financial D                                                                                                                                                    | isclosure Report filed. If this i                                                                                                                                                                            |                                                                                     |                                                          |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Section V                                                                                                                                                                        |                                                                                                                                                                                                              |                                                                                     |                                                          |         |
| Return This Report To: Lawerence Denney Secretary of State PO Box 83720 Boise ID 83720-0080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N                                                                                                                                                                                | ica Chilcott<br>lame of Political Treasurer<br>mplete and correct Campaigr                                                                                                                                   |                                                                                     | that the information in this  Report as required by law. |         |
| Phone: (208) 334-2852<br>Fax: (208) 334-2282                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                  | г                                                                                                                                                                                                            | Digital Signature                                                                   |                                                          |         |

Signature of Political Treasurer

## **DETAILED SUMMARY**

## Name of Candidate or Committee: Chelsea C. Gaona-Lincoln

|            |                                                                                  |   | Total This Period |
|------------|----------------------------------------------------------------------------------|---|-------------------|
|            | Contributions                                                                    |   |                   |
| 1          | Unitemized Contributions (\$50 and less) # of Contributors O                     | + | \$0.00            |
| 2          | Itemized Contributions (Total of all Schedule A sheets)                          | + | \$0.00            |
| 3          | In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets) | + | \$0.00            |
| 4          | Loans (Total of all New Loan amounts from Schedule D sheets)                     | + | \$0.00            |
| <b>(5)</b> | Total Contributions (Transfer this figure to page 1, Section IV, Line 3)         | = | \$0.00            |

|    | Expenditures                                                                            |   |        |
|----|-----------------------------------------------------------------------------------------|---|--------|
| 6  | Unitemized Expenditures (Less than \$25) # of Expenditures O                            | + | \$0.00 |
| 7  | Itemized Expenditures (Total of all Schedule B sheets)                                  | + | \$0.00 |
| 8  | In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)          | + | \$0.00 |
| 9  | Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)            | + | \$0.00 |
| 10 | Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets) | + | \$0.00 |
| 11 | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)                 | = | \$0.00 |

|      | Loans, Credit Cards and Debt                                                                                                  |   |        |
|------|-------------------------------------------------------------------------------------------------------------------------------|---|--------|
| (12) | Outstanding Balance from previous reporting period                                                                            | + | \$0.00 |
| 13)  | New Loans received during this reporting period  (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets) | + | \$0.00 |
| 14)  | New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)       | + | \$0.00 |
| 15)  | Subtotal                                                                                                                      | = | \$0.00 |
| 16)  | Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)            | - | \$0.00 |
| 17)  | Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)         | - | \$0.00 |
| 18)  | Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)                        | = | \$0.00 |

|     | Pledged Contributions                                                       |          |
|-----|-----------------------------------------------------------------------------|----------|
| 19  | Unitemized Pledged Contributions (\$50 and less) # of Pledges O             | + \$0.00 |
| 20  | Itemized Pledged Contributions this Period (Total of all Schedule F sheets) | + \$0.00 |
| 21) | Total Pledged Contributions this period                                     | = \$0.00 |