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### REPORT OF ELECTIONEERING COMMUNICATION

For use by a person who has expended \$100 or more per year on electioneering communications.

Any person incurring costs of \$1,000 or more must file within 48 hours of incurring costs.

Name of person/entity Michael Barnes

Address (Physical) 1837 E Yellow Pine Ave City Athol State ID Zip 83801

Mailing Address 1837 E Yellow Pine Ave City Athol State ID Zip 83801

Telephone (208) 771-8911

#### TYPE OF REPORT

- 7 Day Pre-Primary Report       30 Day Post-Primary Report       48 Hour Report
- 7 Day Pre-General Report       30 Day Post-General Report

Is this an amended report?     No     Yes

This amends a previous report filed on \_\_\_\_\_ n/a

Date of Public Distribution(s) \_\_\_\_\_

Total Expenditures this Statement	\$	398.70
Total Itemized Contributions of \$50 or More this statement	\$	
Total Contributions this statement	\$	398.70

I Michael Barnes, hereby certify that the information in this  
Name of Individual Completing Report  
report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Return This Report To:  
Lawrence Denney  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
phone: (208) 334-2852  
fax: (208) 334-2282

Michael Barnes  
Signature of Individual Completing Report

June 18, 2020  
Date Signed

### Itemized Contributions for Electioneering Communication (\$50 or more)

Name of person/entity: Mchael Barnes

1. Date Received ____/____/____	4. Name (last, first)_____
2. Contribution Amount \$_____	5. Address_____
3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind	6. City/State/Zip_____

1. Date Received ____/____/____	4. Name (last, first)_____
2. Contribution Amount \$_____	5. Address_____
3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind	6. City/State/Zip_____

1. Date Received ____/____/____	4. Name (last, first)_____
2. Contribution Amount \$_____	5. Address_____
3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind	6. City/State/Zip_____

1. Date Received ____/____/____	4. Name (last, first)_____
2. Contribution Amount \$_____	5. Address_____
3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind	6. City/State/Zip_____

1. Date Received ____/____/____	4. Name (last, first)_____
2. Contribution Amount \$_____	5. Address_____
3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind	6. City/State/Zip_____

### Itemized Expenditures for Electioneering Communication

Name of person/entity: Mchael Barnes

1. Date Expended <u>06 / 08 / 20</u>	3. Name (last, first) <u>Upscale Mail</u>
2. Amount <u>\$ 398.70</u>	4. Address <u>2600A East Seltice</u>
cash <input checked="" type="checkbox"/>	5. City/State/Zip <u>Post Falls, ID 83854</u>
in-kind <input type="checkbox"/>	6. Method of Communication(s) <u>Rack Card Mailer</u>
	7. Name of Candidate(s) referred to <u>Kastning, Green, Whitehead, Henderson, Jacobsen</u>
	8. Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure <u>Rack Card printing and Mailing</u>

1. Date Expended _/_/___	3. Name (last, first) _____
2. Amount \$ _____	4. Address _____
cash <input type="checkbox"/>	5. City/State/Zip _____
in-kind <input type="checkbox"/>	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support <input type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure _____

1. Date Expended _/_/___	3. Name (last, first) _____
2. Amount \$ _____	4. Address _____
cash <input type="checkbox"/>	5. City/State/Zip _____
in-kind <input type="checkbox"/>	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support <input type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure _____

1. Date Expended _/_/___	3. Name (last, first) _____
2. Amount \$ _____	4. Address _____
cash <input type="checkbox"/>	5. City/State/Zip _____
in-kind <input type="checkbox"/>	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support <input type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure _____