



OCT 7 '20 AM 9:38
IDAHO SECRETARY OF STATE

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 Katherine P. Dawes

Address (Physical) 1018 E. E St. City Moscow State ID Zip 83843

Mailing Address 1018 E. E St. City Moscow State ID Zip 83843

Telephone (208) 310-2922

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 _____

Date of Public Distribution(s) September 11, 2020

Total Expenditures this Statement	\$	100.00
Total Itemized Contributions of \$50 or More this statement	\$	100.00
Total Contributions this statement	\$	100.00

I Katherine P. Dawes, 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

Katherine P. Dawes
 Signature of Individual Completing Report

October 2, 2020
 Date Signed

Itemized Expenditures for Electioneering Communication

Name of person/entity: Katherine P. Dawes

1. Date Expended <u>9</u> / <u>11</u> / 2020	3. Name (last, first) <u>Dawes, Katherine P.</u>
2. Amount \$ <u>100</u> cash <input checked="" type="checkbox"/> in-kind <input type="checkbox"/>	4. Address <u>1018 E. E St.</u>
	5. City/State/Zip <u>Moscow, ID 83843</u>
	6. Method of Communication(s) <u>Postcards</u>
	7. Name of Candidate(s) referred to <u>Democratic candidates for Idaho legislature</u>
	8. Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure <u>Postcard stamps</u>

1. Date Expended _ / _ / _	3. Name (last, first) _____
2. Amount \$ _____ cash <input type="checkbox"/> in-kind <input type="checkbox"/>	4. Address _____
	5. City/State/Zip _____
	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 \$ _____ cash <input type="checkbox"/> in-kind <input type="checkbox"/>	4. Address _____
	5. City/State/Zip _____
	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 \$ _____ cash <input type="checkbox"/> in-kind <input type="checkbox"/>	4. Address _____
	5. City/State/Zip _____
	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 _____