

COTTON TO ARTICLE TO SECRETARY OF MOTOR

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 | district aa Democrats | |
|---|--|--------------------------------------|
| Address (Physical) 1089 | n. Cambert wy Citymericlian State ID | Zip <u>83642</u> |
| | | Zip_83642 |
| Telephone 208-258 | ÿ | |
| | | |
| | TYPE OF REPORT | ∞ 4 |
| 7 Day Pre-Primary Re | eport 30 Day Post-Primary Report | 48 Hour Report |
| 7 Day Pre-General Re | eport 30 Day Post-General Report | |
| Is this an amended report? | No Pes | |
| This amends a previ | ous report filed on | |
| | | |
| Date of Public Distribution(s) Oct 17-18, 2020 | | |
| | | |
| Total Expenditures this Statement | | \$213.40 |
| | | |
| Total Itemized Contributions of \$50 or More this statement | | \$ |
| Total Contributions this statement | | \$213.40 |
| | | _ |
| | | |
| | I Destinie Hayt , hereby | certify that the information in this |
| | report is a true, complete and correct Campaign Financial Disc | losure Report as required by law. |
| Return This Report To: Lawerence Denney | | |
| Secretary of State | Signature of Individual Completing Report | |
| PO Box 83720 Boise ID 83720-0080 | 0,01,21,20 | , <u></u> |
| phone: (208) 334-2852 fax: (208) 334-2282 | Date Signed | |

Itemized Expenditures for Electioneering Communication

Name of person/entity: District 22 Democrats

| 1. Date Expended 9_/03/ 2.5 | 3. Name (last, first) Hort, Destinie, Idoho District 22 Democrats 4. Address 1089 n. Combert Leay | |
|-----------------------------|---|--|
| | 5. City/State/ZipMexician, ID 83642 | |
| 2. Amount | 6. Method of Communication(s) print-post cord | |
| \$213.40 | 7. Name of Candidate(s) referred to mix lose, Dicine | |
| PA13.50 | Tensen, Nina Turner 8. Support Oppose | |
| in-kind | 9. Purpose of Expenditure Local post courds | |
| III-KIIIU | 5. Fulpose of Experiance ACLAS (CAPICS) | |
| | | |
| 1. Date Expended | 3. Name (last, first) | |
| | 4. Address | |
| | 5. City/State/Zip | |
| 2. Amount | 6. Method of Communication(s) | |
| | 7. Name of Candidate(s) referred to | |
| \$ | | |
| cash 🔲 | 8. Support Oppose | |
| in-kind 🗀 | 9. Purpose of Expenditure | |
| | | |
| Date Expended | 3. Name (last, first) | |
| | 4. Address | |
| | 5. City/State/Zip | |
| 2. Amount | 6. Method of Communication(s) | |
| • | 7. Name of Candidate(s) referred to | |
| \$ | | |
| cash | 8. Support Oppose Oppose | |
| in-kind 🗀 | 9. Purpose of Expenditure | |
| | | |
| Date Expended | 3. Name (last, first) | |
| | 4. Address | |
| | 5. City/State/Zip | |
| 2. Amount | 6. Method of Communication(s) | |
| | 7. Name of Candidate(s) referred to | |
| \$ | | |
| cash 🗀 | 8. Support Oppose | |
| in-kind 🗀 | 9. Purpose of Expenditure | |
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