



**DISCLOSURE OF PAYMENT TO
SIGNATURE GATHERERS
TOTALING MORE THAN \$100 (IN AGGREGATE)**

P-1

To be filed on or before the twentieth day of the month following the month during which the payments to the signature gatherers were made. Please see the filing requirements in I.C. 67-6612.

GENERAL INFORMATION

Name of Candidate or Committee

Mailing Address

Street Address	City	State	Zip Code
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PAYMENTS TO SIGNATURE GATHERERS IN EXCESS OF \$50.00 (I.C. 67-6612)

Payment Date	Full Name, Mailing Address, & Zip Code of Signature Gatherer	Amount
Total Payments		

CERTIFICATION

I, _____, hereby certify that the information in this report is true, complete and correct.
(Name of Chairman or Political Treasurer)

Signature of Chairman or Political Treasurer	Date Signed
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RETURN THIS FORM TO
 Secretary of State
 Elections Division
 PO Box 83720
 Boise, ID 83720-0080
Email: elections@sos.idaho.gov
Phone: (208) 334-2852
Fax: (208) 334-2282