

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					
Address (Physical)		City	State	Zip	
Mailing Address		City	State	Zip	
Telephone					
		TYPE O	F REPORT		
7 Day Pre-Primary R					Report
7 Day Pre-General Report 30 Day Post-General Report					
Is this an amended report? This amends a prev	No O	Yes on			
Date of Public Distribution	(s)				
Total Expenditures this Statement					\$
Total Itemized Contributions of \$50 or More this statement					\$
Total Contributions this statement					\$
	I	Name of Individual Compl	eting Report	hereby certify that the	information in this
report is a true, complete and correct Campaign Financial Disclosure R Return This Report To: Lawerence Denney					as required by law.
Secretary of State PO Box 83720 Boise ID 83720-0080			Signature of Individual Completing Report		
phone: (208) 334-2852 fax: (208) 334-2282	Date Signed				

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

lame	of person/entity:		
 2. 3. 	Date Received//_ Contribution Amount \$ Cash	4. Name (last, first)	
	Date Received//_ Contribution Amount \$ Cash	4. Name (last, first)5. Address6. City/State/Zip	_
1. 2. 3.	Date Received// Contribution Amount \$ Cash Loan In-Kind	4. Name (last, first)5. Address6. City/State/Zip	_
1. 2. 3.	Date Received//_ Contribution Amount \$ Cash	4. Name (last, first)5. Address6. City/State/Zip	
1. 2. 3.	Date Received//_ Contribution Amount \$ Cash	4. Name (last, first)5. Address6. City/State/Zip	_

Itemized Expenditures for Electioneering Communication

Name of person/entity:						
1. Date Expended 3. Name (last, first)						
/ /	4. Address					
	5. City/State/Zip					
2. Amount	6. Method of Communication(s)					
Z. Alliount	7. Name of Candidate(s) referred to					
\$	7. Name of Candidate(3) referred to					
cash	8. Support Oppose					
in-kind	9. Purpose of Expenditure					
III KIIIQ	3. 1 dipose of Experiature					
 Date Expended 	3. Name (last, first)					
/	4. Address					
	5. City/State/Zip					
2. Amount	Method of Communication(s)					
	7. Name of Candidate(s) referred to					
\$						
cash	8. Support Oppose					
in-kind	Purpose of Expenditure					
4. Data Farmandad						
Date Expended	3. Name (last, first)					
	4. Address					
0 4	5. City/State/Zip					
2. Amount	6. Method of Communication(s)					
•	7. Name of Candidate(s) referred to					
\$	<u> </u>					
cash	8. Support Oppose					
in-kind	9. Purpose of Expenditure					
1. Date Expended	3. Name (last, first)					
/ /	4. Address					
	5. City/State/Zip					
2. Amount	6. Method of Communication(s)					
z. / illiodit	7. Name of Candidate(s) referred to					
\$	1. Ivalie of Candidate(3) referred to					
Ψ cash □	8 Support Oppose					
in-kind	8. Support Oppose					
III-KIIIU	9. Purpose of Expenditure					