## CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE

(Please Print or Type)

Section I			
Name of card/date or Political Committee and	Chairperson	Office Sought (if candidate)	District (if any)
Mailing Address	City and Zip ( 1832)	Home Phone 208-339-2443	Work Phone 257-782-3101
Name of Political Treasurer			
Mailing Address	City and Zip	Iome Phone	Work Phone
1735 Rendlebury G	and Bloodefust 83021	108-775-7122	308-681-1122
Change of address for: Cand	idate or Political Committee Po	olitical Treasurer	
Section II TYPE OF REPORT			
This filing is an: Original This report is for the period fro	m//// through//	2 131 116	
7 Day Pre-Primary Report	□30 Day Post-Primary Report □	October 10 Pre-General Re	⇒Fort - <
7 Day Pre-General Report	□30 Day Post-General Report	Annual Report	
☐ Semi Annual report (Statewide Candidates Only) Is this Report an amendment? ☐ Yes ☐ No			
Section III STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES			
Directions: If you have no contributions or expenditures during this reporting period, check the box next to the statement below and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.  I hereby certify that I have received no contributions and have made no expenditures during this reporting period			
Section IV SUMMARY			
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10 reach your Calendar Year 10 Date	figure: Add this report's Column I figure	s COLUMN I	COLUMN II
to the Column II figures of your previ	figure: Add this report's Column I figure ous report (except on line 6).	s COLUMN I This Period	COLUMN II Calendar Year To Date
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