## CAMPAIGN FINANCIAL DISCLOSURE REPORT **SUMMARY PAGE** (Please Print or Type)

1 TO 1					
Section I					
Name of Candidate or Political Committee and Chairperson			Office Sought (if candidate)	District (if any)	
Craig T. Kowland Mailing Address			Sheriff		
Mailing Address	City and Zip		Home Phorie //	Work Phone	
211 S. 585 W.	BLACKFOOT	83221	208-317-4301	208-785-4440	
Name of Political Treasurer					
Lisa A. Kowland					
Mailing Address '	City and Zip		Home Phone	Work Phone	
211 S. 685 W	BLACKGOOT	83221	208-604-6883	208-604-6883	
Change of address for: Candidate or Political Committee	ee 🛭 Politi	cal Treasurer			

Ividining Address	City and Zip	Frome Friorie 7 *	AAOIV LIIOIIG			
211 S. 585 W.	BLACKFOOT 8322	1 208-317-4	1301 208-785-4440			
Name of Political Treasurer Lisa A. Kowland						
Mailing Address	City and Zip	Home Phone	Work Phone			
211 S. 685 W	BLACKGOOT 8322	208-604-6	6883 208-604-6883			
Change of address for: Candidate or Political Committee ☐ Political Treasurer ☐						
Section II	TYPE OF REPORT					
This filing is an: Original Amendme						
	rough <u>12   31   17</u>					
7 Day Pre-Primary Report	30 Day Post-Primary Report		oer 10 Pre-General Report			
☐ 7 Day Pre-General Report ☐ 3	Day Post-General Report Annual Report					
Semi-Annual Report (Statewide Candidates Only)	1					
Is this a Termination Report: ☐ Yes 📈 No	)					
Section III STATEMENT OF	NO CONTRIBUTIONS OR E	XPENDITURES				
Directions: If you had no contributions or expenditures du						
Be sure to carry forward the appr	opriate "Calendar Year to Date	e figures in Column II, s	Section IV.			
I hereby certify that I have received no contributions and have made no expenditures during this reporting period.						
Section IV	SUMMARY					
To reach your Calendar Year to Date figure: Add this report		COLUMNI	COLUMN II			
figures to the Column II figures of your previous report (exce	ept on line 6).	This Period	Calendar Year to Date			
Line 1: Cash on Hand January 1, This Calendar Year*	\$_	XXXXXX	\$_ <del></del>			
Line 2: Enter Beginning Cash Balance**	\$_		\$ XXXXXX			
Line 3: Total Contributions (Enter amount from line 5, page 2	2) \$_	***************************************	\$			
Line 4: Subtotal (Add lines 1, 2 and 3)	\$_		\$			
Line 5: Total Expenditures (Enter amount from line 11, page	2) \$_		\$			
Line 6: Enter Ending Cash Balance (Subtract line 5 from line	\$4) \$_		\$			
Line 7: Outstanding Debt to Date (Enter amount from line 18	3, page 2) \$ _	Ð				
*This same figure should be entered on line 1 of all reports filed this calendar year.  **This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.						
Note: The closing cash balance for the current reporting period appears on the next report as the beginning cash on hand.						
Section V						

Return This Report To: Lawerence Denney Secretary of State PO Box 83720 Boise ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

, hereby certify that the information in this

report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Political Treasurer