C-2 Rev. 7/97 Section 1	CAMI	PAIGN FI	NANCIAL DISC SUMMARY PA (Please Print or T	AGE	REPORT	?
Name of Conditions of Balling Committee in the						
Plel Kic	hardson for state	e Sen	ate		Office Sought (if candidate)	District (if any)
Mailing Address	Check if address	change. (City and Zip		Home Phone	Work Phone
5225	Brookfield	<u></u>	dato Fulls 8	3406	522-0772	Jame
Mark Richordson						
Mailing Address	Check if address	change.	City and Zip		Home Phone	Work Phone
1547 Parl	wood Cr.	12	Idohd Falls	83401	524-7175	Jame
Section II TYPE OF REPORT Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates. This report is for the period from // / /8 / CO through / 2 / 3 / / CO						
🛱 7 Day	y Pre-Primary Report	🗖 7 Da	ay Pre-General Re		Quarterly (April 30)	
🗖 30 Da	ay Post-Primary Report	Cl 30 I	Day Post-General		(only filed by ballot meas	sure commutecs)
C Octob	per 10 Pre-General Report	1.	ual Report	Î	Quarterly (July 30) (only filed by ballot me	asure commirrces)
Is t	his Report an amendment?	∃ Yes □	No	Is this a T	ermination Report?	Ycs 🗖 No

208 522

0772

Section III

Section

STATEMENT OF NO CONTRIBUTIONS OREXPENDITURES

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

Cl I hereby certify that J have received no contributions and have made no expenditures during this reporting period from $_{-}$ / $_{-}$ / $_{-}$ / $_{-}$ th rough/ / .

—		
Scction IV SUMMARY To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).	COLUMN 1 This Period	COLUMN11 Calendar Year to Date
Line 1: Cash on Hand January 1, This Year* Line 2: Enter Cash Balance at Close of Last Reporting Period** Line 3: Total Contributions (Enter amount from page 2) Line 4: Subtotal (Add lines 1, 2 and 3) Line 5: Total Expenditures (Enter amount from page 2) Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>XXXXXX</u> \$ <u>2707.78</u> \$ <u>-</u> \$ <u>2707.78</u> \$ <u>182.50</u> \$ <u>2525.78</u>	\$ <u>2665</u> 09 \$ <u>xxxxxx</u> 1875 \$ <u>4540.09</u> \$ <u>20 (4.8)</u> \$ <u>2525</u> 28

•This same figure should be entered *on* line 1 of all reports filed this calendar year. **You must report the cash on hand ar both the beginning of the reporting period and the close of the reporting period. Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

V CONTRIBUTIONSPLEDGED-INCURREDEXPENDITURES	
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Contributions Pledged during this reporting period but not yet received:	□None □\$	(scc attached Schedule C-2A)
Incurred Expenditures during this reporting period but not yet paid:	□None □ \$	(see allachedSchedule C-2B)

	Section VI	CERTIFICATION
Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0080 fax: (208) 334-2282	in this report is a true, comp required by Jaw.	<u>retic for that</u> the information Traverson polete and correct Campaign Financial Disclosure Report as gnature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Mel Richardson	Report Cowing the Perisd From $\frac{11}{18}/\frac{100}{10}$ to $\frac{12}{31}/\frac{100}{10}$			
UNITEMIZED CONTRIBUT Contributions of Fifty Dollars (\$50.00) or Less				
Total Total Number Amount \$	<u>×</u>			
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period				
Total Total Number Ainouni \$	<u></u>			

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	s Ø
/Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	s Ø
Itemized Expenditures (total all Schedule B sheets)	\$ 18250
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 18250

Ρ	•	Ø	3

Page of

SCHEDULE B ITEMIZED EXPENDITURES

of Twenty-Five Dollars (\$25.00) or more this period

Nome of Candic	Jate of Committee		
		Column A	Column B
Date	Full Name, Mailing Address and Zip Code Of Recipient	Cash or Check	In-Kind (non-monetary)
R_izah	ZKON 2312 W. Heritge cir. D_Falls IQ 83402	<u>\$ 142</u> 50	\$
Purpose of Abo	ove Expenditure: CODIC ~ TCDOC~		
121/100	² Steve Hobbs 2161 westelliff Idento Fails, III 83402	s <u>40∞</u>	\$
Purpose of Abo	ve Expenditure: Typewriter repair		
/	3.	\$	s
Purpose of Abov	-		
	4.	s	\$
Purpose of Abo	ve Expenditure:		
	S.		
		s	\$
Purpose of Abo	ve Expenditure:		
		s	S
Purpose of Abov	ve Expenditure:		
/ I -		s	s
— Purpose of Abov	e Expenditure:		
8	·		
/		\$	\$
Purpose of Abov			·
	9	\$	\$
Purpose of Abov	/e Expenditure:	· ·	
	Subtotals of Columns A & B	\$\$	
	\$ 18250		