c-2 Rev. **7/97** 



#### CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

| Section I                                                                                                                                                                                |                                                                                |          | (Please Print or Typ                                  | e)                               |                                                        |                                                         |                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------|-------------------------------------------------------|----------------------------------|--------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|
| Name of Candidateor Political Co                                                                                                                                                         |                                                                                |          |                                                       |                                  | Office Sought (if                                      | candidate)                                              | District (if any)                                         |
| 10009/05 K                                                                                                                                                                               | Check if address cha                                                           |          |                                                       |                                  | 70 /                                                   | 1-1 F                                                   | 2.22                                                      |
| FIEN 2.                                                                                                                                                                                  | Check if address cha                                                           | inge.    | City and Zip                                          | 328                              | Home Phone                                             | 21                                                      | Work Phone 733-8458                                       |
| Name of Political Treasurer                                                                                                                                                              | Same                                                                           | r        |                                                       |                                  | - 1 L                                                  | C , !!!                                                 | 110                                                       |
| MailingAddress                                                                                                                                                                           | ☐ Check if address ch                                                          |          | City and Zip                                          |                                  | Home Phone                                             |                                                         | Work Phone                                                |
| Section II                                                                                                                                                                               |                                                                                |          | TYPE OF REPOR                                         | a <b>T</b>                       |                                                        |                                                         | <u> </u>                                                  |
| Directions: To indicate the tinstructional manual for reporting This report                                                                                                              |                                                                                | 4 .      |                                                       |                                  | and check the appropriate $\frac{1}{2}$ $\frac{1}{2}$  | -                                                       | • •                                                       |
| ☐ 7 Day Pre-Primar                                                                                                                                                                       |                                                                                |          | Day Pre-General Rep                                   | ort                              | ☐ Quarterly (A) (only tiled by b)                      |                                                         | usure committees)                                         |
| ☐ 30 Day Post-Prim                                                                                                                                                                       | -                                                                              | <b>3</b> | 0 Day Post-General R                                  | eport                            | ☐ Quarterly (Ju                                        | ıly 30)                                                 |                                                           |
| ☐ October 10 Pre-G                                                                                                                                                                       | eneral Report                                                                  |          | Annual Report                                         |                                  | (only filed by b                                       | allot mea                                               | asure committees)                                         |
| Is this Report as                                                                                                                                                                        | n amendment?                                                                   | Yes      | No I                                                  | s this a                         | Termination Rep                                        | ort?                                                    | Yes No                                                    |
| Section III                                                                                                                                                                              | STATEMENT                                                                      | OF N     | O CONTRIBUTION                                        | S OR I                           | EXPENDITURE                                            | S                                                       |                                                           |
| the appropriate dates and sig Section IV.    I hereby certify                                                                                                                            | •                                                                              |          | ontributions and have n                               | -                                |                                                        |                                                         |                                                           |
| Section IV                                                                                                                                                                               |                                                                                |          | SUMMARY                                               |                                  |                                                        |                                                         |                                                           |
| To reach your Calendar Yea figures to the Column II figures                                                                                                                              |                                                                                |          | report's Column I                                     |                                  | COLUMN I<br>This Period                                |                                                         | COLUMN II<br>ndar Year to Date                            |
| Line 1: Cash on Hand Janua<br>Line 2: Enter Cash Balance<br>Line 3: Total Contributions<br>Line 4: Subtotal (Add lines I<br>Line 5: Total Expenditures (<br>Line 6: Cash Balance at Clos | at Close of Last Rep<br>(Enter amount from<br>1, 2 and 3)<br>Enter amount from | page 2   | 2)                                                    | \$<br>\$<br>\$ <del></del><br>\$ | xxxxx<br>4021,73<br>202-38<br>224-11<br>200<br>1034-11 | \$ <u>&amp;</u><br>\$ _<br>\$ _<br>\$ _<br>\$ _<br>\$ _ | 303159<br>xxxxxx<br>202.38<br>22.3.97<br>200.—<br>2033.91 |
| *This same figure should be<br>**You must report the cash<br>Note that the closing cash b                                                                                                | on hand at both the                                                            | beginr   | ning of the reporting pe                              | eriod an                         |                                                        |                                                         |                                                           |
| Section V                                                                                                                                                                                | CONTRIBUTI                                                                     | ONS      | PLEDGED - INCUR                                       | RED E                            | XPENDITURE                                             | S                                                       |                                                           |
| Contributions Pledged d                                                                                                                                                                  | uring this reporting                                                           | period   | but not yet received:                                 | ØNo                              | pe □\$                                                 | (s                                                      | ee attached Schedule C-2A)                                |
| Incurred Expenditures of                                                                                                                                                                 | luring this reporting                                                          | period   | but not yet paid:                                     | ØN₀                              | ne 🗆\$                                                 | (s                                                      | ee attached Schedule C-2B)                                |
|                                                                                                                                                                                          | Section VI                                                                     |          | CER                                                   | TIFICA                           | ATION                                                  |                                                         |                                                           |
| Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0080 fox: (208) 334, 2382                                                                        | I                                                                              | eport    | (name of Political Treasurer) is a true, complete and | correct                          | , here                                                 | by certify                                              | that the information closure Report as                    |

Signature of Political Treasurer

Page 1

### **DETAILED SUMMARY PAGE**

| Name of Candidate or Committee                                      | Report Covering the Period                   |  |  |  |  |
|---------------------------------------------------------------------|----------------------------------------------|--|--|--|--|
| Dougles & James                                                     | From / / to / i                              |  |  |  |  |
|                                                                     |                                              |  |  |  |  |
| UNITEMIZED CONTRIBUTION                                             | ONS                                          |  |  |  |  |
| Contributions of Fifty Dollars (\$50.00) or Less This Period        |                                              |  |  |  |  |
| Total Total                                                         |                                              |  |  |  |  |
| Total Total Number/ Amount \$_2.                                    | <u>38</u>                                    |  |  |  |  |
|                                                                     |                                              |  |  |  |  |
| UNITEMIZED EXPENDITURES                                             |                                              |  |  |  |  |
| Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period |                                              |  |  |  |  |
| Total Total                                                         |                                              |  |  |  |  |
| Number Amount \$                                                    | <u>)                                    </u> |  |  |  |  |
|                                                                     |                                              |  |  |  |  |

|                                                                            | Total This Period      |
|----------------------------------------------------------------------------|------------------------|
| Number of Schedule A pages Attached                                        | 200                    |
| Contributions                                                              |                        |
| Unitemized Contributions (\$50 and less) from top of page                  | \$ 2.38                |
| Itemized Contributions (total all Schedule A sheets)                       | \$ 200.00<br>\$ 200.38 |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ 202.38              |
|                                                                            |                        |
| Nu/nber of Schedule B pages Attached                                       |                        |
| Expenditures                                                               |                        |
| Unitemized Expenditures (less than \$25) from top of page                  | \$ -                   |
| Itemized Expenditures (total all Schedule B sheets)                        | \$ 200,00<br>\$ 200.00 |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5)  | \$ 200.00              |

## SCHEDULE A ITEMIZED CONTRIBUTIONS

| Page | of  |
|------|-----|
|      | / / |
|      |     |

of more than Fifty Dollars (\$50.00) this period

| Name of Candidate or Committee |     |        |  |
|--------------------------------|-----|--------|--|
| Douges                         | 73. | JOMY 3 |  |

| -                      | 7                                                                                    | Column A                 | Column B                  | Column C                |
|------------------------|--------------------------------------------------------------------------------------|--------------------------|---------------------------|-------------------------|
| Date/<br>Receipt For   | Full Name, Mailing Address and Zip Code<br>of Contributor/Lender                     | Cash or<br>Check         | In-Kind<br>(non-monetary) | Loans                   |
| 10 127 100             | Kraft Foods, Inc.                                                                    | s 100 -                  | \$                        | \$                      |
| □ Primary<br>☑ General | 915 L St. Suite 1410                                                                 | \$Calendar Year To Date  | \$Calendar Year To Date   | \$Calendar Year to Date |
| 10 107100              | Philip mortis  915 L St. Suite 1410  Screemento, CA 95814  2 ITLA PAC  P.O. BOX 1777 | \$ 100 -                 | \$                        | \$                      |
| ☐ Primary ☐ General    | Boise, ID. 83701                                                                     | \$Calendar Year To Date  | \$Calendar Year To Date   | \$Calendar Year to Date |
| / /                    | 3.                                                                                   | <u> </u>                 | \$                        |                         |
| Cl Primary  General    |                                                                                      | \$                       | \$                        | \$<br>\$                |
| / /                    | 4.                                                                                   | Calendar Year To Date    | Calendar Year To Date     | Calendar Year to Date   |
| ☐ Primary ☐ General    |                                                                                      | \$<br>\$                 | \$<br>\$                  | \$                      |
|                        | 5.                                                                                   | Calendar Year To Date    | Calendar Year To Date     | Calendar Year to Date   |
| / i  Primary           |                                                                                      | \$                       | \$                        | \$                      |
| ☐ General              | 6.                                                                                   | Calendar Year To Date    | Calendar Year To Date     | Calendar Year to Date   |
| / /                    |                                                                                      | \$                       | \$                        | \$                      |
| ☐ Primary<br>☐ General | -                                                                                    | \$ Calendar Year To Date | Calendar Year To Date     | Calendar Year to Date   |
| / /                    | 7.                                                                                   | \$                       | \$                        | \$                      |
| ☐ Primary ☐ General    |                                                                                      | \$ Calendar Year To Date | \$Calendar Year To Date   | SCalendar Year to Date  |
| //                     | 8.                                                                                   | \$                       | \$                        | \$                      |
| ☐ Primary<br>☐ General |                                                                                      | \$ Calendar Year To Date | SCalendar Year To Date    | \$Calendar Year to Date |
| / /                    | 9.                                                                                   | s                        | \$                        | \$                      |
| ☐ Primary Cl General   |                                                                                      | \$ Calendar Year To Date | \$                        | \$                      |
| / /                    | 10.                                                                                  | Calendar Year 10 Date    | Calendar Year To Date     | Calendar Year to Date   |
| ☐ Primary ☐ General    |                                                                                      | \$ Calendar Year To Date | \$Calendar Year To Date   | \$                      |
|                        | Calendar Year to Date                                                                |                          |                           |                         |
|                        | \$ 20C <u> </u>                                                                      |                          |                           |                         |

#### T , " ,

# SCHEDULE B ITEMIZED EXPENDITURES

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

|                | las /c, Jones                                        |                  |                           |
|----------------|------------------------------------------------------|------------------|---------------------------|
|                | , · · /                                              | Column A         | Column B                  |
| Date           | Full Name, Mailing Address and Zip Code of Recipient | Cash or<br>Check | In-Kind<br>(non-monetary) |
| 10 100 100     | Douglas R. Jours<br>3515 M 2300 E. Filer, ID 83328   | s <u>200-</u>    | \$                        |
| Purpose of Abo | ove Expenditure:                                     |                  |                           |
|                | 2                                                    |                  |                           |
| / /            |                                                      | \$               | \$                        |
| Purpose of Abo | ove Expenditure:                                     |                  |                           |
|                | 3.                                                   | \$               | \$                        |
| 7 /            |                                                      |                  |                           |
| Purpose of Abo | ove Expenditure: 4.                                  |                  |                           |
| / /            |                                                      | \$               | \$                        |
| Purpose of Abo | ove Expenditure:                                     |                  |                           |
|                | 5.                                                   |                  |                           |
| / /            |                                                      | \$               | \$                        |
| Purpose of Abo | ove Expenditure:                                     |                  |                           |
| I /            | 6.                                                   | \$               | <u>\$</u>                 |
| Purpose of Abo | ove Expenditure:                                     |                  |                           |
| ,              | 7                                                    | \$               | \$                        |
| Purpose of Abo | ove Expenditure:                                     |                  |                           |
|                | 8.                                                   |                  |                           |
| / /            |                                                      | \$               | \$                        |
| Purpose of Abo | ove Expenditure:                                     |                  |                           |
|                | 9.                                                   |                  |                           |
| //             |                                                      | \$               | \$                        |
| Purpose of Abo | ove Expenditure:                                     |                  |                           |
|                | Subtotals of Columns A & B                           | \$ -3000-        | \$                        |
|                | Total This Page (add columns A & B)                  |                  | s 200 -                   |