c-2 Rev. 7/97

CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

ctior	

Section I					
Name of Candidate or Political Co				Office Sought (if candidate)	District (if any)
ART HUBS Mailing Address	☐ Check if address change.	City and Zip		Representative	Work Phone
517 WEST MA	•	REXBURG	10	201. 2000	してどびひかっつ
Name of Political Treasurer PAT HUBSCI		MENOVING	1	STATE OF	DAHO DATE
Mailing Address	☐ Check if address change.	City and Zip	· · · · · · · · · · · · · · · · · · ·	Home Phone	Work Phone
517 WEST MA	1111	Rexbura I		356-38 J Z	•
Section II		TYPE OF REPORT	r	<u> </u>	
Directions: To indicate the tinstructional manual for reporting This report		fill in the appropriate d	lates and		
7 Day Pre-Primar		Day Pre-General Repor	rt C	Quarterly (April 30)	
☐ 30 Day Post-Prin	nary Report 30) Day Post-General Rep	port	only filed by ballot mea	sure committees)
☐ October 10 Pre-G	eneral Report	nnual Report		Quarterly (July 30) only filed by ballot mea	sure committees)
Is this Report a	n amendment? □ ‡¶•	1	this a	Termination Report? □	Yes No
Section III	STATEMENT OF N	O CONTRIBUTIONS	OR EX	KPENDITURES	
Directions: If you had no count the appropriate dates and significant section IV.		arry forward the approp	oriate "C nde no ex	alendar Year to Date" fi	gures in Column II,
Section IV To reach your Calendar Yea figures to the Column II figures					COLUMN II ndar Year to Date
Line 1: Cash on Hand Janua Line 2: Enter Cash Balance Line 3: Total Contributions Line 4: Subtotal (Add lines Line 5: Total Expenditures Line 6: Cash Balance at Clo *This same figure should be **You must report the cash Note that the closing cash b	(Enter amount from page 2, 2, 2 and 3) (Enter amount from page 2) (Enter amount from page 2) (See of Period (Subtract line 3) (Enter amount from page 1) (Subtract line 3) (Subtract line 4) (Subtract line 4)	2) 5 from line 4)** ports filed this calendar ing of the reporting per	\$		
Section V		PLEDGED - INCURE			
_	uring this reporting period	•	☑ None		ee attached Schedule C-2A)
Incurred Expenditures of	luring this reporting period	but not yet paid:	□None	e ⊠\$(6. ⋅8 <u>.3</u> s	ee attached Schedule C-2B)
	Section VI	CERT	TIFICAT	TION	
Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0080 fax: (208) 334-2282	I in this report in this report in the required by large	•	correct (, hereby certify Campaign Financial Disc	
Signature of Political Treasurer					

DETAILED SUMMARY PAGE

Name of Candidate or Committee ART HUBSCHER	Report Covering the Period Fron 1 2 5 / 8 / 2000				
UNITEMIZED CONTRIBUT Contributions of Fifty Dollars (\$50.00) or Les					
Total Total Number/ Amount \$_26).00				
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period					

Total Amount \$ 5.14

Total Number <u>6</u>

	Total This Period		
Nonber of Schedule A pages Attached	0,00		
Contributions			
Unitemized Contributions (\$50 and less) from top of page	\$ 20.00		
Itemized Contributions (total all Schedule A sheets)	\$ 6.00		
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 20,00		
Nunber of Schedule B pages Attached	0.00		
Expenditures			
Unitemized Expenditures (less than \$25) from top of page	\$ 5.14		
Itemized Expenditures (total all Schedule B sheets)	\$ 0.00		
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 5.14		

SCHEDULE C-2B

	EXPENDITURES INCU	KRED BUT N	OT YET F	PAID	
Name of Candid	late or Committee HUBSCHER		Report C From 1	overing the Period I / / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>5 / 8 /2000</u>
	riplete this schedule if you incurred an obligation during the end of the reporting period. Do not include these end				
Line 1: Incurr	red Expenditures of Less Than \$25.00 This Period:	Total Number	B 1	Total Amount	s \$ 6 .83
Incurred Expe	enditures of \$25.00 or More This Period:				
Date Incurred	Full Name, Mailing Address and Z of Recipient	Zip Code			Amount Incurred
	1.				
1 1					
Purpose of Abo	ove Expenditure:				
	2.				
Purpose of Abo	ove Expenditure:				
	3				
/ /					
Purpose of Abo	ove Expenditure:				
	4.				
Purpose of Ab	ove Expenditure:				
	5.				
Purpose of Abo	ove Expenditure:				
	6.				
Purpose of Ab	ove Expenditure:				
	7.				
Purpose of Abo	ove Expenditure:				
	8.				
/ /					
Purpose of Ab	ove Expenditure:				
Line 2: Total	Amount of Incurred Expenditures \$25.00 or more				\$ <u>0 % </u>

Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1)

Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1.