c-2 Rev. 7/97	CAMPAIGN	FINANCIAL DISCLO SUMMARY PAGE (Please Print or Type	Ξ	EPORT		
Section I				C Coucht (if condidate) District (if ony)	
Name of Candidate or Political Co				Fice Sought (if candidate		
Mailing Address	$\frac{h \oplus P M \otimes N}{\Box \text{ Check if address change.}}$	City and Zip	<u></u>	me Phone	Work Phone	
349 Adam		Twin Falls 83	3301	734-144751		
Name of Political Treasurer		1001014122	<u>,</u>	STATE OF IDAHO		
ChuckE.C	hapman		3	STALE OF IDAM		
MailingAddress.	Check if address change.	City and Zip	He	ome Phone	Work Phone	
399 Adams		TwinFalls 8	330)	734-1447		
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 /// through ///						
7 Day Pre-Primar	y Report 7	Day Pre-General Repo		Quarterly (April 30) ly filed by ballot me		
□ 30 Day Post-Prim	ary Report 3	0 Day Post-General Re	eport	Quarterly (July 30)	casure commutes)	
October 10 Pre-G	eneral Report	Annual Report		ly tiled by ballot me	easure committees)	
Is this Report a	n amendment? □ ‡∭•		s this a Ter	mination Report?	□ Yes □ No	
Section III STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES						
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. I hereby certify that I have received no contributions and have made no expenditures during this reporting period from $\int \int \frac{1}{2} \int \frac{1}{\sqrt{2}} $						
				<u>, , , , , , , , , , , , , , , , , , , </u>		
Section IV		SUMMARY				
To reach your Calendar Yea figures to the Column II fig				UMN I Period Cal	COLUMN II lendar Year to Date	
Line 1: Cash on Hand January 1, This Year* \$ x			\$ x x x	x x x \$		
Line 2: Enter Cash Balance	•	Period**	\$	<u></u> \$	X X X X X X	
Line 3: Total Contributions			\$	* \$		
			\$	\$		
			\$	* \$		
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**			\$	\$		
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both the begins	ning of the reporting pe	eriod and th			
Section V	CONTRIBUTIONS	PLEDGED - INCUR	RED EXP	ENDITURES		
Contributions Pledged d	luring this reporting period	l but not yet received:	@None	□\$	(see attached Schedule C-2A)	
Incurred Expenditures	luring this reporting period	l but not vet paid:	None		(see attached Schedule C-2B)	
Section VI CERTIFICATION						
Return This Report To:	\sim	1				
Pete T. Cenarrusa	I ChQ	CKE. CH	napm	$\underline{\mathbf{Q}}$, hereby certi	fy that the information	
Secretary of State	(name of Political Treasurer) in this report is a true, complete and correct Campaign Financial Disclosure Report as					
PO Box 83720						
Boise ID 83720-0080 fax: (208) 334-2282	required by law.					
	Signature of Political Treasurer					