

CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE

(Please Print or Type)

Section 1					
Name of Candidate or Political Co	ommittee and Chairperson			Office Sought (if candid	late) District (if any)
Mailing Address	. D Check if address cha	ange. City and Zip		Home Phone	8 PH 2429
10124 Clar	Kson Pl		3704	(208) 377-03	
Name of Political Treasurer	Alister			STATE	UF IDAHO
Mailing Address	☐ Check if address ch	City und zip	•	Home Phone	Work Phone
588 E. Kiver	Quarry C	t. Eagle 8	3616	(208) 938-37	738 <u> </u>
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/_O/_/200! through/Z/_31/200!					
☐ 7 Day Pre-Primar	y Report	☐ 7 Day Pre-General Re		☐ Quarterly (April 3	
☐ 30 Day Post-Primary Report		□ 30 Day Post-General Report		(only filed by ballot measure committees)	
☐ October 10 Pre-General Report		Annual Report		☐ Quarterly (July 30) (only filed by ballot measure committees)	
Is this Report a	n amendment?	Yes □ No	Is this a T	ermination Report?	□ Yes □ No
Section III	STATEMENT	OF NO CONTRIBUTIO	NS OR E	XPENDITURES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
the appropriate dates and sign Section IV.	gn this report. Be su	re to carry forward the app	propriate "(Calendar Year to Dat	
💢 l hereby certify	that I have received	no contributions and have	made no e	expenditures during	this reporting period
	from/_	<i>OI / 2001</i> through	12/	31 /2001.	
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Section IV		SUMMARY		<u> </u>	
Section IV To reach your Calendar Yea figures to the Column II figures				OLUMN I his Period	COLUMN II Calendar Year to Date
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