C-2 Rev. 7/97



## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)



Section 1			Office Sou	ight (if candidate)	District (if any)			
Name of Candidate or Political Com	mittee and Chairperson	John Sea	<b>.g</b> ( v)	1 429				
PAM AHREN:	☐ Check if address change.	City and Zin	Home Pho	one	Work Phone	/ _		
Mailing Address		City and Zip Boise 837			<u>\$77.7.</u>	Pil.		
Name of Political Treasurer	<u> 245e</u>	1 ern any				<i>^</i> ₽.?		
MARK DUNN	·	T	Home Pho		Work Phone			
Mailing Address	Check if address change.	City and Zip		- 8465 _	389-7377			
14 W. Bracme	ere Rd.	Boise 93	702 433	-0763	1001			
Section II		TYPE OF REPORT	, <u>, , , , , , , , , , , , , , , , , , </u>	a annucanista b	ov(or) See the			
Directions: To indicate the ty	pe of report being filed,	fill in the appropriate da	ites and check th	ne appropriate c	ox(es). See the			
instructional manual for reporting periods and due dates.								
This report is for the period from though though								
☐ 7 Day Pre-Primary		Day Pre-General Repor	(only file	erly (April 30) ed by ballot mea	asure committees)			
☐ 30 Day Post-Primary Report ☐ 30 Day Post-General Report ☐ Quarterly (July 30)								
☐ October 10 Pre-General Report		(only file	ed by ballot me	asure committees)				
		-	this a Terminati	ion Report?	5-Yes □ No			
Is this Report an								
Section III	STATEMENT OF N	NO CONTRIBUTIONS	OR EXPEND	ITURES				
	. 9 .4	on during this reporting	neriod check th	ne hox next to th	ne statement below, fill in			
Directions: If you had no conthe appropriate dates and sign	ntributions or expenditure to this report. Be sure to	carry forward the approp	priate "Calendar	Year to Date"	figures in Column II,			
☐ I hereby certify t	that I have received no co	ontributions and have m	ade no expendit	ures during this	reporting period			
	from/	/through				-		
Section IV	· · · · · · · · · · · · · · · · · · ·	SUMMARY			COLUMNI			
To reach your Calendar Year	r to Date figure: Add thi	s report's Column I	COLUMI This Posi		COLUMN II endar Year to Date			
figures to the Column II figu	res of your previous rep	ort (except on line 6).	This Peri	uu Çal	endar I car to sate			
Line 1: Cash on Hand Januar	ry 1. This Year*		\$ XXXXX	<u>x</u> \$	920.01			
Line 2: Enter Cash Balance a	at Close of Last Reportin	g Period** 4.25 C	\$ 920.0	<u>/</u>	XXXXXX			
Line 3: Total Contributions (	Enter amount from page	2)	\$	\$				
Line 4: Subtotal (Add lines 1	1, 2 and 3)	والاستناس مر	\$	\$	Gaal			
Line 5: Total Expenditures (	Enter amount from page	2) 4.25. 9	s 420.0	\$	<u> 970.01</u>			
Line 6: Cash Balance at Clos	se of Period (Subtract lin	e 5 from line 4)**	s <u> </u>					
*This figure should be	entered on line 1 of all t	enorts filed this calenda	r year.					
*This same figure should be entered on line 1 of all reports filed this calendar year.  **You must report the cash on hand at 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.								
Note that the closing cash b	alance for the current rep	porting period appears o	n the next repor	t as beginning o	ash on hand.	_		
Section V		S PLEDGED - INCUR						
<del>-</del>					(see attached Schedule C-2A	<b>v</b> )		
Contributions Pleaged during this reporting period out not yet restrict								
Incurred Expenditures of	luring this reporting peri	od but not yet paid:	<b>⊠</b> None □		(See attached Beliedole C 22	.,		
			minio : #1021			-		
	Section VI		TIFICATION					
Return This Report To:	1 ma	ex DUNN		, hereby cert	ify that the information			
Pete T. Cenarrusa Secretary of State	1	(name of Political Treasurer)						
PO Box 83720								
Boise ID 83720-0080 required by law.								
fax: (208) 334-2282    Mich William   Signature of Political Treasurer								
I.	i	Nonunire	on roundout tie	CALLET CA				

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## SCHEDULE B ITEMIZED EXPENDITURES

Page	of.				
1, 26					
	11/1				
	1/1 /				
	<i>u</i> ' '				

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

Name of Candidate or Committee  PAM RHRENS	6					
		Column A	Column B			
Date	Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)			
3:15:02 Respenditure: Can	for Governor fferson d. 83702	9,25, <u>Cl</u> s <b>920.31</b>	\$			
Purpose of Above Expenditure: Can	mpaign Contribution					
2.		s	s			
Purpass of Above Expanditures						
Purpose of Above Expenditure:  3.						
		s	s			
Purpose of Above Expenditure:						
4.						
		\$	\$			
Purpose of Above Expenditure:						
5.						
		\$	<b>s</b>			
Purpose of Above Expenditure:						
6.						
		\$	s			
Purpose of Above Expenditure:						
7.						
		\$	\$			
Purpose of Above Expenditure:						
8.						
		s	s			
Purpose of Above Expenditure:						
9.						
		s	s			
Purpose of Above Expenditure:						
Subt	totals of Columns A & B	\$920.01	sO			
Tota	\$ 920.21					