

#### CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE

		(Please Print or					
Section I							
Name of Candidate or Politic	al Committee and Chairperson			Office Sought (if car	ndidate)	District (if any	)
CLIPFORD R.				STATE REP.		15	
Mailing Address	☐ Check if address change.	City and Zip		Home Phone	1	Work Phone	
8020 W. AM	(14 ROAD	83409	Boise	208.362.50	228 .	208.422	<u>,. 1000</u>
Name of Political Treasurer	Dierrich						
Mailing Address	Check if address change.	City and Zip		Home Phone		Work Phone	
~	•	1 '	-	1		208 - 34 <del>3</del>	. <del>4</del> 400
Section II	HUNDER MIN.	83409,7	Boise	208.362.8	BAS 1	2281373	
		TYPEOFRE					
Directions: To indicate th	e type of report being filed, fi	ll in the appropri	ate dates and	check the appropria	ate box(	es). See the	
	eporting periods and due date ort is for the period from		رسطه المسري		et i i	nel le	
ims tep	/	<u> </u>	6~ unto	ugn <u>03/</u> (	<b>B</b> / 1	<u> </u>	
<b>52</b> 7	Day Pre-Primary Report		<b>07</b> D	ay Pre-General Rep	ort		
	30 Day Post-Primary Report		□ 30 1	Day Post-General R	leport		
	October 10 Pre-General Repor	t	🗖 Anı	nual Report			
Is this Repo	ort an amendment?	CIL No	Is this a To	ermination Report?	□ Ye	s Ly No	
Section III	STATEMENT OF N	O CONTRIBUT	IONS OR EX	PENDITURES			
the appropriate dates and s Section IV.	contributions or expenditures sign this report. Be sure to ca fy that I have received no cor from /	rry forward the a ntributions and ha	ppropriate "C ave made no s	alendar Year to Da	te" figur	es in Column	II,
Section IV				·			
	anta Data Saura Addahir	SUMMAR	-		-		
figures to the Column II figures	ear to Date figure: Add this re gures of your previous report	(except on line 6)	). T	OLUMNI bis Period	_	COLUMNII dar Year to D	ate
Line 1: Cash on Hand Janu	ary 1. This Year*		\$ 2	<b>XXXXX</b>	·	<i>ن</i>	
	e at Close of Last Reporting P	eriod**	\$ <u>:</u>	• · ~	₹—	XXXXXX	_
	s (Enter amount from page 2)	<b></b>	s	250	<u> </u>	250.	-
Line 4: Subtotal (Add lines	,		<u> </u>	A50.	<u> </u>	250	-
•	(Enter amount from page 2)		\$	0	\$	0	_
	ose of Period (Subtract line 51	from line 4)**	\$	250	<u> </u>	260.	_
		·			-		_
**You must report the cas	be entered on line I of all reports on hand at both the beginning balance for the current reports	ing of the reporti	ng period and	the close of the re	porting ing cash	period.	40
Section V	CONTRIBUTIONS	PLEDGED-INC	URREDEXI	ENDITURES		2.0	
Contributions Pledged	during this reporting period	but not yet receiv	ved: LENon	e □\$	(see	attached Sche	<del>-</del>
	s during this reporting period	_				attached Sche	رن
	paris reporting poriou	out not yet para.	22110		(see		TE C-26)
	Section VI	(	CERTIFICA	TION			£.
Return This Report To:						ರೆಕ್ಟ್	വ
Ben Ysursa	1 CAnen	<u>ie k. Die</u>	x eich	, hereby	certify th	hat the inform	nation
Secretary of State	<b>   </b>	finance of Political Lice	surer)	Campaign Financia		1 ' *	
PO Box 83720 Boise ID 83720-0080	required by lav				10010	ropoxt (	~
fax: (208) 334-2282	required by lav	" <del>`</del>		<u> </u>			

Signature of Political Treasurer

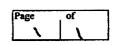
Page 1

## **DETAILED SUMMARY PAGE**

Name of Candidate or Committee		Report Covering the Period
CLIFFORD R. BAR	<u>در </u>	From 0( /01 /04 to 05/18 /24
	UNITEMIZED	CONTRIBUTIONS
Cont	ributions of Fifty Do	ollars (\$50.00) or Less This Period
T	otal	Total
N	umber 6	Amount \$
		ED EXPENDITURES
Expenditu	res of Less Than Tv	wenty-Five Dollars (\$25.00) This Period
_	otal	Total
N	lumber r	Amount \$ D

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	s o,-
Itemized Contributions (total all Schedule A sheets)	\$ \$250.
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ +250
Number of Schedule B pages Attached	
Expenditures	0
Uniternized Expenditures (less than \$25) from top of page	\$ 6
Itemized Expenditures (total all Schedule B sheets)	\$ 0
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 8

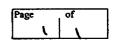
# SCHEDULE A ITEMIZED CONTRIBUTIONS of more than Fifty Dollars (\$50.00) this period



Name of Candidate or Committee	
CLIFFOLD R. BAYER	

C211702		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
04 /28 /04	1. I DANO MEDICAL ASSOCIATION PAC PO Box 2668	s_250, <sup>59</sup>	\$	s
Primary General	Bois, IOA40 83701	\$ 250. Talendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
//	2.	s	\$	\$
☐ Primary ☐ General		\$Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
	3.	s	s	s
☐ Primary ☐ General		\$Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
	4.	s	s	s
☐ Primary ☐ General	-	\$ Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
/	5.	s	s	s
☐ Primary ☐ General		\$Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
/	6.	s	s	s
☐ Primary ☐ General		\$Calendar Year To Date	\$Celendar Year To Date	\$Calendar Year to Date
//	7.	s	s	\$
☐ Primary ☐ General		\$Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Dute
	8.	s	\$	\$
☐ Primary ☐ General		SCalendar Year To Date	\$Calendar Year To Date	SCalendar Year to Date
//	9.	s	s	s
☐ Primary ☐ General		SCalendar Year To Date	\$Calendar Year To Date	\$Calendar Year so Date
//	10.	s	\$	s
☐ Primary ☐ General		\$Calendar Year To Date	\$Catendar Year To Date	SCalendar Year to Date
	Subtotals of Columns A, B & C	\$ 250	\$	s
Total This Page (add columns A, B & C)			\$ 250	

## **SCHEDULE B** ITEMIZED EXPENDITURES



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

Name of Candi	date or Committee		
CLi	PFORD R. BAYER		
		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	t.		
, ,		s 0.	s o
Purpose of Ab	ove Expenditure:		
	2.		
, ,		s	s
'			
Purpose of Ab	ove Expenditure:		
	3.		
		s	s
//	4		
Purpose of Ab	ove Expenditure:		
	4.		
, ,		s	s
'	4		
Purpose of Ab	oove Expenditure:		
	5.		
, ,		\$	s
Purpose of Ab	ove Expenditure:		
	6.		
, ,		\$	\$ <u>·</u>
	=		
Purpose of Ab	ove Expenditure:		
	7.		
, ,		\$	s
''	_		<u> </u>
Purpose of Ab	pove Expenditure:		
	8.		
, ,		\$	s
<u> </u>	<del>-1</del>		
Purpose of Ab	ove Expenditure:		1
	9.		
, ,		\$	s
Purpose of Al	bove Expenditure:		
- ur post of At			T
	Subtotals of Columns A & B	\$	\$_0
	Total This Page (add columns A & B)		s_0

## **SCHEDULE C-2A** CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED

Name of Candidate		POLO R. BAYER	Report Covering the Pe	riod 4 to 05/19/64
Directions: Compl	ete this schedule if y	ou were promised and agreed to accept a contribution offered before the end of the reporting period. Do not	during this reporting period include these entries on Sch	i but have not actually nedule A until you actually
Line 1: Pledged	Contributions of \$5	0.00 or Less This Period: Total Number	Total Amount	<u> </u>
Pledged Contrib	utions of More Tha	n \$50.00 This Period:		
Pledge For	Date of Pledge	Full Name, Mailing Address and of Contributor/Lender	Zip Code	Amount Piedged
☐ Primary ☐ General		1.		
☐ Primary ☐ General	//	2.		
☐ Primary ☐ General	/	3.		
☐ Primary ☐ General		4.		
☐ Primary ☐ General		5.		
☐ Primary ☐ General		6.		
☐ Primary ☐ General		7.		
☐ Primary ☐ General		8.		
☐ Primary ☐ General		9.		
☐ Primary ☐ General	//	10.		
☐ Primary ☐ General		II.		
Line 3: Total Amo	ount of Pledged Cont	ributions of More Than \$50.00 ributions of \$50.00 or Less (enter amount from line 1 ributions this Period (add lines 2 and 3) Also enter thi		\$ \$ \$

### **SCHEDULE C-2B EXPENDITURES INCURRED BUT NOT YET PAID**

Name of Candidate or Committee  CLippoeo R. Bayer		Report Covering the Period From O\/O\/O\ toO5	Report Covering the Period From D1/01/04 to 05/18/04		
Directions: Con	applete this schedule if you incurred an obligation during this reporting the end of the reporting period. Do not include these entries on Schedule		ot make		
Line 1: Incurred Expenditures of Less Than \$25.00 This Period: Total Number 6 Total Amount \$ 0 _ —					
Incurred Expe	nditures of \$25.00 or More This Period:				
Date Incurred	Full Name, Mailing Address and Zip Code of Recipient		Amount ncurred		
	1.				
Purpose of Abo	ove Expenditure:				
	2.		*		
//					
Purpose of Abo	ove Expenditure:				
	3.				
, ,					
Purpose of Abo	ove Expenditure:				
	4.				
Purpose of Ab	ove Expenditure:	A			
	5.				
//					
Purpose of Abo	ove Expenditure:				
	6.				
//					
Purpose of Abo	ove Expenditure:				
	7.				
Purpose of Ab	ove Expenditure:				
	8.				
//					
Purpose of Abo	ove Expenditure:				
Line 2: Total	Amount of Incurred Expenditures \$25.00 or more	\$	٠ <u>-</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.					