C-2 Rev. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

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c.	 4_	-	

06 JAN 17 PM 2: 27 Office Sought (if candidate) District (if any)

Representative

Phylis King			Representati	ive 18B
Mailing Address 2107 Palouse	1	ity and Zip Boise 83712	Home Phone 208.344.020	2 208.344.0202
Name of Political Treasurer Darlene Rohrer		VIII.		
Mailing Address	Check if address change. C	ity and Zip	Home Phone	Work Phone
2223 Parkside Dr.	E	30ise 83712	208.343.237	9 208.368.9853
7 Day Pre-Ptimary 7 Day Pre-General Semi-Annual Reportan Section III Directions: If you had no cothe appropriate dates and signer to the a	ype of report being filed, fill uting periods and due dates. Is for the period from 0.7 Report 30 I Report 30 I It (Statewide Candidates On amendment? Yes STATEMENT OF NO Intributions or expenditures	Day Post-Primary Report Day Post-General Report Day Po	through 12 / 3 ort Octobe ort Annua a Termination Report? OR EXPENDITURES eriod, check the box nex riate "Calendar Year to Description of the company of the	1 / 05 er 10 Pre-General Report Report Yes No et to the statement below, fill in Date" figures in Column II,
Section IV To reach your Calendar Year figures to the Column II figu	to Date figure: Add this report	SUMMARY port's Column I (except on line 6).	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand Janua	ry 1, This Year*		\$ <u>XXXXXX</u>	\$365.42
Line 2: Enter Cash Balance	at Close of Last Reporting P	etiod**	\$365.42	s XXXXXXX
Line 3: Total Contributions (Enter amount from page 2)		\$0.00	\$
Line 4; Subtotal (Add lines :	1, 2 and 3)		\$ 365.42	\$365.42
Line 5: Total Expenditures (Enter amount from page 2)		\$65.26	\$65.26
Line 6: Cash Balance at Clo		from line 4)++	\$ 300.16	\$ 300.16
Line 7: Outstanding Debt to		,	\$ 0.00	
*This same figure should be **You must report the cash Note that the closing cash b	entered on line 1 of all repo on hand at both the beginnin alance for the current report	ig of the reporting peri	od and the close of the re	eporting period. ing cash on hand.
	Section V	CERT	IFICATION	
Return This Report To:	_	Dariene Rohrer	Launty.	tife that the information

	Section V	CERTIFICATION	
Return This Report To: Ben Ysursa Secretary of State PO Box 83720 Boise ID 83720-0080 phone: (208) 334-2852 fax: (208) 334-2282		I Darlene Rohrer In this report is a true, complete and correct Cam required by law. Signature of Political 1.	Dohren

DETAILED SUMMARY PAGE

Phylis King	Report Covering the Period From 01 / 01 / 05 to 12 / 31 / 05			
	UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period			
	Total Total Number 0 Amount \$ 0.00			
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period				
	Total Total Amount \$ 25.00			

	Total This Period		
0 Number of Schedule A pages Attached			
Contributions			
Uniternized Contributions (\$50 and less) from top of page	· \$	0.00	
Itemized Contributions (total all Schedule A sheets)	S	0.00	
Total Contributions (also enter this figure on page 1, Section IV, line 3)	S	0.00	
1 Number of Schedule B pages Attached			
Expenditures			
Uniternized Expenditures (less than \$25) from top of page	\$	25.00	
Itemized Expenditures (total all Schedule B sheets)	\$	40.26	
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$	0.00	
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	S	65.26	
0 Number of Schedule C-2B pages Attached			
Incurred Expenditures	s		
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	+ \$:	
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	= S		
Subtotal			
Payment this Period (Total all C-2Bs - Payment this Period)	- s		
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	2 =	0.00	
0 Number of Schedule C-2A pages Attached			
Pledged Contributions			
Amount Pledged this Period	\$	0.00	

SCHEDULE B ITEMIZED EXPENDITURES

Page	of
1	1 1

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

ate or Committe	PE .		
		Column A	Column B
	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
Office Ma			
		40.26	
		\$	\$
e Expenditure:	Office Supplies		!
2			
		\$.
ve Expenditure	:		
3.			Ĭ,
		\$	\$
ve Expenditure	•		<u> </u>
4.			T
		\$	\$
ve Expenditure	:		
5.			
		s	s
ve Expenditure			
6.			
			s
		3	*
ve Expenditure	:		
	Subtotals of Columns A & B	s40.26	s0.00
	Total This Page (add columns A & B)	•	s40.26
	1. Office Ma. 2509 S Br Boise, ID re Expenditure: 2. ve Expenditure 4. ve Expenditure 5.	Full Name, Mailing Address and Zip Code of Recipient 1. Office Max 2509 \$ Broadway Boise, ID 83706 The Expenditure: 2. Office Supplies 2. Ve Expenditure: 3. Ve Expenditure: 4. Ve Expenditure: 5. Ve Expenditure: 5. Subtotals of Columns A & B	Full Name, Mailing Address and Zip Code Otath or Check 1. Office Max 2509 S Broadway Boise, ID 83706 The Expenditure: 2. S S S S S S S S S S S S S S S S S S S