C-2 Rcv. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE (Please Print or Type)

Section 1

Section I								
Name of Candidate or Political Co	•		DIANE	Office Sought (if c	andidate)	District (if any)		
AMBRICANS FOR F			RILEY	-				
Mailing Address	Chook if subress change.	City and Zip	Oranie	Home Phone		Work Phone	,,	
1484 WESTDALE DI	<u> </u>	HOUDEN	· 83832	208.172.0	1281	208.683.2	231	
MARTY MEYER						-	- 1	
Mailing Address	Check if address change.	City and Zip		Home Phone		Work Phone		
225 E. HARRISON	1	Cor	83814	208,765.8	920	208,664.2	659	
Section II				, , ,				
_		TYPE OF						
Directions: To indicate the instructional manual for rep			ropriate dates and	d check the appr	opriate b	ox(es). See the		
	rt is for the period from	ੈੱ5 /	106 thro	ugh 6/	2 /	06		
7 Day Pre-Primary		Day Post-Pr			ober 10 P	re-General Repor	t	
7 Day Pre-General	Day Post-Ge	eneral Report	Ann Ann	ual Repo	n <u>sis</u>	3		
Semi-Annual Repo	ort (Statewide Candidates C	nly)						
Is this Report ar	amendment? Yes	D No	Is this a Tem	nination Report?		Yes D No	N	
Section III	STATEMENT OF N	CONTRIB	UTIONS OR E	XPENDITURE	S	-		
Dispasiona, Ifman bud no a		م داست. م داد م		sheele the how w		- mrem me bolow	EII 34	
Directions: If you had no co the appropriate dates and sig	on this report. Be sure to c	arry forward t	the appropriate "	Calendar Year to	Date" fi	gures in Column		
Section IV. Thereby certify 1	hat I have received no cont	ributions and	have made no ex	coenditures duris	ne this re	porting period	9	
2 1 1 1 1 1 1 1 1	from 5 / 8	106 th		2 / 06		310		
Section IV		SUMM	ARY					
To reach your Calendar Year figures to the Column II figures				OLUMN I his Period		COLUMN II ndar Year to Dat	•	
Linc 1: Cash on Hand January 1, This Year*			s_ <u>X</u>	XXXXX	s _			
Line 2: Enter Cash Balance	Period**	<u></u>	800-	s _	XXXXXX			
Line 3: Total Contributions)	s	0	s _	<u> </u>			
Line 4: Subtotal (Add lines		\$_1	800_	z _				
Linc 5: Total Expenditures ()	\$		\$_	-0			
Line 6: Cash Balance at Clo	5 from line 4))•• <u> </u>	<u>800</u>	\$_	1800			
Line 7: Outstanding Debt to		\$	-0-					
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both the beginn	ing of the rep	orting period and					
	Section V		CERTIFICA	TION				
Return This Report To:	1000	کا در						
Ben Vsursa	Consequent State							
Secretary of State PO Box 83720	in this report i	s a true, comp	lete and correct	Çampaign Finar	ncial Dis	closure Report as		
Boise ID 83720-0080	720-0080 required by lay 1							
phone: (208) 334-2852 fax: (208) 334-2282								
18A1 (200) 007-2402		Si	gnature of Politi	ical Preasurer				