Section I	INANCIAL DISCLOSURI SUMMARY PAGE (Please Print or Type)	E REPORT	All SHAR REV. STATIC ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
Name of Candidate or Political Committee and Chairperson		Office Sought (if car	ndidate) District (Kang-
Bonneville County Democratic Central Committee Malling Address	City and Zip	Home Phone	Work Phone
P.O. Box 50821	daho Falls, 83403		
Name of Political Treasurer Carrie Crom			
Mailing Address 0	City and Zip	Home Phone	Work Phone
784 E 13th Street	daho Falls, 83404	308-53	5-85\$0
Semi-Annual Report (Statewide Candidates Only) s this a Termination Report: Yes No	Day Post-General Report	nn Ann	ual Report
Directions: If you had no contributions or expenditures during	O CONTRIBUTIONS OR E this reporting period, chec	k the box next to the	statement below and sign this rep
	g this reporting period, chec riate "Calendar Year to Date	k the box next to the s " figures in Column II,	, Section IV.
Directions: If you had no contributions or expenditures during Be sure to carry forward the appropri	g this reporting period, chec riate "Calendar Year to Date	k the box next to the s " figures in Column II,	, Section IV.
Directions: If you had no contributions or expenditures during Be sure to carry forward the appropr I hereby certify that I have received no contri fection IV to reach your Calendar Year to Date figure: Add this report's C	g this reporting period, chec riate "Calendar Year to Date ibutions and have made no SUMMARY Column I	k the box next to the s " figures in Column II,	, Section IV.
Directions: If you had no contributions or expenditures during Be sure to carry forward the appropr I hereby certify that I have received no contril ection IV o reach your Calendar Year to Date figure: Add this report's C gures to the Column II figures of your previous report (except	g this reporting period, chec riate "Calendar Year to Date ibutions and have made no SUMMARY Column I	k the box next to the s " figures in Column II, expenditures during t COLUMN I	, Section IV. his reporting period. COLUMN II Calendar Year
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Return This Report To:		
Lawerence Denney	, Carrie Crom	_, hereby certify that the information in this
Secretary of State PO Box 83720	Name of Political Treasu	
Boise ID 83720-0080	report is a true, complete and correct	t Campaign Financial Disclosure Report as required by law.
Phone: (208) 334-2852	C 1	(D)
Fax: (208) 334-2282	lass	y cron
		Signature of Political Treasurer
	Dago 1	