3197



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

C-2 Rev. 5/11

|  | (Please Print or T                    | (ype)   | 1                                |
|--|---------------------------------------|---|----------------------------------|
|  |                                       |   | 15 JAN 27 PM 4:43                |
| Section I  |                                       |   |                                  |
| Name of Candidate or Political Committee and Chairpers   | on                                    | Office Sought (if candidate   | . SIMPH 100 SIMP                 |
| Primary Care PAC   | City and Zip                          | Home Phone  | T Work Phone TDA EIT             |
| PO Box 2601  | Bolse, 83701                          | 208-385-7070  | 208-385-7070                     |
| Name of Political Treasurer  | 20100, 00.01                          | 200 000 1010  | 1235 555 7575                    |
| John Watts   |                                       |   |                                  |
| Mailing Address  | City and Zip                          | Home Phone  | Work Phone                       |
| PO Box 2601  | Boise, 83701                          | 208-385-7070  | 208-385-7070                     |
| Change of address for: Candidate or Po   | litical Committee  Political          | cal Treasurer   |                                  |
| Section II   | TYPE OF REPO                          | ORT   |                                  |
| This filing is an: 🛛 Original 🖺  | Amendment 2                           |   |                                  |
| This report is for the period from 11 /15  |                                       | <u> 2014</u> .  |                                  |
| 7 Day Pre-Primary Report   | ☐ 30 Day Post-Primary F               | Report 🔲 October  | 10 Pre-General Report            |
| ☐ 7 Day Pre-General Report   | 30 Day Post-General I                 | Report 🔳 Annual R   | teport .                         |
| ☐ Semi-Annual Report (Statewide Can  | didates Only)                         |   |                                  |
| Is this a Termination Report:  Yes   | □ No                                  |   |                                  |
|  |                                       |   |                                  |
|  | ATEMENT OF NO CONTRIBUTIO             |   |                                  |
| Directions: If you had no contributions or exp   | enditures during this reporting per   | riod, check the box next to the state:<br>ar to Date" figures in Column II, Sec | ment below and sign this report. |
| Be sure to carry ion   | varo the appropriate Calendar rea     | ar to Date ligures in Column II, Sec  | uon IV.                          |
| l hereby certify that I have re  | eceived no contributions and have     | made no expenditures during this re   | eporting period.                 |
| Section IV   | SUMMARY                               |   |                                  |
| To reach your Calendar Year to Date figure: A  |                                       | COLUMNI   | COLUMNII                         |
| figures to the Column II figures of your previous  |                                       | This Period   | Calendar Year                    |
|  | o report (oncopi an inte o).          | 7,110.7   | to Date                          |
| Line 4: Cook on Hand January 4. This Calenda   | na Vone                               | s XXXXXX  | e 15.00                          |
| Line 1: Cash on Hand January 1, This Calenda   | ir tear                               | \$ 0.00   | •                                |
| Line 2: Enter Beginning Cash Balance**   |                                       | \$ 0.00   | \$ XXXXXX<br>• 0.00              |
| Line 3: Total Contributions (Enter amount from   | line 5, page 2)                       |   | ð                                |
| Line 4; Subtotal (Add lines 1, 2 and 3)  |                                       | \$ 0.00   | \$ 15.00                         |
| Line 5: Total Expenditures (Enter amount from  | line 11, page 2)                      | \$ 0.00   | \$                               |
| Line 6: Enter Ending Cash Balance (Subtract I  | ine 5 from line 4)                    | \$ 0.00   | \$ 0.00                          |
| Line 7: Outstanding Debt to Date (Enter amou   | nt from line 18, page 2)              | \$  |                                  |
| *This same figure should be entered on line 1 **This is the figure on line 6 of the last Campai Note: The closing cash balance for the current | ign Financial Disclosure Report file  | d. If this is your first report, this amo                                       | ount is 0.<br>hand.              |
| Section V  |                                       |   |                                  |
| Return This Report To:   |                                       |   |                                  |
| I  | ohn Watte                             |   |                                  |
| Secretary of State   | ohn Watts                             | , hereby certify that   | t the information in this        |
| PO Box 83720   | Name of Political Treasure            |   |                                  |
|  | art is a true, complete and conject ( | Campaign Financial Disclosure Rep   | ort as required by law.          |
| Phone: (208) 334-2852  | L bod                                 | 1 IN IN IN  |                                  |
| Fax: (208) 334-2282  |                                       | LAKIN V CIVVI   |                                  |
|  |                                       | Signature of Political Treasure   | er                               |