

#### CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

16 MAY 10 PM 12: 30

C-2 Rev. 12/14

| Section I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | SEC                                | KETARY OF STATE                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------|---------------------------------------|
| Name of Candidate or Political Committee and Chair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Derson                                                                    |                                    | STATE OF INAHO                        |
| CenturyLink Idaho Political Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Commitee                                                                  | Office Sought                      | (if candidate) District (if any)      |
| Maling Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City and Zip                                                              |                                    |                                       |
| 999 Main 11th Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Boise, ID 837                                                             | Home Phone                         | Work Phone                            |
| Name of Political Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                                   | 02 208 342 5                       | 208 385 2563                          |
| Carla Fewkes Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                    |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City and Zip                                                              | Home Phone                         |                                       |
| 999 Main 11th Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Boise, ID 837                                                             | 02 208 342 5                       | Work Phone                            |
| Change of address for: Candidate or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           | 1-000.20                           | 208 385 2563                          |
| Section II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                    |                                       |
| This filing is an:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TYPE OF REP                                                               | ORT                                |                                       |
| The factor of th | 01 16 through 05 01                                                       | 16                                 |                                       |
| 7 Day Pre-Primary Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | amough, 0001                                                              | •                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ 30 Day Post-Primary                                                     | Report                             | otober 10 Pre-General Report          |
| 7 Day Pre-General Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 30 Day Post-General                                                       | 5 .                                | •                                     |
| C Somi Annual Demant (O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           | Treport A                          | nnual Report                          |
| Semi-Annual Report (Statewide Ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ındidates Only)                                                           |                                    |                                       |
| s this a Termination Report:   Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ☑ No                                                                      |                                    |                                       |
| Light I hereby certify that I have r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ward the appropriate "Calendar Year<br>received no contributions and have |                                    | ii, Section IV.                       |
| Section IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SUMMARY                                                                   | made the expenditures during       | this reporting period.                |
| o reach your Calendar Year to Date figure: Agures to the Column II figures of your previou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | us report (except on line 6).                                             | COLUMN I<br>This Period            | COLUMN II<br>Calendar Year<br>to Date |
| ne 1: Cash on Hand January 1, This Calend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ar Year*                                                                  | \$_XXXXXX                          | , 1,669.07                            |
| ne 2: Enter Beginning Cash Balance**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | \$ 1,669.07                        | <b>—</b>                              |
| ne 3: Total Contributions (Enter amount from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | line 5, page 2)                                                           | \$ 35,000.00                       | \$ <u>XXXXXX</u><br>• 35,000.00       |
| ne 4: Subtotal (Add lines 1, 2 and 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ,                                                                         | \$ 36,669.07                       | 36,669.07                             |
| e 5: Total Expenditures (Enter amount from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | line 11, page 2)                                                          | \$ 26,750.00                       | \$ 26,750.00                          |
| e 6: Enter Ending Cash Balance (Subtract li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           | \$ 9,919.07                        | \$ 20,730.00<br>9,919.07              |
| e 7: Outstanding Debt to Date (Enter amoun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | * <del></del>                      | \$                                    |
| his same figure should be entered on line 1 on his is the figure on line 6 of the last Campaigner. The closing cash balance for the current of Section V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of all reports filed this calendar year.                                  | If this is your first report, this | s amount is 0.                        |
| Section V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | - report us the beginning cas      | on on hand.                           |
| Return This Report To:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                    |                                       |
| Lawerence Denney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | aria Fewkes                                                               |                                    |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | herehy codifi                      | (that the information to the          |
| PO Box 83720<br>Boise ID 83720-0080 report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name of Political Treasurer                                               | , noteby certify                   | that the information in this          |
| Phone: (208) 334-2852                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | is a true, complete and correct Car                                       | mpaign Financial Disclosure        | Report as required by law             |
| Fax: (208) 334-2282                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Canla F                                                                   | E. You                             | - who is as isolation by ISM.         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | Signature of Political Trea        | OCUPOR                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>D</b> 4                                                                | Signature of Folitical 168         | surer                                 |

#### **DETAILED SUMMARY**

Name of Candidate or Committee: CenturyLink Idaho Political Action Committee

| Contributions                                              |                     | Total This Period |
|------------------------------------------------------------|---------------------|-------------------|
| Unitemized Contributions (\$50 and less)                   | # of Contributors 0 |                   |
| Itemized Contributions (Total of all Schedule A si         |                     | + \$ 0.00         |
| In-Kind Contributions (Total of all Contribution an        |                     | + \$ 35,000.00    |
| Loans (Total of all New Loan amounts from Sche             | edula D sheets)     | + \$              |
| Total Contributions (Transfer this figure to page 1, Secti | on IV I in on       | + \$              |
| ( various una figure to page 1, Secti                      | on IV, Line 3)      | = \$ 35,000,00    |

| Expenditures                                             | The state of the s | <del></del> | The second secon |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unitemized Expenditures (\$25 and less)                  | # of Expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Itemized Expenditures (Total of all Schedule B           | sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | +           | \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| In-Kind Expenditures (Total of all Expenditure a         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | +           | \$ 26,750.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Loan Repayments (Total of all Loan Repayment             | triodrits from Schedule C sneets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | +           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Loan Repayments (Total of all Loan Repayment             | t amounts from Schedule D sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | +           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Credit Card and Debt Repayments (Total of all F          | Repayment amounts from Schedule E sheets)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | +           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Total Expenditures (Transfer this figure to page 1, Sect | ion IV, Line 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | =           | 26,750.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| Loans, Credit Cards and Debt                                                                                        | The second section is a second section of the second section of the second section is a second section of the section of |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outstanding Balance from previous reporting period                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| New Loans received during this reporting period                                                                     | + \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| (Total of all New Loan amounts plus Accrued Interest from Schedule Disharts)                                        | + «                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| New Credit Card and Debt Incurred this reporting period                                                             | . 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (Total of all New Incurred Debt amounts from Schedule E sheets)  Subtotal                                           | + \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                     | = \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Repayments of Loans made during this reporting period  (Total of all Loan Repayment amounts from Schedule D sheets) | . c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Repayments of Credit Card and Debt this reporting period                                                            | - 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (Total of all Debt Repayment amounts from Schedule E sheets)                                                        | - \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)              | = \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|          | Pledged Contributions                                                                                                | т |         |
|----------|----------------------------------------------------------------------------------------------------------------------|---|---------|
| 19<br>20 | Unitemized Pledged Contributions (\$50 and less) # of Pledges                                                        | + | \$      |
| <b>1</b> | Itemized Pledged Contributions this Period (Total of all Schedule F sheets)  Total Pledged Contributions this period | + | \$      |
|          |                                                                                                                      | = | \$ 0.00 |

# SCHEDULE A ITEMIZED CONTRIBUTIONS

Page of 1

of more than Fifty Dollars (\$50.00) this period

| Date Received      | ate or Committee: CenturyLink Idaho Political Action Committee                        |                           |
|--------------------|---------------------------------------------------------------------------------------|---------------------------|
|                    | Full Name, Mailing Address and Zip Code of Contributor                                | Cash or Check             |
| 04 / 01 / 16       | <ol> <li>CenturyLink Political Action Committee</li> <li>5325 Zuni, Rm 728</li> </ol> | \$_35,000.00              |
|                    | Denver, CO 80221                                                                      | \$_35,000.00              |
|                    | 2.                                                                                    | Calendar Year-To-Date     |
| Primary            |                                                                                       | \$                        |
| General            |                                                                                       | \$ Calendar Year-To-Date  |
| , ,                | 3.                                                                                    | Calendar Year-10-Date     |
| Primary            |                                                                                       | \$                        |
| General            |                                                                                       | \$ Calendar Yea ~ To-Date |
| 4                  |                                                                                       | Calendar Year-10-Date     |
| Primary            |                                                                                       | \$                        |
| General            |                                                                                       | \$                        |
| / /                |                                                                                       | Calendar Year-To-Date     |
| Primary            |                                                                                       | \$                        |
| General 6.         |                                                                                       | \$Calendar Year-To-Date   |
| / /<br>Primary     |                                                                                       | \$                        |
| General 7.         |                                                                                       | \$ Calendar Year-To-Date  |
|                    |                                                                                       | \$                        |
| Primary General    |                                                                                       | \$                        |
| 8.                 |                                                                                       | Calendar Year-To-Date     |
|                    |                                                                                       | \$                        |
| Primary<br>General |                                                                                       | \$                        |
| 9.                 |                                                                                       | Calendar Year-To-Date     |
| _//                |                                                                                       | \$                        |
| Primary<br>General |                                                                                       |                           |
| 10.                |                                                                                       | \$ Calendar Year-To-Date  |
|                    |                                                                                       | \$                        |
| Primary<br>General |                                                                                       |                           |
| General            |                                                                                       | \$Calendar Year-To-Date   |
|                    | Total This Page:                                                                      | \$ 35,000.00              |

Transfer the combined total of all Schedule A pages to the Detailed Summary on page 2 line 2.

## SCHEDULE B ITEMIZED EXPENDITURES Twenty-Five Dollars (\$25.00) or more this period

|                     | of Candidate or Committee: Centurylink Idaho Politise Codes (Enter up to 3 purpose codes per Expenditure.)                                                                                                                                                                                                        | ical              | Action Committee                                                                                                                                                                                                                           |  |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A B C D E F G H L M | All Travel Expenses (Airfare, Fuel, Lodging & Mileage) Broadcast Advertising (Radio, TV, Internet & Telephone) Contributions to Candidates & PAC's Donations & Gifts Event Expenses Food & Refreshments General Operational Expenses Independent Expenditures Literature, Brochures, Printing Management Services | N O P S T U W Y Z | Newspaper & Other Periodical Advertising Other Advertising (Yard Signs, Buttons, etc.) Postage Surveys & Polls Tickets (Events) Utilities Wages, Salaries, Benefits & Bonuses Petition Circulators Preparation & Production of Advertising |  |
| Date                | Spent Full Name Mailing Address and                                                                                                                                                                                                                                                                               | 7:- 7             |                                                                                                                                                                                                                                            |  |

|                 | Full Name, Mailing Address and Zip Code of Recipient                                                      | Purpose Code( | s) Cash or Check |
|-----------------|-----------------------------------------------------------------------------------------------------------|---------------|------------------|
| 01 07 16<br>//_ | 1. Woolf for Contoller PO Box 2107 Boise, ID 83701                                                        | С             | 1,000.00         |
| 04 01 16<br>//_ | <ol> <li>Peter Riggs for Representative</li> <li>PO Box 3798</li> <li>Coeur d'Alene, ID 83816</li> </ol>  | С             | 1,000.00         |
| 05 16           | 3. Idaho Democratic Party<br>812 W Franklin<br>Boise, ID 83701                                            | С             | 1,000.00         |
| <b>4</b> 05 16  | 4. Idaho Democratic Party<br>812 W Franklin<br>Boise, ID 83701                                            | С             | 1,000.00         |
| 4 05 16<br>_//_ | 5. Idaho Policy Institute<br>1607 W Jefferson<br>Boise, ID 83702                                          | С             | 3,000.00         |
| 4 11 16<br>     | 6. Mark Dye for Senate PO Box N Pocatello, ID 83205                                                       | С             | 500.00           |
| 11 16           | Mike Moyle for Representative<br>480 N Plummer Rd<br>Star, ID 83669                                       | С             | 1000.00          |
| 11 16           | 8. Hy Kloc for Representative<br>3932 Oak Park Dr<br>Boise, ID 83703                                      | С             | 500.00           |
| J/              | <ol> <li>Dave Case for Ada County Commissioner</li> <li>PO Box 408</li> <li>Meridian, ID 83680</li> </ol> | С             | 500.00           |
| 11 16           | <ol> <li>Christy Perry for Representative</li> <li>8791 Elk Horn Lane</li> <li>Nampa, ID 83686</li> </ol> | C             | 1,000.00         |
|                 |                                                                                                           | 7             | 10.500.00        |

## SCHEDULE B ITEMIZED EXPENDITURES

Page of 4

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

Name of Candidate or Committee: Centurylink Idaho Political Action Committee
Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- B Broadcast Advertising (Radio, TV, Internet & Telephone)
- C Contributions to Candidates & PAC's
- D Donations & Gifts
- E Event Expenses
- F Food & Refreshments
- G General Operational Expenses
- H Independent Expenditures
- L Literature, Brochures, Printing
- M Management Services

- N Newspaper & Other Periodical Advertising
- O Other Advertising (Yard Signs, Buttons, etc.)
- P Postage
- S Surveys & Polis
- T Tickets (Events)
- U Utilities
- W Wages, Salaries, Benefits & Bonuses
- Y Petition Circulators
- Z Preparation & Production of Advertising

| Date Spent       | Full Name, Mailing Address and Zip Code of Recipient                                                   | Purpose Code(s) | Cash or Check      |
|------------------|--------------------------------------------------------------------------------------------------------|-----------------|--------------------|
| 04 1 <b>1</b> 16 | Kelley Packer for Representative     2487 Satterfield Dr     Pocatello, ID 83201                       | С               | 500.00             |
| 14 11 16<br>/    | Wendy Horman for Representative     1860 Heather Cir     Idaho Falls, ID 83402                         | С               | 250.00             |
| 4 11 16<br>//    | 3. Merrill Beyeler for Representative<br>11861 Lemhi Rd<br>Leadore, ID 83464                           | С               | 1000.00            |
| 4 <b>14</b> 16   | 4. Megan Blanksma for Representative<br>595 S Thacker Rd<br>Hammett, ID 83627                          | С               | \$<br>500.00<br>\$ |
| 4 20 16          | 5. Lance Clow for Representative<br>2170 Bitterroot DR<br>Twin Falls, ID 83301                         | С               | 300.00             |
| 20 16            | Brent Crane for Representative     PO Box 86     Nampa, ID 83653                                       | С               | 500.00             |
| 20 16            | 7. Patrick McDonald for Representative<br>13359 W Annabrook Dr<br>Boise, ID 83713                      | С               | 1000.00            |
| 20 16<br>//_     | <ol> <li>Lori Den Hartog for Representative</li> <li>PO Box 267</li> <li>Meridian, ID 83680</li> </ol> | C               | 300.00             |
| 20 16<br>//_     | <ol> <li>Dell Raybould for Representative</li> <li>3215 N 200 W</li> <li>Rexburg, ID 83440</li> </ol>  | С               | 500.00             |
| 20 16<br>//      | <ul><li>Neil Anderson for Representative</li><li>71 S 700 W</li><li>Blackfoot, ID 83221</li></ul>      | C               | 500.00             |
|                  |                                                                                                        |                 | 5,350.00           |

### SCHEDULE B ITEMIZED EXPENDITURES Twenty-Five Dollars (\$25.00) or more this period

|                          | - TWOINY-TIVE DO                                                                                                                                                                                                                                              | iais (   | \$25.00) or more this period                                                                                                                                                                                         |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                     | of Candidate or Committee: Centurylink Idaho Politi                                                                                                                                                                                                           | fical    | Action Committee                                                                                                                                                                                                     |
| Purpo<br>A B C D E F G H | All Travel Expenses (Airfare, Fuel, Lodging & Mileage) Broadcast Advertising (Radio, TV, Internet & Telephone) Contributions to Candidates & PAC's Donations & Gifts Event Expenses Food & Refreshments General Operational Expenses Independent Expenditures | NOPSTUWY | Action Committee  Newspaper & Other Periodical Advertising Other Advertising (Yard Signs, Buttons, etc.) Postage Surveys & Polls Tickets (Events) Utilities Wages, Salaries, Benefits & Bonuses Petition Circulators |
| L<br>M                   | Literature, Brochures, Printing<br>Management Services                                                                                                                                                                                                        | Ż        | Preparation & Production of Advertising                                                                                                                                                                              |

|                  | Full Name, Mailing Address and Zip Code of Recipient                                                     | Purpose Code | (s) Cash or Check |
|------------------|----------------------------------------------------------------------------------------------------------|--------------|-------------------|
| 04 20 10         | lerreton, ID 83450                                                                                       | С            | 300.00            |
| 04 20 16         | Stephen Hartgen for Representative     1681 Wildflower Lane     Twin Falls, ID 83301                     | С            | 300.00            |
| 04 20 16         | 3. Rich Wills for Representative PO Box 602 Glenns Ferry, ID 83623                                       | С            | 500.00            |
| 04 <b>2</b> 0 16 | <ol> <li>GayAnn DeMordaunt for Representative<br/>1017 S Arbor Island Way<br/>Eagle, ID 83616</li> </ol> | С            | 500.00            |
| )4 20 16<br>     | 5. Gary Collins for Representative<br>2019 E Massachusetts Ave<br>Nampa, ID 833686                       | С            | 500.00            |
| 4 20 16          | 6. Abby Lee for Representative<br>5370 Elmore Rd<br>Fruitland, ID 833619                                 | С            | 500.00            |
| 4 <u>20</u> 16   | 7. Kathleen Sims for Representative<br>4505 Green Chain Lp #6<br>Coeur d'Alene, ID 83814                 | С            | 300.00            |
| 20 16            | 8. Luke Malek for Representative<br>PO Box 363<br>Coeur d'Alene, ID 83816                                | С            | 1000.00           |
| 20 16            | 9. Ryan Kerby for Representative<br>5470 Hwy 52<br>New Plymouth, ID 83655                                | С            | 500.00            |
| 20 16<br>//      | 10. Otter PAC<br>PO Box 2755<br>Boise, ID 83701                                                          | С            | 1500.00           |
|                  |                                                                                                          | T            | 5,900.00          |

### SCHEDULE B ITEMIZED EXPENDITURES Twenty-Five Dollars (\$25.00) or more this period

| Name                | of Candidate or Committees Continuities Idea                                                                                                                                                                                                                                                                                                                                                                                  |                   | \$25.00) or more this period                                                                                                                                                                                                                                 |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A B C D E F G H L M | of Candidate or Committee: Centurylink Idaho Politics Codes (Enter up to 3 purpose codes per Expenditure.)  All Travel Expenses (Airfare, Fuel, Lodging & Mileage) Broadcast Advertising (Radio, TV, Internet & Telephone) Contributions to Candidates & PAC's Donations & Gifts Event Expenses Food & Refreshments General Operational Expenses Independent Expenditures Literature, Brochures, Printing Management Services | N O P S T U W Y Z | Action Committee  Newspaper & Other Periodical Advertising Other Advertising (Yard Signs, Buttons, etc.) Postage Surveys & Polis Tickets (Events) Utilities Wages, Salaries, Benefits & Bonuses Petition Circulators Preparation & Production of Advertising |
| Date                | Spent Full Name, Mailing Address and                                                                                                                                                                                                                                                                                                                                                                                          | Zip (             | Code of Recipient   Purpose Code(s)   Cosh or Charles                                                                                                                                                                                                        |

|             | Full Name, Mailing Address and Zip Code of Recipient      | Purpose Code(      | s) Cash or Check |
|-------------|-----------------------------------------------------------|--------------------|------------------|
| 04 20 16    | 1. New Horizons PAC<br>PO Box 89<br>Oakley, ID 83346      | С                  | 2000.00          |
| 04 20 16    | 2. Idaho Prosperity Fund<br>PO Box 389<br>Boise, ID 83701 | С                  | 3,000.00         |
|             | 3.                                                        |                    | \$               |
| - / /       | 4.                                                        |                    | \$               |
|             | 5.                                                        |                    | \$               |
|             | 8.                                                        |                    | \$               |
| 7           |                                                           |                    | \$               |
| 8           |                                                           |                    | \$               |
| 9.          |                                                           |                    | \$               |
| 10          | ).                                                        |                    |                  |
| / <u></u> / |                                                           | stal This Page: \$ |                  |