CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

2017 FEB -2 AM 9:31

C-2 Rev. 12/14

SECRETARY OF STATE STATE OF IDAHO

| Section I | | | | | IOAII | | |
|---|---|----------------------|--------------------------|--|--------------------|-------------------|--|
| Name of Candidate or Political Committee and Chairperson DRWM BEST | | | | Office Sought (if candidate) | | District (if any) | |
| DAWN S Mailing Address | JES I | City and Zip | 871 | Home Phone | Work Pho | ne | |
| 885 SOUTH | HASKETT | ST. MIN A | dome 83647 | 949-050 | <u> </u> | | |
| Name of Political Treasurer GAIL BES | | | | | | | |
| Mailing Address | City and Zip | | Home Phone Work Phone | | ne | | |
| 1220 E 9H NO | ME 83647 | 1308-587-47 | 1-4733 | | | | |
| Change of address for: Candidate or Political Committee Political Treasurer | | | | | | | |
| Section II Type OF Report This filing is an: Original Amendment | | | | | | | |
| This report is for the period from O1 101 116 through 12 1 31 1 16. | | | | | | | |
| 7 Day Pre-Primary Report 30 Day Post-Primary R | | | nary Report | port | | | |
| 7 Day Pre-General Report 30 Day Post-General Report | | | | Annual Report | | | |
| ☐ Semi-Annual Report | (Statewide Candidates | Only) | | | | | |
| Is this a Termination Report: | ☐ Yes ☐ | No | | | | | |
| Section III STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES | | | | | | | |
| Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV. | | | | | | | |
| | | | | | | | |
| I hereby certify that I have received no contributions and have made no expenditures during this reporting period. | | | | | | | |
| Section IV | | SUMA | | | | | |
| To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6). | | | | COLUMN I COLUMN II This Period Calendar Year to Date | | r Year | |
| Line 1: Cash on Hand January 1, This Calendar Year* | | | \$ | XXXXXX | \$ <u>890</u> | e-32 | |
| Line 2: Enter Beginning Cash Balance** | | | \$ | | \$_XXXX | XX | |
| Line 3: Total Contributions (Enter amount from line 5, page 2) | | | \$ | | \$ | | |
| Line 4: Subtotal (Add lines 1, 2 and 3) | | | \$ | | s <u>896</u> | ,32 | |
| Line 5: Total Expenditures (Enter amount from line 11, page 2) | | | \$ | | \$ | | |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4) | | | \$ | | \$ 896 | ,.32 | |
| Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2) | | | | V-17 | | | |
| *This same figure should be er **This is the figure on line 6 of Note: The closing cash balance | the last Campaign Final | ncial Disclosure Rep | ort filed. If this is yo | our first report, this amou the beginning cash on h | unt is 0. nand. | | |
| | Section V | | | | | | |
| Return This Report To: Secretary of State PO Box 83720 Boise ID 83720-0080 Phone: (208) 334-2852 | | | | , hereby certify that nancial Disclosure Repo | | | |
| Fax: (208) 334-2282 | $\mathcal{U} \cdot \mathcal{L} = \mathcal{D} \cdot \mathcal{H}$ | | | | | | |

Signature of Political Treasurer