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SCURCIARY OF STATE STATE OF IDAHO

CAMPA(GN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE (Please Print or Type)

C-2 Rev. 5/11

	(, 10000 ; Miles 1/1/0/		
Section I			
Name of Candidate or Political Committee and Chalcerson		Office Sought (if candidate)	District (If any)
TIME RICHAGES	City and Zip	Hottle Phone \$108	Work Phone 268
R. O. Box 820	Showhone 83312	731-2958	731 2955
Name of Political Treasurer	5 hashane essent	131-2746	131 00134
Tim Bidinger			
Mailing Address	City and Zip	Hame Phane .405	Work Phone 208
P. D BOX 820	Shoohonedas	1 131 2858	731 2958
Change of address for: Candidate or Political Comm		er 🗆	
Section IJ	TYPE OF REPORT	-€ ?	
This filting is an: Original Amending This report is for the period from	through 12 31 199	/· C	
7 Day Pre-Primary Report	30 Day Post-Primary Report	October 10	Pre-General Report
7 Day Pre-General Report	30 Day Post-General Report	🔀 Annual Rep	ort
☐ Semi-Annual Report (Statewide Candidates On)	ly)		
Is this a Termination Report 🔲 Yes 🔲 I	No .		
Directions: If you had no contributions or expenditures of	propriate "Calendar Year to Oate" f	he box next to the stateme igures in Column II, Section	n IV.
Section IV	SUMMARY	Governor ann Street rape	Tang pantos
To reach your Calendar Year to Date figure: Add this report figures to the Column II figures of your previous report (ex		COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Calendar Year*	\$	XXXXXXX \$	3023-42
Line 2: Enter Beginning Cash Balanca**	\$	3623H2 \$	XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page		<u>-0~</u> \$	
Line 4: Subtolat (Add lines 1, 2 and 3)	\$_ <u>\$</u>	3+23-42 8	
Line 5: Total Expenditures (Enter amount from line 11, pag	ge 2) \$	_~O~_ \$	
Line 6: Enter Ending Cash Balance (Subtract line 5 from I	he 4) \$		3023.47
Line 7: Outstanding Debt to Oate (Enter amount from line	18, page 2) \$		
*This same figure should be entered on line 1 of all reports *This is the figure on line 6 of the last Campaign Financia Note: The closing cash balance for the current reporting p	il Disclosure Report filed. If this is y		
Section V			

Return This Report To: Ben Ysursa Secretary of State PO Box 83720 Bolee ID 83720-0090 Phone: (208) 334-2352 Fax: (208) 334-2282

1. Time Ridinger

___, hereby certify that the information in this

report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Political Treasurer

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