



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

Section I

Name of Candidate or Political Committee and Chairperson: AARON B. IVES
Office Sought (if candidate): STATE REP
District (if any): 2-A
Mailing Address: 252 E FRONT #316
City and Zip: BOISE 83702
Home Phone: 208-631-5228
Work Phone:
Name of Political Treasurer: SAME
Mailing Address:
City and Zip:
Home Phone:
Work Phone:

Change of address for: Candidate or Political Committee [] Political Treasurer []

Section II

TYPE OF REPORT

This filing is an: [X] Original [] Amendment
This report is for the period from / / through / / .

- [] 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 Report
[] Semi-Annual Report (Statewide Candidates Only)

Is this a Termination Report: [X] 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.

[X] I hereby certify that I have received no contributions and have made no expenditures during this reporting period.

Section IV

SUMMARY

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).

Table with 3 columns: Description, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt.

*This same figure should be entered on line 1 of all reports filed this calendar year.

**This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.

Note: The closing cash balance for the current reporting period appears on the next report as the beginning cash on hand.

Section V

Return This Report To: Secretary of State, PO Box 83720, Boise ID 83720-0080, Phone: (208) 334-2852, Fax: (208) 334-2282

I, Aaron B. Ives, 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

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee: _____

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- | | |
|--|--|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> N Newspaper & Other Periodical Advertising O Other Advertising (Yard Signs, Buttons, etc.) P Postage S Surveys & Polls 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
3/7/17	1. BOISE RESCUE MISSION MINISTRY PO BOX 1494 BOISE ID 83701	D	\$ 59.32
/ /	2.		\$ _____
/ /	3.		\$ _____
/ /	4.		\$ _____
/ /	5.		\$ _____
/ /	6.		\$ _____
/ /	7.		\$ _____
/ /	8.		\$ _____
/ /	9.		\$ _____
/ /	10.		\$ _____
Total This Page:			\$ _____