

## **APPENDIX A**

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## APPOINTMENT AND CERTIFICATION OF POLITICAL TREASURER FOR CANDIDATES AND COMMITTEES

(Please print or type)

Pursuant to Section 67-6603(c1), Idaho Code. No contribution shall be received or expenditure made by or on behalf of a candidate or political committee until the candidate or political committee appoints a political treasurer and certifies the name and address of the treasurer to the County Clerk.

Certification is for: (check appropriate box)

**CANDIDATE:**

<i>Name of Political Candidate</i>		
<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>
<i>Office Sought</i>	<i>District #</i>	<i>Party</i>
<i>Candidate Mailing Address</i>		
<i>Candidate E-mail Address</i>		

**COMMITTEE:**

Party

Miscellaneous

Measure

Candidate/Measure

<i>Name of Committee</i>		
<i>Name of Committee Chairman</i>	<i>Party Affiliation (if any)</i>	
<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>
<i>Committee Mailing Address</i>		
<i>Chairman E-mail address</i>		

### CERTIFICATION AND APPOINTMENT

I, \_\_\_\_\_, hereby certify and appoint the following individual who is a registered elector of the  
*Name of Candidate or Committee Chairman*  
State of Idaho as the political treasurer for the above named candidate or committee:

<i>Name of Political Treasurer</i>		
<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>
<i>Treasurer Mailing Address</i>		
<i>Treasurer E-mail Address</i>		

\_\_\_\_\_  
*Signature of Candidate or Committee Chairman*

**Return This Form to:**  
**Angela Barkell, Clerk**  
**Owyhee County**  
**PO Box 128**  
**Murphy, ID 83650**  
**208-495-2421 phone**  
**208-495-1173 fax**

I, \_\_\_\_\_, hereby accept the appointment as the political treasurer  
*Name of Political Treasurer*  
for the above named candidate or committee:

\_\_\_\_\_  
Signature of Political Treasurer

## CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE

(Please print or type)

**Section I**

Name of candidate or Political Committee and Chairperson		Office Sought (if candidate)	District (if any)
Mailing Address	City and Zip	Home Phone	Work Phone
Name of Political Treasurer			
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:       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?       Yes       No

**Section III** **STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES**

Directions: If you have 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** **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).	COLUMN I This Period	COLUMN II Calendar Year To Date
Line 1. Cash on Hand January 1, This Year*	\$ XXXXXX	\$
Line 2. Enter Cash Balance **	\$	\$ XXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$	\$
Line 4. Subtotal (Add lines 1, 2 and 3)	\$	\$
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$	\$
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$	\$
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	\$	\$

\* 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 beginning cash on hand.

**Return This Report to:**

**Angela Barkell, Clerk**  
**Owyhee County**  
**PO Box 128**  
**Murphy, ID 83650**  
**208-495-2421 phone**  
**208-495-1173 fax**

**Section V** **CERTIFICATION**

I, \_\_\_\_\_, hereby certify that the information in this report is a true, complete and correct Campaign Finance Disclosure Report as required by law.

\_\_\_\_\_  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

**Name of Candidate or Committee:** \_\_\_\_\_

	<b>Total This Period</b>
<b>Contributions</b>	
(1) Un-itemized Contributions (\$50 and less) # of Contributors _____	+ \$
(2) Itemized Contributions (Total of all Schedule A sheets)	+ \$
(3) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$
(4) Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$
(5) <b>Total Contributions</b> (Transfer this figure to page 1, Section IV, Line 3)	= \$

<b>Expenditures</b>	
(6) Un-itemized Expenditures (\$25 and less) # of Expenditures _____	+ \$
(7) Itemized Expenditures (Total of all Schedule B sheets)	+ \$
(8) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$
(9) Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$
(10) Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$
(11) <b>Total Expenditures</b> (Transfer this figure to page 1, Section IV, Line 5)	= \$

<b>Loans, Credit Cards and Debt</b>	
(12) Outstanding balance from previous reporting period	+ \$
(13) New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheet)	+ \$
(14) New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ \$
(15) <b>Subtotal</b>	= \$
(16) Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- \$
(17) Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- \$
(18) <b>Total Outstanding Balance</b> at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$

<b>Pledged Contributions</b>	
(19) Un-itemized Pledged Contributions (\$50 and less) # of Pledges _____	+ \$
(20) Itemized Pledged Contributions (Total of all Schedule F sheets)	+ \$
(21) <b>Total Pledged Contributions this period</b>	+ \$

**SCHEDULE A**  
**ITEMIZED CONTRIBUTIONS**  
 Of more than fifty dollars (\$50.00) this period

**Name of Candidate or Committee:**

<b>Date Received</b>	<b>Full Name, Mailing Address and Zip Code of Contributor/Lender</b>	<b>Cash or Check</b>
/ /	1.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
/ /	2.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
/ /	3.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
/ /	4.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
/ /	5.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
/ /	6.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
/ /	7.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
/ /	8.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
/ /	9.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
/ /	10.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
<b>Total This Page:</b>		\$ _____

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

**SCHEDULE A**  
**ITEMIZED CONTRIBUTIONS**  
 Of more than fifty dollars (\$50.00) this period

**Name of Candidate or Committee:** \_\_\_\_\_

Date Received	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check
____/____/____	1.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
____/____/____	2.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
____/____/____	3.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
____/____/____	4.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
____/____/____	5.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
____/____/____	6.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
____/____/____	7.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
____/____/____	8.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
____/____/____	9.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
____/____/____	10.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date
<b>Total This Page:</b>		\$ _____

**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

**Name of Candidate or Committee:** \_\_\_\_\_

**Purpose Codes**

- |  |   |
|--|---|
| <b>A.</b> All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | <b>N.</b> Newspaper & Other Periodical Advertising      |
| <b>B.</b> Broadcast Advertising (Radio, TV & Internet)           | <b>O.</b> Other Advertising (Yard Signs, Buttons, etc.) |
| <b>C.</b> Contributions to Candidates & PAC's                    | <b>P.</b> Postage                                       |
| <b>D.</b> Donations & Gifts                                      | <b>S.</b> Surveys & Polls                               |
| <b>E.</b> Event Expenses   | <b>T.</b> Tickets (Events)                              |
| <b>F.</b> Food & Refreshments                                    | <b>U.</b> Utilities                                     |
| <b>G.</b> General Operational Expenses                           | <b>W.</b> Wages, Salaries, Benefits & Bonuses           |
| <b>L.</b> Literature, Brochures, Printing                        | <b>Y.</b> Petition Circulators                          |
| <b>M.</b> Management Services                                    | <b>Z.</b> Preparation & Production of Advertising       |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
____/____/____	1. _____		\$ _____
____/____/____	2. _____		\$ _____
____/____/____	3. _____		\$ _____
____/____/____	4. _____		\$ _____
____/____/____	5. _____		\$ _____
____/____/____	6. _____		\$ _____
____/____/____	7. _____		\$ _____
____/____/____	8. _____		\$ _____
____/____/____	9. _____		\$ _____
____/____/____	10. _____		\$ _____
Total This Page			\$ _____

**Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2, line 7.**

**SCHEDULE C**  
**IN-KIND CONTRIBUTIONS and EXPENDITURES**

**Name of Candidate or Committee:** \_\_\_\_\_

**Purpose Codes**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>A. All Travel Expenses (Airfare, Fuel, Lodging &amp; Mileage)</li> <li>B. Broadcast Advertising (Radio, TV &amp; Internet)</li> <li>C. Contributions to Candidates &amp; PAC's</li> <li>D. Donations &amp; Gifts</li> <li>E. Event Expenses</li> <li>F. Food &amp; Refreshments</li> <li>G. General Operational Expenses</li> <li>L. Literature, Brochures, Printing</li> <li>M. Management Services</li> </ul> | <ul style="list-style-type: none"> <li>N. Newspaper &amp; Other Periodical Advertising</li> <li>O. Other Advertising (Yard Signs, Buttons, etc.)</li> <li>P. Postage</li> <li>S. Surveys &amp; Polls</li> <li>T. Tickets (Events)</li> <li>U. Utilities</li> <li>W. Wages, Salaries, Benefits &amp; Bonuses</li> <li>Y. Petition Circulators</li> <li>Z. Preparation &amp; Production of Advertising</li> </ul> |
|--|---|

1. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code: _____	\$ _____ \$ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code: _____ \$ _____	<b>Purpose Code</b>
2. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code: _____	\$ _____ \$ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code: _____ \$ _____	<b>Purpose Code</b>
3. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code: _____	\$ _____ \$ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code: _____ \$ _____	<b>Purpose Code</b>
4. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code: _____	\$ _____ \$ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code: _____ \$ _____	<b>Purpose Code</b>
<b>Expenditure Total:</b> (Transfer the combined total of all Expenditures on Schedule C pages to Detailed Summary, page 2, line 8)		\$ _____
<b>Contributor Total:</b> (Transfer the combined total of all Contributors on Schedule C pages to Detailed Summary, page 2, line 3)		\$ _____



## SCHEDULE D – LOANS

**Name of Candidate or Committee:** \_\_\_\_\_

Each Lender to your campaign should be listed separately. Each time a loan is received or you loan money to the campaign, it must be listed as a separate item. Each new loan from any Lender must be listed as a new item from that Lender. You may have the same lender listed more than once. **Except for a candidate making a loan to his or her own campaign, loans from any Lender cannot exceed contribution limits laid out in Section 67-6610A, Idaho Code, even if it is repaid.**

Any loan(s) with a balance(s) appearing on the last report must be listed below with the amounts in the Previous Balance column, Any new loan amounts should be listed in the New Loan column. Any interest accrued should be listed in the Interest Accrued column. If a payment was made on the loan, list it in the Repayments column. **Note: Any loan that was repaid in full in a previous reporting period does not need to be listed.** The Outstanding Balance column is the Previous Balance plus new loans and accrued interest less any repayments.

Name, Mailing Address and Zip Code of Lender Candidate, Individual or Business	Previous Balance of the loan at the end of the last reporting period	New Loan amount received during this reporting period	Interest accrued during this reporting period	Repayments of Loan during this reporting period	Balance Outstanding at the end of this reporting period
1.	\$ _____	Date: / / Amount: \$ _____	\$ _____	Date: / / Amount: \$ _____	\$ _____
2.	\$ _____	Date: / / Amount: \$ _____	\$ _____	Date: / / Amount: \$ _____	\$ _____
3.	\$ _____	Date: / / Amount: \$ _____	\$ _____	Date: / / Amount: \$ _____	\$ _____
4.	\$ _____	Date: / / Amount: \$ _____	\$ _____	Date: / / Amount: \$ _____	\$ _____
5.	\$ _____	Date: / / Amount: \$ _____	\$ _____	Date: / / Amount: \$ _____	\$ _____
6.	\$ _____	Date: / / Amount: \$ _____	\$ _____	Date: / / Amount: \$ _____	\$ _____
7.	\$ _____	Date: / / Amount: \$ _____	\$ _____	Date: / / Amount: \$ _____	\$ _____
<b>Previous Total:</b>	<b>Previous</b> \$ _____	<b>Received</b>	<b>Interest</b>	<b>Repayments</b>	<b>Ending Balance</b>
(Transfer the combined total of all received loans to the Detailed Summary, page 2, line 4)	Received Total: \$ _____	Interest Total: \$ _____	Repayments Total: \$ _____	Ending Balance: \$ _____	\$ _____

**(NOTE: Transfer the combined total of all Accrued Interest and Received Loans to the Detailed Summary, page 2, line 13)**

## SCHEDULE E – CREDIT CARDS and DEBT

**Name of Candidate or Committee:** \_\_\_\_\_

Each incurred expense not yet paid (i.e. credit card purchases and debt) should be listed on a separate line. Each time you make purchases with a credit card or incur debt, it is considered to be a separate item. However, you will maintain a single item for each credit card and add purchases to that item. Each Creditor listed below with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where the debt was incurred.

Credit Cards are considered Debt to the campaign. Regardless of whether the credit card is repaid when the statement is received, all credit card transactions will appear on Schedule E and E-1. However, only Repayments of Debt during this reporting period appear in the Expenditure Section of the Detailed Summary Page.

Any creditor(s) with a balance(s) appearing on the last report must be listed below with the amount in the Previous Balance column. Any new debt should be listed in the New Debt column, including any accrued interest. If a payment was made on the debt, list it in the Repayments column. NOTE: Any debt that was repaid in full in a previous reporting period does not need to be listed. The Outstanding Balance column is the Previous Balance plus New Debt less any Repayments of Debt.

Name, Mailing Address and Zip Code of Lender Candidate, Individual or Business	Previous Balance of debt at the end of the last reporting period	New Debt amount incurred during this reporting period	Repayments of Debt during this reporting period	Balance Outstanding at the end of this reporting period
1.	\$ _____	Date: / / Amount: \$ _____	Date: / / Amount: \$ _____	\$ _____
2.	\$ _____	Date: / / Amount: \$ _____	Date: / / Amount: \$ _____	\$ _____
3.	\$ _____	Date: / / Amount: \$ _____	Date: / / Amount: \$ _____	\$ _____
4.	\$ _____	Date: / / Amount: \$ _____	Date: / / Amount: \$ _____	\$ _____
5.	\$ _____	Date: / / Amount: \$ _____	Date: / / Amount: \$ _____	\$ _____
6.	\$ _____	Date: / / Amount: \$ _____	Date: / / Amount: \$ _____	\$ _____
	<b>Previous</b>	<b>Incurred</b>	<b>Repayments</b>	<b>Ending Balance</b>
Previous Total	\$ _____			
		Incurred Total: (Transfer combined total of all incurred debt to the Detailed Summary, page 2, line 14)	\$ _____	
			Repayments Total: (Transfer the combined total of all debt repayments to the Detailed Summary, page 2, line 10 & 17)	\$ _____
			Ending Balance Total:	\$ _____

**SCHEDULE E-1 –  
CREDIT CARD and DEBT ITEMIZATION**

<b>Name of Candidate or Committee:</b>
<b>Name of Creditor from Schedule E:</b>

**Each Creditor listed on Schedule E with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where and when the debt was incurred.**

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

- |  |   |
|--|---|
| <b>A.</b> All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | <b>N.</b> Newspaper & Other Periodical Advertising      |
| <b>B.</b> Broadcast Advertising (Radio, TV & Internet)           | <b>O.</b> Other Advertising (Yard Signs, Buttons, etc.) |
| <b>C.</b> Contributions to Candidates & PAC's                    | <b>P.</b> Postage                                       |
| <b>D.</b> Donations & Gifts                                      | <b>S.</b> Surveys & Polls                               |
| <b>E.</b> Event Expenses   | <b>T.</b> Tickets (Events)                              |
| <b>F.</b> Food & Refreshments                                    | <b>U.</b> Utilities                                     |
| <b>G.</b> General Operational Expenses                           | <b>W.</b> Wages, Salaries, Benefits & Bonuses           |
| <b>I.</b> Interest Accrued & Finance Charges                     | <b>Y.</b> Petition Circulators                          |
| <b>L.</b> Literature, Brochures, Printing                        | <b>Z.</b> Preparation & Production of Advertising       |
| <b>M.</b> Management Services                                    |   |

<b>Date Incurred</b>	<b>Full Name, Mailing Address, and Zip Code of Expenditures</b>	<b>Purpose Code</b>	<b>Amount</b>
___/___/___	1.		\$ _____
___/___/___	2.		\$ _____
___/___/___	3.		\$ _____
___/___/___	4.		\$ _____
___/___/___	5.		\$ _____
___/___/___	6.		\$ _____
___/___/___	7.		\$ _____
___/___/___	8.		\$ _____
___/___/___	9.		\$ _____
<b>Total This Page</b>			\$ _____

**The total of itemization for this creditor should equal the new loan amount listed on Schedule E for this creditor.**

**SCHEDULE F  
PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED**

**Name of Candidate or Committee:** \_\_\_\_\_

**Directions:** Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Pledged For	Date Pledged	Full Name, Mailing Address and Zip Code of Contributor	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	1. _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	2. _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	3. _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	4. _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	5. _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	6. _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	7. _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	8. _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	9. _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	10. _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	11. _____	\$ _____
<b>Total Amount of Pledged Contributions</b>			\$ _____

Transfer the combined total of all Schedule F to the Detailed Summary, page 2, line 20.

**INDEPENDENT EXPENDITURES**  
(Please note the definition of independent expenditures and Section 67-6611; Page 55)

Totaling More Than \$100  
Made in Support of or in Opposition to  
Any One Candidate, Political Committee or Measure

Full Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Mailing Address and Zip Code: \_\_\_\_\_

**TYPE OF REPORT**

- |  |  |
|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Statement   | <input type="checkbox"/> 7 Day Pre-General Statement   |
| <input type="checkbox"/> 30 Day Post-Primary Statement | <input type="checkbox"/> 30 Day Post-General Statement |

Purpose Codes	B Broadcast Advertising (Radio, TV, Internet)	O Other Advertising
	E Event Expenses	P Postage
	F Food & Refreshments	S Surveys & Polls
	L Literature, Brochures, Printing	Z Preparation & Production of Advertising
	N Newspaper & Other Periodical Advertising	

**ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS**

Date	Full Name, Mailing Address and Zip Code of Recipient	Candidate or Measure Supported or Opposed	Purpose Code	Amount
/ /	1.			\$ _____
/ /	2.			\$ _____
/ /	3.			\$ _____
/ /	4.			\$ _____
/ /	5.			\$ _____

Submit This Report To:  
**Angela Barkell, Clerk**  
**Owyhee County**  
**PO Box 128**  
**Murphy, ID 83650**  
**208-495-2421 phone**  
**208-495-1173 fax**

Total Expenditure(s): \$ \_\_\_\_\_

I \_\_\_\_\_, hereby certify that the information in this report is true, complete and correct.

\_\_\_\_\_  
Signature

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED OF \$1,000 OR MORE

Directions: Use this form to report any contribution of one thousand dollars (\$1,000) or more received after the sixteenth (16<sup>th</sup>) day before, but not more than forty-eight hours before, any primary or general election. Notification must be made within forty-eight (48) hours after receipt of such contribution. (Section 67-6607(c), Idaho Code.)

2016 Elections		This requirement applies to all types of contributions, including but not limited to: <ul style="list-style-type: none"> <li>Cash contributions</li> <li>In-kind contributions</li> <li>Loans</li> <li>Contributions or personal loans made by the candidate</li> </ul>
48 Hour Notice required for contributions received:		
Primary Election	May 2, 2016 through May 14, 2016	
General Election	October 24, 2016 through November 5, 2016	

Name of Candidate or Committee	District (If Applicable)
Mailing Address	
City, State and Zip Code	

Date Received	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (Non-monetary)	Loan
_/_/___	1.	\$ _____	\$ _____	\$ _____
_/_/___	2.	\$ _____	\$ _____	\$ _____
_/_/___	3.	\$ _____	\$ _____	\$ _____

**Submit Report To:**

**Angela Barkell, Clerk  
Owyhee County  
PO Box 128  
Murphy, ID 83650  
208-495-2421 phone  
208-495-1173 fax**

I, \_\_\_\_\_, hereby certify that the information in this  
*Name of Political Treasurer*  
report is true, complete and correct

\_\_\_\_\_  
Signature of Political Treasurer

## STATEMENT BY A NONBUSINESS ENTITY

(Type or print clearly)  
See Instructions at bottom of Page

Name and Address of Nonbusiness Entity				
Name	Address	City	State	Zip

Name and Address of Principal Officer or Directors				
Name	Address	City	State	Zip

List the name and address of each person whose fees, dues, payments or other consideration paid to the nonbusiness entity during either of the prior two (2) calendar years has exceeded \$500; or who is obligated to or has agreed to pay fees, dues, payments or other consideration exceeding \$500 to such entity during the current year.

Name	Address	City	State	Zip

INSTRUCTIONS	
<p><b>Who should file this form?</b> Any nonbusiness entity domiciled in the State of Idaho, which makes expenditures in the amount exceeding one thousand dollars (\$1,000) in any calendar year for the purpose of supporting or opposing one (1) or more candidates or measures. <b>(Please Note: the definition of nonbusiness entity and Section 67-6606, Idaho Code; Page 67)</b></p> <p><b>Filing Deadline:</b> This statement shall be filed within thirty (30) days of exceeding the one thousand dollar (\$1,000) threshold.</p> <p><b>To Be Filed With:</b>  <b>Angela Barkell, Clerk</b>  <b>Owyhee County</b>  <b>PO Box 128</b>  <b>Murphy, ID 83650</b>  <b>208-495-2421 phone</b>  <b>208-495-1173 fax</b></p>	<p><b>Certification:</b> I hereby certify that the information contained herein is a true, correct and complete statement in accordance with Section 67-6624, Idaho Code.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Title</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Date</p>

**INDEPENDENT EXPENDITURES  
48 HOUR NOTICE**

(Please note the definition of independent expenditures and Section 67-6611; Page 55)

Totaling \$1000 or More  
Made in Support of or in Opposition to  
Any One Candidate, Political Committee or Measure

Full Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Mailing Address and Zip Code: \_\_\_\_\_

**2016 Elections**

48 Hour Notice required for expenditures made:

Primary Election – May 2, 2016 through May 14, 2016

General Election – October 24, 2016 through November 5, 2016

Purpose Codes	B	Broadcast Advertising (Radio, TV, Internet)	O	Other Advertising
	E	Event Expenses	P	Postage
	F	Food & Refreshments	S	Surveys & Polls
	L	Literature, Brochures, Printing	Z	Preparation & Production of Advertising
	N	Newspaper & Other Periodical Advertising		

**ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS**

Date	Full Name, Mailing Address and Zip Code of Recipient	Candidate or Measure Supported or Opposed	Purpose Code	Amount
/ /	1.			\$ _____
/ /	2.			\$ _____
/ /	3.			\$ _____
/ /	4.			\$ _____
/ /	5.			\$ _____

**Submit This Report To:**

**Angela Barkell, Clerk  
Owyhee County  
PO Box 128  
Murphy, ID 83650  
208-495-2421 phone  
208-495-1173 fax**

Total Expenditure(s): \$ \_\_\_\_\_

I \_\_\_\_\_, hereby certify that the information in this report is true, complete and correct.

\_\_\_\_\_  
Signature



### REPORT OF ELECTIONEERING COMMUNICATION

For use by a person who has expended \$100 or more per year on electioneering communications.  
Any person incurring costs of \$1,000 or more must file within 48 hours of incurring costs.

Name of person/entity \_\_\_\_\_  
Address (Physical) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

#### TYPE OF REPORT

- 7-day Pre-Primary       30-day Post-Primary       48 Hour Report  
 7-day Pre-General       30-day Post General

Is this an amended report?     No       Yes

This amends a previous report filed on \_\_\_\_\_

Date of Public Distribution(s) \_\_\_\_\_

Total Expenditures this Statement	\$
Total Itemized Contributions of \$50 or More this Statement	\$
Total Contributions this Statement	\$

I, \_\_\_\_\_ hereby certify that the information in this  
Name of Individual Completing Report  
report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

\_\_\_\_\_  
Signature of Individual Completing Report

\_\_\_\_\_  
Date Signed

<p>Submit Report to: <b>Angela Barkell, Clerk</b> <b>Owyhee County</b> <b>PO Box 128</b> <b>Murphy, ID 83650</b> <b>208-495-2421 phone</b> <b>208-495-1173 fax</b></p>
--

**ITEMIZED CONTRIBUTION FOR ELECTIONEERING COMMUNICATIONS (\$50 OR MORE)**

Name of person/entity: \_\_\_\_\_

1. Date Received <u>  /  /  </u>	4. Name (last, first) _____
2. Contribution Amount \$ _____	5. Address _____
3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind	6. City/State/Zip _____

1. Date Received <u>  /  /  </u>	4. Name (last, first) _____
2. Contribution Amount \$ _____	5. Address _____
3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind	6. City/State/Zip _____

1. Date Received <u>  /  /  </u>	4. Name (last, first) _____
2. Contribution Amount \$ _____	5. Address _____
3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind	6. City/State/Zip _____

1. Date Received <u>  /  /  </u>	4. Name (last, first) _____
2. Contribution Amount \$ _____	5. Address _____
3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind	6. City/State/Zip _____

## ITEMIZED EXPENDITURES FOR ELECTIONEERING COMMUNICATIONS

Name of person/entity: \_\_\_\_\_

1. Date Expended ____/____/____  2. Amount \$ _____  <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____  8. Support _____ Oppose _____ 9. Purpose of Expenditure _____
--	--

1. Date Expended ____/____/____  2. Amount \$ _____  <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____  8. Support _____ Oppose _____ 9. Purpose of Expenditure _____
--	--

1. Date Expended ____/____/____  2. Amount \$ _____  <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____  8. Support _____ Oppose _____ 9. Purpose of Expenditure _____
--	--

1. Date Expended ____/____/____  2. Amount \$ _____  <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind	3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____  8. Support _____ Oppose _____ 9. Purpose of Expenditure _____
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\_\_\_\_\_ County Clerk  
\_\_\_\_\_ County

**Report of Alleged Violation of Sunshine Act**  
Title 67, Chapter 66, Idaho Code

**Item 1. Identification of Reporting Person**

1. Name: \_\_\_\_\_  
(Last Name) (First) (Middle)
2. Home Address: \_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City) (County) (State) (Zip Code)

**Item 2. Identification of Person Alleged to Have Violated the Act**

1. Name: \_\_\_\_\_  
(Last Name) (First) (Middle)
2. Home Address: \_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City) (County) (State) (Zip Code)

**Item 3. Witnesses or Other Persons Who May Have Knowledge of the Alleged Violation**

- A.**
1. Name: \_\_\_\_\_  
(Last Name) (First) (Middle)
  2. Home Address: \_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City) (County) (State) (Zip Code)
  3. Other Descriptive Information:  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_
- B.**
1. Name: \_\_\_\_\_  
(Last Name) (First) (Middle)
  2. Home Address: \_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City) (County) (State) (Zip Code)

