APPENDIX A

BLANK DISCLOSURE REPORTS

C-1 Appointment and Certification of Political Treasurer
C-2 Campaign Disclosure Forms
Detailed Summary Page
C-4 Independent Expenditures
C-5 48 Hour Notice of Contributions/Loans Received
C-6 Statement by a Nonbusiness Entity
C-7 Independent Expenditures 48 Hour Notice
C-8 Report of Electioneering Communication
Schedule A: Itemized Contributions
Schedule B: Itemized Expenditures
Schedule C: In-Kind Contributions and Expenditures
Schedule D: Loans
Schedule E: Credit Cards and Debt
Schedule E-1: Credit Card and Debt Itemization
Schedule F: Pledged Contributions but Not Yet Received
Itemized Contributions for Electioneering Communications
Itemized Expenditures for Electioneering Communications

C-1
Rev. 12/15

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:

_____
Name of Political Candidate

_____
Home Phone *Work Phone* *Cell Phone*

_____
Office Sought *District #* *Party*

_____
Candidate Mailing Address

_____
Candidate E-mail address

COMMITTEE:

Party

Miscellaneous

Measure

Candidate/Measure

_____
Name of Committee

_____
Name of Committee Chairman *Party Affiliation (if any)*

_____
Home Phone *Work Phone* *Cell Phone*

_____
Committee Mailing Address

_____
Chairman E-mail address

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:

_____
Name of Political Treasurer

_____
Home Phone *Work Phone* *Cell Phone*

_____
Treasurer Mailing Address

_____
Treasurer E-mail address

_____
Signature of Candidate of Committee Chairman

Return This Form to:

Terri J. Morton
Lemhi County Clerk
206 Courthouse Drive
Salmon, ID. 83467
208-756-2815, x 221
208-756-8424

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

_____
Signature of Political Treasurer

C-2
Rev. 12/15

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 Report an amendment? ☐ 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*	$	$
Line 2. Enter Cash Balance **	$	$
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:

Terri J. Morton
Lemhi County Clerk
206 Courthouse Drive
Salmon, ID. 83467
208-756-2815, x 221
208-756-8424

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:

	Total This Period
Contributions	
(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) **Total Contributions** (Transfer this figure to page 1, Section IV, Line 3)	= $

Expenditures	
(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) **Total Expenditures** (Transfer this figure to page 1, Section IV, Line 5)	= $

Loans, Credit Cards and Debt	
(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) **Subtotal**	= $
(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) **Total Outstanding Balance** at close of this period (Transfer this figure to page 1, Section IV, Line 7	= $

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

C-4

Rev. 12/15

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

☐ 7 Day Pre-Primary Statement ☐ 7 Day Pre-General Statement

☐ 30 Day Post-Primary Statement ☐ 30 Day Post-General Statement

Purpose Codes

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

Terri J. Morton
Lemhi County Clerk
206 Courthouse Drive
Salmon, ID. 83467
208-756-2815, x 221
208-756-8424

Total Expenditure(s): $ _____

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

_____
Signature

C-5
Rev. 12/15

48 HOUR NOTICE
OF CONTRIBUTIONS/LOANS RECEIVED
Of One Thousand Dollars ($1,000.00) Or More

Directions: Use this form to report any contribution of one thousand dollars ($1,000) or more received after the sixteenth (16th) 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	
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

This requirement applies to all types of contributions, including but not limited to:

- Cash contributions
- In-kind contributions
- Loans
- Contributions or personal loans made by the candidate

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:

Terri J. Morton
Lemhi County Clerk
206 Courthouse Drive
Salmon, ID. 83467
208-756-2815, x 221
208-756-8424

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

_____
Signature of Political Treasurer

C-6
Rev. 12/15

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

Who should file this form? 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. **(Please Note: the definition of nonbusiness entity and Section 67-6606, I.C. – Page 67)**

Filing Deadline: This statement shall be filed within thirty (30) days of exceeding the one thousand dollar ($1,000) threshold.

To Be Filed With:

Terri J. Morton
Lemhi County Clerk
206 Courthouse Drive
Salmon, ID. 83467
208-756-2815, x 221
208-756-8424

Certification: I hereby certify that the information contained herein is a true, correct and complete statement in accordance with Section 67-6624, Idaho Code.

Signature _____

Title _____

Date _____

Rev. 12/15

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.			$ _____

Total Expenditure(s): $ _____

Submit This Report To:

Terri J. Morton
Lemhi County Clerk
206 Courthouse Drive
Salmon, ID. 83467
208-756-2815, x 221
208-756-8424

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

_____
Signature

C-8
12/15

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

Submit Report to:

Terri J. Morton
Lemhi County Clerk
206 Courthouse Drive
Salmon, ID. 83467
208-756-2815, x 221
208-756-8424

Page	of

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.	$
Primary General		$ Calendar year To Date
/ /	2.	$
Primary General		$ Calendar year To Date
/ /	3.	$
Primary General		$ Calendar year To Date
/ /	4.	$
Primary General		$ Calendar year To Date
/ /	5.	$
Primary General		$ Calendar year To Date
/ /	6.	$
Primary General		$ Calendar year To Date
/ /	7.	$
Primary General		$ Calendar year To Date
/ /	8.	$
Primary General		$ Calendar year To Date
/ /	9.	$
Primary General		$ Calendar year To Date
/ /	10.	$
Primary General		$ Calendar year To Date
	Total This Page:	$

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

Page	of

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.	$
Primary General		$ Calendar year To Date
/ /	2.	$
Primary General		$ Calendar year To Date
/ /	3.	$
Primary General		$ Calendar year To Date
/ /	4.	$
Primary General		$ Calendar year To Date
/ /	5.	$
Primary General		$ Calendar year To Date
/ /	6.	$
Primary General		$ Calendar year To Date
/ /	7.	$
Primary General		$ Calendar year To Date
/ /	8.	$
Primary General		$ Calendar year To Date
/ /	9.	$
Primary General		$ Calendar year To Date
/ /	10.	$
Primary General		$ Calendar year To Date
	Total This Page:	$

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

Page	of

SCHEDULE B
ITEMIZED EXPENDITURES

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

Name of Candidate or Committee:

Purpose Codes

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

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

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

SCHEDULE D
LOANS

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: $	$ _____
	Previous	**Received**	**Interest**	**Repayments**	**Ending Balance**
Previous Total:	$				
Received Total: (Transfer the combined total of all received loans to the Detailed Summary, page 2, line 4)		$ _____			
Interest Total:			$ _____		
Repayments Total: (Transfer the combined total of all loan repayments to the Detailed Summary, page 2, line 9 & 16)				$ _____	
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

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: $	$ _____
	Previous	**Incurred**	**Repayments**	**Ending Balance**

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: $

Page	of

SCHEDULE E-1
CREDIT CARD and DEBT ITEMIZATION

Name of Creditor from Schedule E:

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

- **A.** All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- **B.** Broadcast Advertising (Radio, TV & Internet)
- **C.** Contributions to Candidates & PAC's
- **D.** Donations & Gifts
- **E.** Event Expenses
- **F.** Food & Refreshments
- **G.** General Operational Expenses
- **I.** Interest Accrued & Finance Charges
- **L.** Literature, Brochures, Printing
- **M.** Management Services
- **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 Incurred	Full Name, Mailing Address, and Zip Code of Expenditures	Purpose Code	Amount
___/___/___	1.		$ ____
___/___/___	2.		$ ____
___/___/___	3.		$ ____
___/___/___	4.		$ ____
___/___/___	5.		$ ____
___/___/___	6.		$ ____
___/___/___	7.		$ ____
___/___/___	8.		$ ____
___/___/___	9.		$ ____
		Total This Page	$ ____

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

SCHEDULE E-1
CREDIT CARD and DEBT ITEMIZATION

Name of Creditor from Schedule E:

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

- **A.** All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- **B.** Broadcast Advertising (Radio, TV & Internet)
- **C.** Contributions to Candidates & PAC's
- **D.** Donations & Gifts
- **E.** Event Expenses
- **F.** Food & Refreshments
- **G.** General Operational Expenses
- **I.** Interest Accrued & Finance Charges
- **L.** Literature, Brochures, Printing
- **M.** Management Services
- **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 Incurred	Full Name, Mailing Address, and Zip Code of Expenditures	Purpose Code	Amount
___/___/___	1.		$ ____
___/___/___	2.		$ ____
___/___/___	3.		$ ____
___/___/___	4.		$ ____
___/___/___	5.		$ ____
___/___/___	6.		$ ____
___/___/___	7.		$ ____
___/___/___	8.		$ ____
___/___/___	9.		$ ____
		Total This Page	$ ____

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

SCHEDULE F
PLEDGED 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
☐Primary ☐General	___/___/___	1.	$ _____
☐Primary ☐General	___/___/___	2.	$ _____
☐Primary ☐General	___/___/___	3.	$ _____
☐Primary ☐General	___/___/___	4.	$ _____
☐Primary ☐General	___/___/___	5.	$ _____
☐Primary ☐General	___/___/___	6.	$ _____
☐Primary ☐General	___/___/___	7.	$ _____
☐Primary ☐General	___/___/___	8.	$ _____
☐Primary ☐General	___/___/___	9.	$ _____
☐Primary ☐General	___/___/___	10.	$ _____
☐Primary ☐General	___/___/___	11.	$ _____
Total Amount of Pledged Contributions			$ _____

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

ITEMIZED CONTRIBUTION FOR ELECTIONEERING COMMUNICATIONS ($50 OR MORE)

Name of Person/Entity _____

1. Date Received __/__/__ 2. Contribution Amount $ 3. ☐Cash ☐ Loan ☐ In-Kind	4. Name (last, first) _____ 5. Address _____ 6. City/State/Zip _____

1. Date Received __/__/__ 2. Contribution Amount $ 3. ☐Cash ☐ Loan ☐ In-Kind	4. Name (last, first) _____ 5. Address _____ 6. City/State/Zip _____

1. Date Received __/__/__ 2. Contribution Amount $ 3. ☐Cash ☐Loan ☐In-Kind	4. Name (last, first) _____ 5. Address _____ 6. City/State/Zip _____

1. Date Received __/__/__ 2. Contribution Amount $ _____ 3. ☐Cash ☐ Loan ☐In-Kind	4. Name (last, first) _____ 5. Address _____ 6. City/State/Zip _____

1. Date Received __/__/__ 2. Contribution Amount $ 3. ☐Cash ☐ Loan ☐In-Kind	4. Name (last, first) _____ 5. Address _____ 6. City/State/Zip _____

ITEMIZED EXPENDITURES FOR ELECTIONEERING COMMUNICATIONS

Name of Person/Entity _____

1. Date Expended ___/___/___ 2. Amount $ _____ ☐ Cash ☐ 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 $ _____ ☐ Cash ☐ 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 $ _____ ☐ Cash ☐ 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 $ _____ ☐Cash ☐ 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 _____

Lemhi County Clerk

Lemhi 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)

3. Other Descriptive Information:

(a) _____

(b) _____

(c) _____

Item 4. Description of Alleged Violation
(Be as specific as possible, citing dates, places, persons, and corroborative details)

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Item 5. **Signature of Reporting Person**

The above complaint is true and correct to the best of my knowledge.

Signed: _____

Date: _____