

CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I			
Name of Candidate or Political Committee SAND BLOE	\mathcal{M}_{\perp}	Office Sought (if candidate)	Term
	ck if address change City and Zip	Home Phone	Work Phone
2768 STONE	PINES CT CDA, 83815	667-4934	664-3874
Name of Political Treasurer RICK MAXEY	<u> </u>		
Mailing Address	ck if address change City and Zip	Home Phone	Work Phone
PO BOX 176	(CDA, 83816	765-7655	territ
Section II			
Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates. This report is for the period from// through/			
Annual Report			
Is this report an ar	nendment? 🗆 Yes 🕏 No Is th	is a Termination Report?	□ Yes bYNo
Section III	STATEMENT OF NO CONTRIBUTION	S OD EXPENDITUDES	
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates 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 from/			
Section IV	SUMMARY		
	POWANTAL	*	
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To reach your Calendar Year to D Column I figures to the Column II (except on line 6).	ate figure: Add this report's I figures of your previous report	COLUMN I This Period	COLUMN II Calendar Year to Date
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