# **RECEIVED**



OCT 2 8 2019

## CITY CLERK

#### 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.

| Mailing Address P ?   | Jay 3438   | COUNTY REAL MAY DE City C DA    | State ID  State ID             | Zip 83831<br>Zip 83831<br>Zip 838316 | COMMITTEE          |
|---|--|---------------------------------|--------------------------------|--------------------------------------|--------------------|
|   |  | TYPE OF RE                      | PORT                           |                                      |                    |
| 7 Day Pre-Primary F   | Expenditures this Statement    Michael   Completing Report   |                                 |                                | leport                               |                    |
| 7 Day Pre-General F   | Report   | 30 Day Post-Gener               | al Report                      |                                      |                    |
| ·   | vious report filed   | on                              |                                |                                      |                    |
| Total Expenditures the  | nis Statement  |                                 |                                |                                      | \$ 500             |
| Total Itemized Contributions of \$50 or More this statement   |  |                                 |                                |                                      | \$ 500             |
| Total Contributions th  | nis statement  |                                 |                                |                                      | \$ 500             |
| Return This Report To: Lawerence Denney Secretary of State PO Box 83720 Boise ID 83720-0080 phone: (208) 334-2852 fax: (208) 334-2282 | The second representation of the second seco | Name of Individual Completing R | eport<br>campaign Financial Di | sclosure Report a                    | s required by law. |

### **Itemized Expenditures for Electioneering Communication**

Name of person/entity: KONTENAS COUNTY ROPURION CENTRAL COMMITTEE

| 1. Date Expended  /o/ 1/19  2. Amount  \$       | 3. Name (last, first) KOTENAI CONNY REPUBLIAN CENTRA COMMITTE  4. Address Pon 3438  5. City/State/Zip CDA, (D, S36/L  6. Method of Communication(s) PHONE CALLS, PHONE DIALER  7. Name of Candidate(s) referred to ELAINE PRICE  8. Support Oppose  9. Purpose of Expenditure CAMPAIGN SUPPORT |
|---|--|
| 1. Date Expended //  2. Amount  \$ cash in-kind | 3. Name (last, first)  |
| 1. Date Expended//_  2. Amount  \$ cash         | 3. Name (last, first)  |
| 1. Date Expended//  2. Amount  \$ cash          | 3. Name (last, first)  |

# Itemized Contributions for Electioneering Communication (\$50 or more)

| lame | ame of person/entity:     |                       |  |  |  |  |  |
|------|---------------------------|-----------------------|--|--|--|--|--|
|      |                           |                       |  |  |  |  |  |
|      |                           |                       |  |  |  |  |  |
| 1.   |                           |                       |  |  |  |  |  |
| 2.   | //<br>Contribution Amount | 4. Name (last, first) |  |  |  |  |  |
|      | \$                        | 5. Address            |  |  |  |  |  |
| 3.   | Cash Loan                 | 6. City/State/Zip     |  |  |  |  |  |
|      | ☐ In-Kind                 |                       |  |  |  |  |  |
|      |                           |                       |  |  |  |  |  |
| 1.   | Date Received             |                       | dental en de la companya de la comp |  |  |  |  |
| 2.   | Contribution Amount       | 4. Name (last, first) |  |  |  |  |  |
|      | \$                        | 5. Address            |  |  |  |  |  |
| 3.   | Cash Loan In-Kind         | 6. City/State/Zip     |  |  |  |  |  |
|      |                           |                       |  |  |  |  |  |
|      |                           |                       |  |  |  |  |  |
| 1.   | Date Received             |                       |  |  |  |  |  |
| 2.   | Contribution Amount       | 4. Name (last, first) |  |  |  |  |  |
|      | \$                        | 5. Address            |  |  |  |  |  |
| 3.   | ☐ Cash ☐ Loan ☐ In-Kind   | 6. City/State/Zip     |  |  |  |  |  |
|      |                           |                       |  |  |  |  |  |
|      |                           |                       |  |  |  |  |  |
| 1.   | Date Received             |                       | agrap decembed through perhical year stight sawar consu  |  |  |  |  |
| 2.   | Contribution Amount       | 4. Name (last, first) |  |  |  |  |  |
|      | \$                        | 5. Address            |  |  |  |  |  |
| 3.   | Cash Loan                 | 6. City/State/Zip     |  |  |  |  |  |
|      |                           |                       |  |  |  |  |  |
|      |                           |                       |  |  |  |  |  |
| 1.   | Date Received             |                       |  |  |  |  |  |
| 2.   | Contribution Amount       | 4. Name (last, first) |  |  |  |  |  |
|      | \$                        | 5. Address            |  |  |  |  |  |
| 3.   | Cash Loan                 | 6. City/State/Zip     |  |  |  |  |  |
|      | ☐ In-Kind                 |                       |  |  |  |  |  |