



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

48 Hour Report

7 Day Pre-General Report

30 Day Post-General Report

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.

Return This Report To: Brenda Bingham City Clerk City of Kuna PO Box 13 Kuna, ID 83634 (208) 922-5546 Fax: (208) 922-5989
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Signature of Individual Completing Report

Date Signed

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

Name of person/entity: _____

1. Date Received ____/____/____	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 ____/____/____	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 ____/____/____	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 ____/____/____	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 ____/____/____	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 Communication

Name of person/entity: _____

1. Date Expended __/__/__	3. Name (last, first) _____
2. Amount \$ _____ cash <input type="checkbox"/> in-kind <input type="checkbox"/>	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 __/__/__	3. Name (last, first) _____
2. Amount \$ _____ cash <input type="checkbox"/> in-kind <input type="checkbox"/>	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 __/__/__	3. Name (last, first) _____
2. Amount \$ _____ cash <input type="checkbox"/> in-kind <input type="checkbox"/>	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 __/__/__	3. Name (last, first) _____
2. Amount \$ _____ cash <input type="checkbox"/> in-kind <input type="checkbox"/>	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 _____