



# REPORT OF ELECTIONEERING COMMUNICATION

# C-8

For any that incurs cost in excess of \$100 or more on electioneering communications.  
Any person incurring costs of **\$1,000 or more must file within 48 hours** of incurring costs. (I.C. 67-6628)

## PURPOSE CODES

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><b>A</b> All Travel Expenses (Airfare, Fuel, Lodging, &amp; Mileage)</li> <li><b>B</b> Broadcast Advertising (Radio, TV, Internet, &amp; Telephone)</li> <li><b>C</b> Contributions to Candidates &amp; PACs</li> <li><b>D</b> Donations &amp; Gifts</li> <li><b>E</b> Event Expenses</li> <li><b>F</b> Food &amp; Refreshments</li> <li><b>G</b> General Operational Expenses</li> <li><b>I</b> Interest Accrued &amp; Finance Charges</li> <li><b>L</b> Literature, Brochures, Printing</li> <li><b>M</b> Management Services</li> </ul> | <ul style="list-style-type: none"> <li><b>N</b> Newspaper &amp; Other Periodical Advertising</li> <li><b>O</b> Other Advertising (Yard Signs, Buttons, etc.)</li> <li><b>P</b> Postage</li> <li><b>S</b> Surveys &amp; Polls</li> <li><b>T</b> Tickets (Events)</li> <li><b>U</b> Utilities</li> <li><b>W</b> Wages, Salaries, Benefits, &amp; Bonuses</li> <li><b>Y</b> Petition Circulators</li> <li><b>Z</b> Preparation &amp; Production of Advertising</li> </ul> |
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## GENERAL INFORMATION

<b>Name of Person/Entity Responsible for the Communication</b>			<b>Date of Public Distribution</b>	
<b>Mailing Address</b>				
Street Address	City	State	Zip Code	

## EXPENDITURE INFORMATION

<b>Name of Recipient</b>				
<b>Address of Recipient</b>				
Street Address	City	State	Zip Code	
<b>Purpose Code</b>	<b>Date of Expenditure</b>	<b>Amount</b>		

## CERTIFICATION

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

Signature of Individual Completing Report	Date Signed

## RETURN THIS FORM TO

Secretary of State  
Elections Division  
PO Box 83720  
Boise, ID 83720-0080

**Phone:** (208) 334-2852

**Fax:** (208) 334-2282



# ITEMIZED CONTRIBUTIONS FOR ELECTIONEERING COMMUNICATION

For contributions of **\$50 or more.** (I.C. 67-6628)

## NAME OF PERSON/ENTITY RESPONSIBLE FOR THE COMMUNICATION

### CONTRIBUTIONS

<b>Date Received</b>		<b>Contributor Name</b>		
<b>Contribution Amount</b>		<b>Contributor Address</b>		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind		City	State	Zip Code

<b>Date Received</b>		<b>Contributor Name</b>		
<b>Contribution Amount</b>		<b>Contributor Address</b>		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind		City	State	Zip Code

<b>Date Received</b>		<b>Contributor Name</b>		
<b>Contribution Amount</b>		<b>Contributor Address</b>		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind		City	State	Zip Code

<b>Date Received</b>		<b>Contributor Name</b>		
<b>Contribution Amount</b>		<b>Contributor Address</b>		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind		City	State	Zip Code



# ADDITIONAL ITEMIZED EXPENDITURES FOR ELECTIONEERING COMMUNICATION

**NAME OF PERSON/ENTITY RESPONSIBLE FOR THE COMMUNICATION**

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**EXPENDITURES**

Date Expended		Name		
Amount	Purpose Code	Address		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		City	State	Zip Code

Date Expended		Name		
Amount	Purpose Code	Address		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		City	State	Zip Code

Date Expended		Name		
Amount	Purpose Code	Address		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		City	State	Zip Code

Date Expended		Name		
Amount	Purpose Code	Address		
		Address		
<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		City	State	Zip Code