

C-2
 Rev. 11/17

CAMPAIGN FINANCIAL DISCLOSURE REPORT
SUMMARY PAGE
 (Please Print or Type)

Section I

| | | | |
|---|---------------------------------------|---|-----------------------------------|
| Name of candidate or Political Committee and Chairperson <i>Bob Blakey</i> | | Office Sought (if candidate) <i>Commissioner</i> | District (if any) <i>1</i> |
| Mailing Address <i>601 23rd Ave</i> | City and Zip <i>Lewiston</i> | Home Phone | Work Phone <i>208-816-8764</i> |
| Name of Political Treasurer <i>Pete Gertsonson</i> | | | |
| Mailing Address <i>601 23rd Ave</i> | City and Zip <i>Lewiston 83501</i> | Home Phone | Work Phone <i>208 816 8764</i> |

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 3 130 118 through 5 125 12018

- 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 a Termination Report? Yes No

2018 JUN -5 AM 8:19
 PATTY O. WEEKS
 RECORDER
 NEZ PERCE COUNTY
 DEPUTY
FILED

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* | \$ 0 | \$ 0 |
| Line 2. Enter Cash Balance ** | \$ 304 | \$ |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ 2500 | \$ 2841.62 |
| Line 4. Subtotal (Add lines 1, 2 and 3) | \$ 2804.97 | \$ 2841.62 |
| Line 5. Total Expenditures (Enter amount from line 11, Page 2) | \$ 1249.74 | \$ 1286.39 |
| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ 1555.23 | \$ 1555.23 |
| Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ 0 | \$ 0 |

* 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:
 Patty O. Weeks, Clerk,
 Nez Perce County
 PO Box 896,
 Lewiston, ID 83501
 (208) 799-3020,
 FAX (208) 799-3070

Section V CERTIFICATION

I, Robert Blakey, hereby certify that the information in this report is a true, complete and correct Campaign Finance Disclosure Report as required by law.

Robert Blakey
 Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee: Bob Blakey for Nez Perce County Commissioner

| | Total This Period |
|--|--------------------------------------|
| Contributions | |
| (1) Un-itemized Contributions (\$50 and less) # of Contributors ³ _____ | + \$ 125 |
| (2) Itemized Contributions (Total of all Schedule A sheets) | + \$ 2375 |
| (3) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets) | + \$ 3572 |
| (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) | = \$ 2500 2535.72 2500 |

| | |
|--|----------------------|
| Expenditures | |
| (6) Un-itemized Expenditures (\$25 and less) # of Expenditures ¹ _____ | + \$ 10.60 |
| (7) Itemized Expenditures (Total of all Schedule B sheets) | + \$ 1239.14 |
| (8) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets) | + \$ 3572 |
| (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) | = \$ 1249.74 |

| | |
|---|------|
| 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 | + \$ |

SCHEDULE A
ITEMIZED CONTRIBUTIONS
 Of more than fifty dollars (\$50.00) this period

Name of Candidate or Committee: **Bob Blakey for Nez Perce County Commissioner**

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check |
|---|---|---|
| 5/11/18 | 1. Nez Perce Demorcratic Party 35222 Ruckman Ln Rubens,Id 83548 | \$ 2000 \$ _____ Calendar year To Date |
| Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> | | |
| 5/11/18 | 2. Kathy and Tom Fellow 1031 24th St Lewiston,Id 83501 | \$ 100 \$ _____ Calendar year To Date |
| Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> | | |
| 5/21/18 | 3. Maja Rodrigues 2424 6th St Lewiston Id 83501 | \$ 75 \$ _____ Calendar year To Date |
| Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> | | |
| 5/21/18 | 4. Joe Hulett 1807 Clearview Pt Dr Lewiston id 83501 | \$ 200 \$ _____ Calendar year To Date |
| Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> | | |
| / / | 5. | \$ _____ \$ _____ Calendar year To Date |
| Primary <input type="checkbox"/> General <input type="checkbox"/> | | |
| / / | 6. | \$ _____ \$ _____ Calendar year To Date |
| Primary <input type="checkbox"/> General <input type="checkbox"/> | | |
| / / | 7. | \$ _____ \$ _____ Calendar year To Date |
| Primary <input type="checkbox"/> General <input type="checkbox"/> | | |
| / / | 8. | \$ _____ \$ _____ Calendar year To Date |
| Primary <input type="checkbox"/> General <input type="checkbox"/> | | |
| / / | 9. | \$ _____ \$ _____ Calendar year To Date |
| Primary <input type="checkbox"/> General <input type="checkbox"/> | | |
| / / | 10. | \$ _____ \$ _____ Calendar year To Date |
| Primary <input type="checkbox"/> General <input type="checkbox"/> | | |
| Total This Page: | | \$ <u>2375</u> |

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

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee: Bob Blakey for Nez Perce County Commissioner

Purpose Codes

- | | |
|---|--|
| A. All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N. Newspaper & Other Periodical Advertising |
| B. Broadcast Advertising (Radio, TV & Internet) | O. Other Advertising (Yard Signs, Buttons, etc.) |
| C. Contributions to Candidates & PAC's | P. Postage |
| D. Donations & Gifts | S. Surveys & Polls |
| E. Event Expenses | T. Tickets (Events) |
| F. Food & Refreshments | U. Utilities |
| G. General Operational Expenses | W. Wages, Salaries, Benefits & Bonuses |
| L. Literature, Brochures, Printing | Y. Petition Circulators |
| M. Management Services | Z. Preparation & Production of Advertising |

| Date Spent | Full Name, Mailing Address and Zip Code of Recipient | Purpose Code | Cash or Check |
|-----------------|--|--------------|---------------|
| 5 / 11 / 18 | 1. printcraft 1628 Main St Lewiston id | I | \$ 189.74 |
| 5 / 14 / 18 | 2. Image Design Center 523 D St Lewiston ID | I | \$ 1049.40 |
| / / | 3. | | \$ |
| / / | 4. | | \$ |
| / / | 5. | | \$ |
| / / | 6. | | \$ |
| / / | 7. | | \$ |
| / / | 8. | | \$ |
| / / | 9. | | \$ |
| / / | 10. | | \$ |
| Total This Page | | | \$ 1239.14 |

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2, line 7

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