



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

C-2
 Rev. 10/07

Section I

| | | | | |
|---|---------------------------------------|--|-----------------------------------|-------------------|
| Name of Candidate or Political Committee and Chairperson Barbara A. Fry | | Office Sought (if candidate) Treasurer | | District (if any) |
| Mailing Address 2505 9th Avenue | City and Zip Lewiston 83501 | Home Phone 208-305-4700 | Work Phone 208-799-3030 | |
| Name of Political Treasurer Debbie Freeze | | | | |
| Mailing Address 1606 Birch Avenue | City and Zip Lewiston 83501 | Home Phone 208-791-8947 | Work Phone 208-743-9543 | |

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 May 31, 2014 through Sept 30, 2014.

- | | | |
|---|---|---|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 30 Day Post-Primary Report | <input checked="" type="checkbox"/> October 10 Pre-General Report |
| <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> Semi-Annual Report (Statewide Candidates Only) | | |

Is this Report an amendment? Yes No Is this a Termination Report? Yes No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Directions: If you had 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 Calendar Year* | \$ XXXXXX | \$ _____ |
| Line 2: Enter Beginning Cash Balance** | \$ _____ | \$ XXXXXX |
| Line 3: Total Contributions (Enter amount from line 5, page 2) | \$ _____ | \$ 25.00 |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ 0.00 | \$ 25.00 |
| Line 5: Total Expenditures (Enter amount from line 11, page 2) | \$ _____ | \$ 25.00 |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4) | \$ 0.00 | \$ 0.00 |
| Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ _____ | |

*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 the beginning cash on hand.

Section V

CERTIFICATION

Return This Report To:
 Patty Weeks
 Nez Perce County Clerk
 1230 Main St - PO Box 896
 Lewiston ID 83501
 Phone: (208) 799-3020
 Fax: (208) 799-3070

I, Debbie Freeze/Barbara Fry, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Name of Political Treasurer

Barbara Fry
 Signature of Political Treasurer

Instrument # 825278

NEZ PERCE COUNTY
 10-3-2014 02:51:13 No. of Pages: 1

Recorded for: BARBARA A FRY

PATTY WEEKS

Fee: 0.00

Ex-Officio Recorder Deputy

Index to: FINANCING STAT

[Signature]