

Section I

Name of Candidate or Political Committee and Chairperson
Joe Arnzen

Office Sought (if candidate)
Sheriff

Mailing Address Check if address change. City and Zip Home Phone Work Phone
531 Linden Avenue Lewiston 83501 743-9530 746-0171

Name of Political Treasurer
Danel Arnzen

Mailing Address Check if address change. City and Zip Home Phone Work Phone
same same same 798-2444

Section II **TYPE OF REPORT**

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from 5 / 8 / 00 through 6 / 2 / 00

7 Day Pre-Primary Report 7 Day Pre-General Report
 30 Day Post-Primary Report 30 Day Post-General Report
 October 10 Pre-General Report Annual Report

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, fill in the appropriate dates 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 from 5 / 8 / 00 through 6 / 2 / 00.

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*	\$ XXXXXX	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 541.46	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 425.00	\$ 2540.69
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 966.46	\$ 2540.69
Line 5: Total Expenditures (Enter amount from page 2)	\$ 1,065.55	\$ 3098.32
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ (99.09)	\$ (99.09)

*This same figure should be entered on line 1 of all reports filed this calendar year.
 ** You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.
 Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Section V **CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES**

Contributions Pledged during this reporting period but not yet received: None \$ _____ (see attached Schedule C-2A)
 Incurred Expenditures during this reporting period but not yet paid: None \$ _____ (see attached Schedule C-2B)

Return This Report To:

Jez Perce County Clerk
P.O. Box 896
Lewiston, ID 83501

Section VI **CERTIFICATION**

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

Danel Arnzen
 Signature of Political Treasurer

UNITEMIZED CONTRIBUTIONS
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 0 Total Amount \$ 0.00

UNITEMIZED EXPENDITURES
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number 0 Total Amount \$ 0.00

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0.00
Itemized Contributions (total all Schedule A sheets)	\$ 425.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 425.00
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 0.00
Itemized Expenditures (total all Schedule B sheets)	\$ 1,065.55
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 1,065.55

INST. NO. 654990
FILED FOR RECORD
FEE NC REG. BY Daniel Arnzen
2008 JUN 21 P 2:20
PATTY O. WEEKS
RECORDER, NEZ PERCE CO ID
BY [Signature] DEPUTY

Name of Candidate or Committee

Joe Arzen

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
5/10/00	1. Tom Hendrix 1142 Airway Avenue Lewiston, ID 83501	\$ 100.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
5/11/00	2. Eternal Order of Police 1224 F Street Lewiston, ID 83501	\$ _____	\$ 125.00	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ 125.00 Calendar Year To Date	\$ _____ Calendar Year To Date
5/18/00	3. Quality Body Shop 518 Thain Road Lewiston, Idaho 83501	\$ 200.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 200.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 300.00	\$ 125.00	\$ _____
Total This Page (add columns A, B & C)				\$ 425.00

Name of Candidate or Committee

Joe Arnzen

Column A

Column B

Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
5/11/00	1. Lewiston Morning Tribune 505 C Street Lewiston, ID 83501	\$ 290.00	\$
Purpose of Above Expenditure: Newspaper Ad			
5/11/00	2. Lewiston Morning Tribune 505 C Street Lewiston, ID 83501	\$	\$ 125.00
Purpose of Above Expenditure: Newspaper Ad paid by Fraternal Order of Police			
5/18/00	1. Lewiston Morning Tribune 505 C Street Lewiston, ID 83501	\$ 415.95	\$
Purpose of Above Expenditure: Newspaper Ad			
5/22/00	4. Ida Wend Broadcasting 805 Stewart Avenue Lewiston, ID 83501	\$ 234.60	\$
Purpose of Above Expenditure: Radio Ad			
/ /	1.	\$	\$
Purpose of Above Expenditure:			
/ /	6.	\$	\$
Purpose of Above Expenditure:			
/ /	7.	\$	\$
Purpose of Above Expenditure:			
/ /	1.	\$	\$
Purpose of Above Expenditure:			
/ /	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 940.55	\$ 125.00
Total This Page (add columns A & B)			\$ 1065.00

TOTALING MORE THAN \$100
 MADE IN SUPPORT OF OR IN OPPOSITION TO
 ANY ONE CANDIDATE, POLITICAL COMMITTEE OR MEASURE

Full Name: Faternal Order of Police (F.O.P.) Telephone No.: 746-0171

Mailing Address and Zip Code: 1224 F St. Attn: Rick Cuddihy, Lewiston
83501

TYPE OF REPORT

7 Day Pre-Primary Statement 7 Day Pre-General Statement 30 Day Post-General Statement

Total Expenditure(s): \$ 125.00

ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS

Date	Full Name, Mailing Address and Zip Code of Recipient	Candidate or Measure Supported or Opposed	Amount of Expenditure
5/11/00	1. Joe Arrigen 531 Linden Ave, Lewiston 83501	Arrigen for Sheriff	\$ 125.00
Purpose of Above Expenditure: <u>Newspaper Ad</u>			
/ /	2.		\$ _____
Purpose of Above Expenditure:			
/ /	3.		\$ _____
Purpose of Above Expenditure:			
/ /	4.		\$ _____
Purpose of Above Expenditure:			
/ /	5.		\$ _____
Purpose of Above Expenditure:			

RETURN THIS FORM TO:
 Nez Perce County Clerk
 P.O. Box 896
 Lewiston, ID 83501

I, Rick Cuddihy, hereby certify that the information contained herein is true, complete and correct.

Richard M Cuddihy Pres.
 Signature FOP Lodge 10