



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

RECEIVED
11/4/09
047

Section I

Name of Candidate or Political Committee and Chairperson <i>Pam White</i>		Office Sought (if candidate) <i>City Council</i>	Term <i>4yr - SEAT 3</i>
Mailing Address <i>3710 E MANOWAT</i>	<input type="checkbox"/> Check if address change	City and Zip <i>NAMPA 83686</i>	Home Phone <i>208-461-2922</i>
Name of Political Treasurer <i>ROSE SPATH</i>		Work Phone <i>208-602-0500</i>	
Mailing Address <i>2909 CHESTER LANE</i>	<input type="checkbox"/> Check if address change	City and Zip <i>Caldwell 83605</i>	Home Phone <i>208-455-9757</i>
		Work Phone <i>208-880-7749</i>	

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 10/29/09 through 12/1/09

October 10 Pre-General Report 7 Day Pre-General Report 30 Day Post-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 _____/_____/_____ through _____/_____/_____.

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*	\$ <u>XXXXXX</u>	\$ <u>0</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>0</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>0</u>	\$ <u>0</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>135.00</u>	\$ <u>135.00</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>0</u>	\$ <u>0</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>0</u>	\$ <u>0</u>
Line 7: Outstanding Debt to Date		

*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

CERTIFICATION

Return This Report To:

Diana Lambing
City of Nampa
411 3rd St. S.
Nampa ID 83651
phone: (208) 468-5425
fax: (208) 465-2314

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

Rose Spath
Signature of Political Treasurer

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee: Pam White

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
10/29/09	1. Darlene's Printing 1224 2nd St. S. Nampa Id. 83686	O	\$ 135 ⁰⁰
___/___/___	2.		\$ _____
___/___/___	3.		\$ _____
___/___/___	4.		\$ _____
___/___/___	5.		\$ _____
___/___/___	6.		\$ _____
___/___/___	7.		\$ _____
___/___/___	8.		\$ _____
___/___/___	9.		\$ _____
___/___/___	10.		\$ _____
Total This Page:			\$ 135 ⁰⁰

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