



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

C-2
Rev. 5/11

13 JAN 23 PM 12:55

SCANNED

SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson: Grassroots Liberty Coalition
Office Sought (if candidate): STATE OF IDAHO
Mailing Address: 5350 e 16th ave
City and Zip: post falls 83854
Home Phone: 208.277.8842
Work Phone: n/a
Name of Political Treasurer: Kirby Gilge
Mailing Address: Same as above
City and Zip: Same as above
Home Phone: Same as above
Work Phone: n/a

Change of address for: Candidate or Political Committee [ ] Political Treasurer [ ]

POSTED

Section II

This filing is an: [x] Original [ ] Amendment
TYPE OF REPORT
This report is for the period from 11/17/2012 through 12/31/2012.

- [ ] 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 [x] Annual Report
[ ] Semi-Annual Report (Statewide Candidates Only)

Is this a Termination Report: [ ] Yes [x] 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.

[x] 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).

Table with 3 columns: Description, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt to Date.

\*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

Return This Report To: Ben Yursa, Secretary of State, PO Box 83720, Boise ID 83720-0080, Phone: (208) 334-2852, Fax: (208) 334-2282

I, Kirby Gilge, 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
Signature of Political Treasurer

KIRBY Gilge

**SCHEDULE B  
ITEMIZED EXPENDITURES**  
Twenty-Five Dollars (\$25.00) or more this period

Page  of

Name of Candidate or Committee: Grassroots Liberty coalition

**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
10/15/12	1. Progressive Printing 510 E 5th Ave Port Falls, ID 83854	N	\$ 364.35 Refund
___/___/___	2.		\$ _____
___/___/___	3.		\$ _____
___/___/___	4.		\$ _____
___/___/___	5.		\$ _____
___/___/___	6.		\$ _____
___/___/___	7.		\$ _____
___/___/___	8.		\$ _____
___/___/___	9.		\$ _____
___/___/___	10.		\$ _____
Total This Page: <sup>NE4</sup>			\$ 364.35

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