

Campaign Financial Disclosure Report Summary Page

Please print or type

SECTION I

Name of Candidate or Political Committee & Chairperson SHARON M. ULLMAN	Office Sought (if candidate) ADA COUNTY COMMISSIONER	District (if any) 2010 MAY -3 PM 12:37 3
Mailing Address 2042 E DEERHILL DRIVE	City and Zip MERIDIAN 83642	Home Phone 208-861-5848
		Work Phone 208-391-9316
Name of Political Treasurer MARY ANN PORTER		
Mailing Address 6857 N PIRA AVENUE	City and Zip MERIDIAN 83646	Home Phone 208-514-0548
		Work Phone 208-375-3565

Change of Address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is for an: Original Amendment

This report is for the period from: _____ through _____

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

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*		
Line 2. Enter Cash Balance**		
Line 3. Total Contributions (Enter amount on line 5, page 2)	\$5,250.00	
Line 4. Subtotal (Add lines 1, 2 and 3)	\$5,250.00	
Line 5. Total Expenditures (Enter amount from line 11, page 2)	\$1,163.24	
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$4,086.76	
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	\$0.00	

*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.

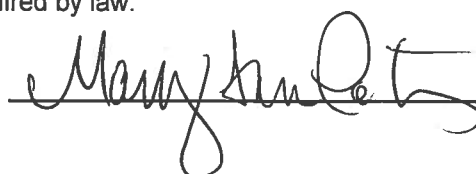
Note: The closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

SECTION V

Return this Form to: I, MARY ANN PORTER, hereby certify that the information in this
Name of Political Treasurer

Ada County Elections
400 N Benjamin Ln, Ste #100
Boise, ID 83704
Phone #: (208) 287-6860

report is a true, complete and correct Campaign Finance Disclosure as required by law.



C-2
Rev. 1/18

**Campaign Financial Disclosure Report
Summary Page**

Fax #: (208) 287-6939

Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee	SHARON M. ULLMAN
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Contributions		Total this period
(1) Unitemized Contributions (\$50 and less)	# of Contributions <input type="text" value="1"/>	\$ 50.00
(2) Itemized Contributions (Total of all Schedule A sheets)		\$ 5,000.00
(3) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)		\$ 200.00
(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)		\$ 5,250.00

Expenditures		Total this period
(6) Unitemized Expenditures (Less than \$25)	# of Expenditures <input type="text" value="1"/>	\$ 20.00
(7) Itemized Expenditures (Total of all Schedule B sheets)		\$ 943.24
(8) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)		\$ 200.00
(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)		\$ 1,163.24

Loans, Credit Cards and Debt		Total This period
(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 Sheets)		\$ -
(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 the Schedule D sheets, input as negative value)		\$ -
(17) Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets, input as negative value)		\$ -
(18) Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)		\$ -

Pledged Contributions		Total this period
(19) Unitemized Pledged Contributions (\$50 and less)	# of Pledges <input type="text" value="0"/>	
(20) Itemized Pledged Contributions this Period (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	SHARON M. ULLMAN
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Date Received		Full Full Name, Mailing Address and Zip Code of Contributor		Cash or Check Amount
		Full Name	SHARON M. ULLMAN	\$ 5,000.00
	Primary	Mailing Address	2042 E DEERHILL DRIVE	\$ 5,000.00
	General	City, State Zip	MERIDIAN, ID 83642	Calendar Year to Date
		Full Name	2)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
		Full Name	3)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
		Full Name	4)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
		Full Name	5)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
		Full Name	6)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
		Full Name	7)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
		Full Name	8)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
		Full Name	9)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
		Full Name	10)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
		Full Name	11)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
		Full Name	12)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
		Full Name	13)	\$ -
	Primary	Mailing Address		\$ -
	General	City, State Zip		Calendar Year to Date
Total This Page				\$ 5,000.00

Note: (Transfer the combined total of all Schedule A pages to the Detailed Summary on page 2, line 2.)

SCHEDULE B
ITEMIZED EXPENDITURES

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

Name of Candidate or Committee	SHARON M. ULLMAN
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Purpose Codes (Enter up to 3 purpose codes per Expenditure)

A	All Travel Expenses (Airfare, Fuel, Lodging & Mileage)	N	Newspaper & Other Periodical Advertising
B	Broadcast Advertising (Radio, TV, Internet & Telephone)	O	Other Advertising (Yard Signs, Buttons, etc.)
C	Contributions to Candidates & PACs	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
H	Independent Expenditures	Y	Petition Circulators
L	Literature, Brochures, Printing	Z	Preparation & Production of Advertising
M	Management Services		

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check Amount
3/14/2018	ICDSOFT LTD, 1421, SOFIA, BULGARIA, CVETNA GRADINA STR. 39-41	G	\$ 65.98
Date			
3/27/2018	LOWE'S HOME IMPROVEMENT, 305 W OVERLAND ROAD MERIDIAN, ID 83642	O	\$ 27.54
Date			
4/3/2018	3)FACEBOOK, INC., 1601 WILLOW ROAD MENLO PARK, CA 94025	B	\$ 180.00
Date			
4/10/2018	GOOGLE, 1600 AMPHITHEATRE PRKWY, MOUNTAIN VIEW, CA 94043	B	\$ 35.00
Date			
4/12/2018	CRICKET AUTH. RETAILER, 8249 W OVERLAND ROAD #150 BOISE, ID 83709	G	\$ 76.19
Date			
4/14/2018	HOME DEPOT, 2808 EAST STATE STREET EAGLE, ID 83616	O	\$ 88.53
Date			
4/18/2018	EAGLE INFORMER, PO BOX 2284 EAGLE, ID 83616	B, N	\$ 470.00
Date			
Date	8)		\$ -
Date	9)		\$ -
Date	10)		\$ -
Total This Page			\$ 943.24

Note: (Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2, line 7.)

**SCHEDULE C
IN-KIND CONTRIBUTIONS AND EXPENDITURES**

Name of Candidate or Committee	SHARON M. ULLMAN
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Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

A	All Travel Expenses (Airfare, Fuel, Lodging & Mileage)	N	Newspaper & Other Periodical Advertising
B	Broadcast Advertising (Radio, TV, Internet & Telephone)	O	Other Advertising (Yard Signs, Buttons, etc.)
C	Contributions to Candidates & PACs	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
H	Independent Expenditures	Y	Petition Circulators
L	Literature, Brochures, Printing	Z	Preparation & Production of Advertising
M	Management Services		

Date Received	Full Name, Mailing Address and Zip Code of Contributor/Expenditure		Cash or Check Amount
3/9/2018	Contributor Name	ULLMAN FOR COMMISSIONER, 2016	\$ 750.00
	Primary Mailing Address	2042 E DEERHILL DRIVE - CURRENT ADDRESS	\$ 750.00
	General City, State Zip	MERIDIAN, ID 83642	Calendar Year to Date
	Expenditure Name	ULLMAN FOR COMMISSIONER, 2018	Purpose Code(s)
	Mailing Address	2042 E DEERHILL DRIVE	\$ 750.00
	City, State Zip	MERIDIAN, ID 83642	Amount
	Contributor Name	MARY McFARLAND	\$ 200.00
	Primary Mailing Address	PO BOX 2284	\$ 200.00
	General City, State Zip	EAGLE, ID 83616	Calendar Year to Date
	Expenditure Name	EAGLE INFORMER	Purpose Code(s)
	Mailing Address	PO BOX 2284	\$ 200.00
	City, State Zip	EAGLE, ID 83616	Amount
	Contributor Name	3)	\$ -
	Primary Mailing Address		\$ -
	General City, State Zip		Calendar Year to Date
	Expenditure Name		Purpose Code(s)
	Mailing Address		\$ -
	City, State Zip		Amount
	Contributor Name	4)	\$ -
	Primary Mailing Address		\$ -
	General City, State Zip		Calendar Year to Date
	Expenditure Name		Purpose Code(s)
	Mailing Address		\$ -
	City, State Zip		Amount
		Expenditure Total	
(Transfer the combined total of all Expenditures on Schedule C pages to the Detailed Summary, page 2 line 8)			\$950.00
		Contributor Total	
Note: (Transfer the combined total of all Contributors on Schedule C pages to the Detailed Summary, page 2, line 3)			\$950.00