

C-2 Rev. 7/97



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

Section I

Form with fields for Name of Candidate, Office Sought, District, Mailing Address, City and Zip, Home Phone, Work Phone, Name of Political Treasurer, and Treasurer's Contact Info.

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 6/05/04 through 9/30/04

- Checkboxes for 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, Quarterly (April 30), and Quarterly (July 30).

Is this Report an amendment? [] Yes [x] No 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, fill in the appropriate dates and sign this report.

[x] 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

Table with 3 columns: Line description, Column I (This Period), and Column II (Calendar Year to Date). Rows include Cash on Hand, Total Contributions, Total Expenditures, and Cash Balance at Close of Period.

*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: [x] None [] \$ (see attached Schedule C-2A)

Incurred Expenditures during this reporting period but not yet paid: [x] None [] \$ (see attached Schedule C-2B)

Section VI

CERTIFICATION

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

Signature of Political Treasurer

Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0080 fax: (208) 334-2282

DETAILED SUMMARY PAGE

Name of Candidate or Committee McGeachin for State Representative	Report Covering the Period From 6/3/04 to 9/30/04
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number _____	Total Amount \$ _____

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

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ 1275.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 0

SCHEDULE A
ITEMIZED CONTRIBUTIONS
of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee
McBeachin for State Representative

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
<u>6/5/04</u>	¹ Lupac - Idaho P.O. Box 1832 Idaho Falls, Id. 83403	\$ <u>125.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>125.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>6/5/04</u>	² Idaho Life & Health Industry P.O. Box 48 Nampa, Id. 83653	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>6/5/04</u>	³ Jack B. Parson Companies P.O. Box 1310 Nampa, Id. 83653-1310	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>150.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>9/2/04</u>	⁴ Jenny Mitchell 3751 Marlene Street Idaho Falls, Id. 83406	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>9/14/04</u>	⁵ Idaho Sugarbeet Growers PAC 802 W. Bannock St. Suite 802 Boise, Id. 83702	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>9/16/04</u>	⁶ Pharmaceutical Research & Manufacturing of America 1100 15th Street NW Washington, D.C. 20005	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>9/16/04</u>	⁷ IBWDA - PAC P.O. Box 843 Boise, Id. 83701-0843	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>150.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>9/17/04</u>	⁸ Idaho Association of Realtors, Inc. 1450 W. Bannock St. Boise, Id. 83702	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	⁹	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	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		\$ <u>1275.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ <u>1275.00</u>	\$ _____	\$ <u>1275.00</u>

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

Name of Candidate or Committee
McGeachin for State Representative

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
1. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
2. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
3. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
4. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
5. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
6. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
7. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
8. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
9. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ _____	\$ _____
Total This Page (add columns A & B)		\$ 0	