



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

SCANNED

Section I

Name of Candidate or Political Committee and Chairperson FRANCES FIELD		Office Sought (if candidate) State Representative	District (if any) Dist. 23-A
Mailing Address 23608 Field Lane	<input type="checkbox"/> Check if address change.	City and Zip Grand View 83624	Home Phone 834 2488
Name of Political Treasurer Frances Field		Work Phone 208 834 2488	
Mailing Address All same as above	<input type="checkbox"/> Check if address change.	City and Zip	Home Phone
		Work Phone	

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 Oct / 18 / 04 through Nov. / 12 / 04

- | | | |
|--|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report | <input checked="" type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> October 10 Pre-General Report | <input type="checkbox"/> 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*	\$ XXXXXX	\$ 51.51
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>1647.58</u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1310.00</u>	\$ <u>12430.00</u> 12620.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>2907.58</u>	\$ <u>12481.51</u> 12671.51
Line 5: Total Expenditures (Enter amount from page 2)	\$ 990.50	\$ 10704.43
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>1777.08</u>	\$ <u>1777.08</u> 1967.08

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

Section VI

CERTIFICATION

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

Frances Field
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Frances Field	Report Covering the Period From <u>Oct / 18</u> to <u>Nov. 12, 04</u>
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UNITEMIZED CONTRIBUTIONS

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

Total	Total
Number <u>2</u>	Amount \$ <u>50.00</u>

UNITEMIZED EXPENDITURES

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

Total	Total
Number <u>1</u>	Amount \$ <u>20.00</u>

	Total This Period
<u> </u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 50.00
Itemized Contributions (total all Schedule A sheets)	\$ 1320.00 <i>1260.50</i>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 4370.00 <i>1310.00</i>
<u> </u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 20.00
Itemized Expenditures (total all Schedule B sheets)	\$ 970.50
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 990.50

SCHEDULE A

ITEMIZED CONTRIBUTIONS

of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee
FRANCES FIELD

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
10/19/04	1. Barbara Thompson Darigold Political Action Comm. P.O. Box 79009 Seattle, Wash. 98119	\$ 300.00 ✓		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10/20/04	2. Idaho Milk Pac P.O. Box 2751, Boise, Idaho 83701	\$ 250.00 ✓		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10/19/04	3. M. Allyn & Fran Dingel 1116 N. 24th.St. Boise, Idaho 83702	\$ 60.00 ✓		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10/19/04	4. QWEST-IDAHO 999 Main St. 11th Floor Boise, Idaho 83702	\$ 200.00 ✓		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10/18/04	5. Skip Smyser Corrections Corp. Of Amercia 134 South 5th. Boise, Id. 83702	\$ 200.00		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10/25/04	6. Sullivan & Reberger 802 West Bannock Suite 1001 P.O. Box 1703, Boise, Id. 83701	\$ 250.00		
<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		\$ 1320.00		
Total This Page (add columns A, B & C)		1260.00		1260.00

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

Name of Candidate or Committee FRANCES FIELD

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10/29/04 / /	1. Buhl Herald, Inc. P.O. Box 312 Buhl, Idaho 83316-0312	248.00 \$ _____	\$ _____
Purpose of Above Expenditure: Ads and newspaper inserts			
10/29/04 / /	2. The Owyhee Avalanche P.O. Box 97, Homedale, Idaho 83628	534.50 \$ _____	\$ _____
Purpose of Above Expenditure: Ads and inserts for newspapers			
11/02/04 / /	3. Myron 205 Maywood Ave. Maywood, New Jersey 07607	188.00 \$ _____	\$ _____
Purpose of Above Expenditure: Campaign material			
/ /	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		\$ 970.50	\$ _____
Total This Page (add columns A & B)			\$ 970.50