



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

**Section I**

Name of Candidate or Political Committee and Chairperson <i>McGrachin for State Representative</i>		Office Sought (if candidate) <i>State Representative</i>	District (if any) <i>32A</i>
Mailing Address <i>P.O. Box 50048</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Idaho Falls, ID 83405</i>	Home Phone <i>524-5521</i>
Name of Political Treasurer <i>Jim McGrachin</i>		Home Phone <i>524-5521</i>	Work Phone <i>523-1718</i>
Mailing Address <i>6121 N. 5th St</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Idaho Falls, ID 83405</i>	Work Phone <i>523-1718</i>

3:35  
371  
110

**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 / 18 / 04 through Nov. 12, 04

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report                       | <input type="checkbox"/> 30 Day Post-Primary Report            | <input type="checkbox"/> October 10 Pre-General Report |
| <input type="checkbox"/> 7 Day Pre-General Report                       | <input checked="" type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Annual Report                 |
| <input type="checkbox"/> Semi-Annual Report (Statewide Candidates Only) |  |  |

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>XXXXXX</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>3219.58</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>550.00</u>	\$ <u>6150.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>3769.58</u>	\$ <u>6150.00</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>160.00</u>	\$ <u>2540.42</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>3609.58</u>	\$ <u>3609.58</u>
Line 7: Outstanding Debt to Date	\$ <u>0</u>	

\*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:**  
Ben Ysursa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
phone: (208) 334-2852  
fax: (208) 334-2282

I Jim McGrachin (name of Political Treasurer), 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*

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <i>McEachin for State Representative</i>	Report Covering the Period From <i>10/18/04</i> to <i>11/12/04</i>
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### UNITEMIZED CONTRIBUTIONS

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

Total Number   0                        Total Amount \$   0  

### UNITEMIZED EXPENDITURES

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

Total Number   0                        Total Amount \$   0  

	Total This Period
<u>  1  </u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ <u>  550.00  </u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>  550.00  </u>
<u>  1  </u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ <u>  160.00  </u>
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>  160.00  </u>
<u>  0  </u> Number of Schedule C-2B pages Attached	
<b>Incurred Expenditures</b>	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$
<u>  0  </u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$

**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>10/18/04</u>	<sup>1</sup> Johnson, Johnson P.O. Box 16506 New Brunswick, N.J. 08906	\$ <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>10/18/04</u>	<sup>2</sup> Advantage Workers Compensation P.O. Box 5419 18 Salt Lake City, UT. 84157-1918	\$ <u>50.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>50.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/19/04</u>	<sup>3</sup> WorkCare Northwest 2404 Bank Drive, St. 302 Boise, Id. 83705	\$ <u>50.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>50.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/30/04</u>	<sup>4</sup> Basic PAC 700 N. Raymond Boise, Id. 83704	\$ <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>10/31/04</u>	<sup>5</sup> Jenny Nave 468 Spring Meadows Dr. Idaho Falls, ID. 83404	\$ <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>10/25/04</u>	<sup>6</sup> Idaho Pediatric Medical Assoc 270 N. 27th St Suite B Boise, Id. 83702-4741	\$ <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>   /   /   </u>	<sup>7</sup>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	<sup>8</sup>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	<sup>9</sup>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	<sup>10</sup>	\$ _____	\$ _____	\$ _____
<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>550.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>550.00</u>

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

Name of Candidate or Committee  
Mc Grachin for State Representative

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10/18/04	1. Probing America 1190 E. Lincoln Rd. Idaho Falls, Id. 83401	\$ 160.00	\$ _____
Purpose of Above Expenditure: <u>radio advertising</u>			
/ /	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		\$ <u>160.00</u>	\$ _____
Total This Page (add columns A & B)		\$ <u>160.00</u>	