

C-2
Rev. 7/97



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

Section I

Name of Candidate or Political Committee and Chairperson Brent Hill		Office Sought (if candidate) State Senate	District (if any) 34, 27
Mailing Address 1010 South 2nd East	<input type="checkbox"/> Check if address change.	City and Zip Rexburg 83440	Home Phone 208-356-7495
Name of Political Treasurer Blayne McArthur		Home Phone 208-656-9164	Work Phone 208-356-3677
Mailing Address 124 East Main Street	<input type="checkbox"/> Check if address change.	City and Zip Rexburg 83440	Work Phone 208-356-3677

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 01 / 01 / 04 through 05 / 09 / 04

- | | | |
|--|---|--|
| <input checked="" 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 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	\$ 1,889.64
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 1,889.64	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 520.24	\$ 520.24
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 2,409.88	\$ 2,409.88
Line 5: Total Expenditures (Enter amount from page 2)	\$ 264.05	\$ 264.05
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 2,145.83	\$ 2,145.83

*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)

Section VI

CERTIFICATION

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

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

Blayne McArthur
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Brent Hill	Report Covering the Period From <u>01 / 01 / 04</u> to <u>05 / 09 / 04</u>
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UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>1</u>	Total Amount \$ <u>.24</u>
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>2</u>	Total Amount \$ <u>44.05</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$.24
Itemized Contributions (total all Schedule A sheets)	\$ 520.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 520.24
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 44.05
Itemized Expenditures (total all Schedule B sheets)	\$ 220.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 264.05

SCHEDULE A ITEMIZED CONTRIBUTIONS

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

Name of Candidate or Committee
Brent Hill

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
03 /24 /04	1. Ameritel Inns, Inc. 10200 W Emerald Street Boise, Idaho 83704	\$ _____	\$ <u>85.00</u>	\$ _____
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	\$ _____ <small>Calendar Year To Date</small>	\$ <u>85.00</u> <small>Calendar Year To Date</small>
03 /26 /04	2. Max Ririe 2281 Heyrend Way Idaho Falls, Idaho 83402	\$ <u>100.00</u>	\$ _____	\$ _____
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	\$ <u>100.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
04 /01 /04	3. Ameritel Inns, Inc. 10200 W Emerald Street Boise, Idaho 83704	\$ _____	\$ <u>85.00</u>	\$ _____
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	\$ _____ <small>Calendar Year To Date</small>	\$ <u>170.00</u> <small>Calendar Year To Date</small>
05 /05 /04	4. Idaho Medical PAC P.O. Box 2668 Boise, Idaho 83701	\$ <u>250.00</u>	\$ _____	\$ _____
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	\$ <u>250.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	5.	\$ _____	\$ _____	\$ _____
		<input type="checkbox"/> Primary <input type="checkbox"/> General	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	6.	\$ _____	\$ _____	\$ _____
		<input type="checkbox"/> Primary <input type="checkbox"/> General	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	7.	\$ _____	\$ _____	\$ _____
		<input type="checkbox"/> Primary <input type="checkbox"/> General	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	8.	\$ _____	\$ _____	\$ _____
		<input type="checkbox"/> Primary <input type="checkbox"/> General	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	9.	\$ _____	\$ _____	\$ _____
		<input type="checkbox"/> Primary <input type="checkbox"/> General	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	10.	\$ _____	\$ _____	\$ _____
		<input type="checkbox"/> Primary <input type="checkbox"/> General	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
Subtotals of Columns A, B & C		\$ <u>350.00</u>	\$ <u>170.00</u>	\$ _____
Total This Page (add columns A, B & C)				\$ <u>520.00</u>

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
Brent Hill

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
03/24/04	1. Ameritel Inns, Inc. 10200 W Emerald Street Boise, Idaho 83704	\$ _____	\$ 85.00
Purpose of Above Expenditure: Lodging In Boise			
04/01/04	2. Ameritel Inns, Inc. 10200 W Emerald Street Boise, Idaho 83704	\$ _____	\$ 85.00
Purpose of Above Expenditure: Lodging In Boise			
04/19/04	3. Heather Anne Cunningham P.O. Box 1565 Boise, Idaho 83701-1565	\$ 25.00	\$ _____
Purpose of Above Expenditure: Political Donation			
04/19/04	4. Eulalie Teichert Langford P.O. Box 386 Montpelier, Idaho 83254	\$ 25.00	\$ _____
Purpose of Above Expenditure: Political Donation			
/ /	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		\$ 50.00	\$ 170.00
Total This Page (add columns A & B)		\$ 220.00	