



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

**Section I**

Name of Candidate, or Political Committee and Chairperson <i>Mc Geachin for State Representative</i>		Office Sought (if candidate) <i>State Representative</i>	District (if any) <i>1-23 32A</i>
Mailing Address <input type="checkbox"/> Check if address change. <i>P.O. Box 50048</i>		City and Zip <i>Idaho Falls 83405</i>	Home Phone <i>524-5521</i> Work Phone <i>523-1178</i>
Name of Political Treasurer <i>Sara Burrell</i>		SECRETARY STATE OF IDAHO	
Mailing Address <input type="checkbox"/> Check if address change. <i>1834 Charlene</i>			

**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        /        /        through        /        /       

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report      | <input type="checkbox"/> 7 Day Pre-General Report   | <input type="checkbox"/> Quarterly (April 30)<br>(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)<br>(only filed by ballot measure committees)  |
| <input type="checkbox"/> October 10 Pre-General Report | <input checked="" 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	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>330.58</u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1450.00</u>	\$ <u>3825.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>1780.58</u>	\$ <u>3825.00</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>112.00</u>	\$ <u>2156.42</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>1668.58</u>	\$ <u>1668.58</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**

**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**

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

*Janice Mc Geachin*  
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 <i>McGeachin for State Representative</i>	Report Covering the Period From <u>1/1/03</u> to <u>12/31/03</u>
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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>  </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)	\$ <i>1450.00</i>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <i>1450.00</i>
<u>  </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)	\$ <i>112.00</i>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <i>112.00</i>

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

Name of Candidate or Committee  
McBeachin for State Representative

		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
<u>10/10/03</u>	<sup>1.</sup> Union Pacific	\$ <u>300.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1416 Dodge St. Omaha, Nebraska 68179	\$ <u>300.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>9/25/03</u>	<sup>2.</sup> Atria Corporate services	\$ <u>350.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	120 Park Avenue New York, NY 10017-5592	\$ <u>650.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11/07/03</u>	<sup>3.</sup> Johnson & Johnson	\$ <u>200.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	P.O. Box 16506 New Brunswick, N.J. 08906	\$ <u>850.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>12/3/03</u>	<sup>4.</sup> IBWDA - PAC	\$ <u>150.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	P.O. Box 863 Boise, Id. 83701-0843	\$ <u>1000.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>12/17/03</u>	<sup>5.</sup> Quest Idaho PAC	\$ <u>250.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	999 Main St. 11 <sup>th</sup> floor Boise, Id. 83702	\$ <u>1250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/14/03</u>	<sup>6.</sup> Idaho Dental PAC	\$ <u>200.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1220 W. Hays Boise, Id. 83702	\$ <u>1450.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/1/</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>1/1/</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>1/1/</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>1/1/</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>1450.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1450.00</u>

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

Name of Candidate or Committee  
MC Teacher for State Representative

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
1/1/03	1. Probing America 1605 S. Woodruff Ave. Idaho Falls, Id. 83401	\$ 112.00	\$ _____
Purpose of Above Expenditure: radio ads			
/ /	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		\$ 112.00	\$ _____
Total This Page (add columns A & B)			\$ 112.00