c-2 Rev. 7/97	CAMPAIGN	FINANCIAL DISCL SUMMARY PAG (Please Print or Typ	E	REPORT	
Section I Name of Candidate or Political Co	mmittee and Chairperson			Office Sought (if candid	ate) District (if any)
Shirley Mae Per		City and Zip	oo t	ESt. Senate	
Mailing Address 1356 E. Hogan	Check if address change.	City and Zip Eagle, ID 8		Home Phone	Work Phone
Name of Political Treasurer		[ug/1]+00,	ST	ATE OF DAHO)
E.Richard Peter	Check if address change.				WIN
Mailing Address 3851 Sumter Way	Check if address change.	City and Zip Boise, LD 83		Home Phone 362-2485	Work Phone
Section II	C	TYPE OF REPOR			
Directions: To indicate the t instructional manual for rep This repo		till in the appropriate of the tes.	dates and		
□ 7 Day Pre-Primar	y Report	7 Day Pre-General Rep		Quarterly (April 3	0) measure committees)
30 Day Post-Prim	ary Report	30 Day Post-General R	eport		
October 10 Pre-0	General Report El	Annual Report		☐ Quarterly (July 30 only filed by ballot)) measure committees)
Is this Report a	n amendment? D Yes	JI No 1	ls this a T	ermination Report?	□ Yes □ No
Section III	STATEMENT OF	NO CONTRIBUTION	IS OR EX	VPENDITURES	
the appropriate dates and sig Section IV. Cl I hereby certify	that I have received no c				-
Section IV To reach your Calendar Yea				DLUMN I	COLUMN II
figures to the Column II figu	ures of your previous repo	ort (except on line 6).	Th	is Period C	Calendar Year to Date
Line 1: Cash on Hand Janua Line 2: Enter Cash Balance Line 3: Total Contributions Line 4: Subtotal (Add lines 1 Line 5: Total Expenditures (1 Line 6: Cash Balance at Clo	at Close of Last Reportin (Enter amount from page 1, 2 and 3) Enter amount from page	2)	\$ _2` \$ \$ \$	71-32	\$ \$_ <u>XXXXXX</u> \$_ <u></u> \$ \$
*This same figure should be entered on line 1 of all reports tiled this calendar year. $= 36 \cdot \frac{1}{2}$ **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	S PLEDGED - INCUR	RRED EX	PENDITURES	
Contributions Pledged dur	ring this reporting period	but not yet received:	□None	e 🛛 💲	(see attached Schedule C-2A)
Incurred Expenditures of	luring this reporting perio	d but not yet paid:	None	■ □ I\$	(see attached Schedule C-2B)
	Section VI	CED	TIFICAT	TION	
Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0080 fax: (208) 334-2282	I <u>ER</u> I	is a true, complete and law.	rs d correct (, hereby ce	ertify that the information Disclosure Report as
L	l	Page 1	571 01110	u, 110434101	

DETAILED SUMMARY PAGE

Name of Candidate	e or Com	mittee	_	_
Shirley	Мас	Porkin	· Senate	Campaign
	mao	1.6.1.4.1.1.	3	Carry

Report Covering the Period F r o m /0 / **2** d / <u>00</u> t o /// / > / 0 d

UNITEMIZED CONTRIBUTIONS ontributions of Fifty Dollars (\$50.00) or Less This Per

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

Total Num<u>ber</u> Total Amount \$**25.00**

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

Total Numbe<u>r</u> – 0– Total Amount \$ _ O -

	Total This Period
/ Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 25.00
Itemized Contributions (total all Schedule A sheets)	\$ -0-
Fotal Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 25.00
Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 401.09
Fotal Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>401.09</u> 401.09

SCHEDULE A ITEMIZED CONTRIBUTIONS

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

Page	of
1	1
	

Name of Candidate or	r Committe	ee				
<u>Shirky</u>	Map	Perkins	Sanat	- 1	amagia	N
				· · · · ·	un ya y	<u></u> _

	E	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
1 1	1.	\$	\$	\$
Primary General		\$ Calendar Year To Date	S Calendar Year To Date	\$ Calendar Year to Date
, ,	2.			\$
Primary		<u>\$</u> \$	\$ \$	\$ \$
General	3.	Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
/ / Cl Primary		\$	\$	\$
General		S Calendar Year To Date	S Calendar Year To Date	Calendar Year to Date
/ /	4.	\$	\$	\$
PrimaryGeneral		S Calendar Year To Date	S Calendar Year To Date	S Calendar Year to Date
1 1	5.	\$	\$	\$
PrimaryGeneral	-	\$	\$	\$
General	6.	Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
/ /		\$	\$	\$
General General	7.	S Calendar Year To Date	SCalendar Year To Date	SCalendar Year to Date
/ /		\$	\$	\$
PrimaryGeneral		\$ Calendar Year To Date	S Calendar Year To Date	S Calendar Year to Date
1 1	8.	\$	\$	\$
PrimaryGeneral		\$ Calendar Year To Date	\$Calendar Year To Date	\$ Calendar Year to Date
1 1	9.			
Cl Primary		<u>\$</u> \$	\$ \$	\$ \$
General	10.	Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
/ / Primary		\$	\$	\$
General		S Calendar Year To Date	S Calendar Year To Date	SCalendar Year to Date
	Subtotals of Columns A, B & C	\$ -0-	\$	<u>s0</u>
	Total This Page (add columns A, B & C)			\$ -0-

SCHEDULE B ITEMIZED EXPENDITURES

I " " '

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

Name of Candidate or Committee		
Shirley Mae Perkins Senate Campaign		
· · · · ·	Column A	Column B
Full Name, Mailing Address and Zip Code Date of Recipient	Cash or Check	In-Kind (non-monetary)
1. Office Depot 8033 W. Fronklin		
10 123 100 Boise. 70 83704	ss ar ar	
Purpose of Above Expenditure:		
2. Copy Express 650E. State 10:25:00 Eagle, #10 83616		
10,25,00 Eagle, #10 83616	\$ <u>37.17</u>	<u>\$</u>
Purpose of Above Expenditure:		
^{3.} Office Depot 8033 W. Franklin		
10 23/00 Boise, IO F3 704	s_28.82_	\$ <u></u>
Purpose of Above Expenditure:	1	·
4. U.S. Postal Servi		
10/25/00 Eagle, ID 83616	\$ 66.00	\$
-		
Purpose of Above Expenditure:		
5. Copy Express 650 8. State		
Eggle, ID 83616	s <u>a3.70</u>	\$
Purpose of Above Expenditure:		
6. Copy Express 650 E. State 10 1 30/00 Ecgle, FO 83616		
(U 30,00 Eagle, FD 83616	\$ <u>154.35</u>	\$
Purpose of Above Expenditure:		<u> </u>
⁷ U.S. Postal Service		
10:30:00 Eagle, FD & 3616	\$ 66.00	\$
Purpose of Above Expenditure: 8.		
0.		
	\$	<u>\$</u>
Purpose of Above Expenditure:		
9.		
	\$	\$
Purpose of Above Expenditure:		
Subtotals of Columns A & B	s <u>401.09</u>	\$
Total This Page (add columns A & B)		s_401.09

SCHEDULE C-2A CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED

Name of Candidate or Committee	$\hat{\mathbf{C}}$	Report Covering the Period
Shirley Mae Perkins Senat	e lampaign	From <u>10/33/00 to 11/17/00</u>

Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Total Number - Ø-Line 1: Pledged Contributions of \$50.00 or Less This Period:

Total Amount \$ -0 -

Pledged Contributions of More Than \$50.00 This Period:

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
Cl Primary □ General	/	1.	
□ Primary □ General	/	2.	
Cl Primary □ General	1 1	3.	
☐ Primary Cl General	1 1	4.	
☐ Primary Cl General	,	5.	
PrimaryGeneral	II	6.	
□ Primary Cl General		7.	
Primary Cl General	I /	8.	
PrimaryGeneral	II	9.	
PrimaryGeneral	1 1	10.	
Cl Primary General	/ 1	<i>II.</i>	

Line 2: Total Amount of Pledged Contributions of More Than \$50.00	\$ <u>-a-</u>
Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1)	\$

Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total in Section V, page 1.

\$		0	-	
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SCHEDULE C-2B EXPENDITURES INCURRED BUT NOT YET PAID

Name of Candid	Mae Porkins Senute Campaign	Report Covering the Period From / / / 2 3 / 60	
Directions: Com	plete this schedule if you incurred an obligation during this reporting period to he end of the reporting period. Do not include these entries on Schedule B unt	o purchase an item or service, il you actually make payment	but did not make
Line 1: Incurr	ed Expenditures of Less Than \$25.00 This Period: Total Number – C	5- Total Amoun	t \$ -0-
Incurred Expe	nditures of \$25.00 or More This Period:		
Date	Full Name, Mailing Address and Zip Code		Amount
Incurred	of Recipient		Incurred
	Office Depot 10ffice Depot		
10200	BOISE, JD 83704		
Purpose of Abo	ove Expenditure:		
	2.		
<u> </u>			
Purpose of Abo	ove Expenditure:		
	3.		
/ Ι			
Purpose of Abo	ve Expenditure:		
	4		
Purpose of Abo	ove Expenditure:		
	5.		
/ I	_		
Purpose of Abo	ve Expenditure:		
	6.		
/ /			
Purpose of Abo	we Expenditure:		
	7.		
, ,			
Jurpose of Abo	ve Expenditure:		
-	8.		
'urpose of Abo	ve Expenditure:		
-	Amount of Incurred Expenditures \$25.00 or more		\$ -0-

Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1)

Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1.

\$<u>-0-</u> \$_____ \$_____