



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

Section I

Name of Candidate or Political Committee and Chairperson JAMES D. BOODEN, JR		Office Sought (if candidate) HOUSE DISTRICT 16	District (if any) 16
Mailing Address 11825 W. AMITY RD	<input type="checkbox"/> Check if address change.	City and Zip BOISE 83709	Home Phone 362-6434
Name of Political Treasurer SAME AS ABOVE		Work Phone # 861-0672	
Mailing Address <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 06 123 100 through 10 / 10 / 2000

- | | | |
|---|---|--|
| <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 type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)
(only filed by ballot measure committees) |
| <input checked="" 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*	\$ <u>XXXXXX</u>	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>1211.04</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1550.00</u>	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>2761.04</u>	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1672.18</u>	\$ _____
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>1088.86</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)

Return This Report To:
Pete T. Cenarrusa
Secretary of State
PO Box 83720
Boise ID 83720-0080
fax: (208) 3342282

Section VI

CERTIFICATION

I JAMES D. BOODEN, JR, 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 JAMES D. GOODEN, JR	Report Covering the Period From <u>06/23/00</u> to <u>10/10/00</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>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ - 0 -
Itemized Contributions (total all Schedule A sheets)	\$ 1550.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 1550.00
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$

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

Name of Candidate or Committee
JAMES D. GOODEN JR.

		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>08/09/00</u>	1. CENTRAL TRADES SOLIDARITY PAC 225 N 16 th ST BOISE, IDAHO 83702	\$ <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>08/09/06</u>	2. RICK BAER 2163 SEQUOIA ROAD GRAND JUNCTION, CO 81503	\$ <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>08/25/00</u>	3. IBEW EDUCATIONAL COMM. 1125 15 th ST, N.W. WASHINGTON D.C. 20005	\$ <u>1000.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>2000.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/06/00</u>	4. CENTRAL TRADES SOLIDARITY PAC 225 N 16 th ST BOISE, IDAHO 83702	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>300.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/06/00</u>	5. ADA CO. DEMO. P.O. BOX 1581 BOISE, ID 83701	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>350.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>/ /</u>	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>/ /</u>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>/ /</u>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>/ /</u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>/ /</u>	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		\$ <u>1550.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1550.00</u>

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee
JAMES D. GOODEN ISTR

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>09/19/00</u>	<u>1. CAPITOL LITHOGRAPH 610 WEST IDAHO BOISE, IDAHO 83702</u>	<u>\$ 724.50</u>	\$ _____
Purpose of Above Expenditure: <u>SIGN'S</u>			
<u>09/27/00</u>	<u>2. CAPITOL LITHOGRAPH 610 WEST IDAHO BOISE, IDAHO 83702</u>	<u>\$ 598.50</u>	\$ _____
Purpose of Above Expenditure: <u>SIGN'S</u>			
<u>10/04/00</u>	<u>3. COUNTRY CORNER GRO 1601 S. MERIDIAN RD MERIDIAN, ID 83642</u>	<u>\$ 25.69</u>	\$ _____
Purpose of Above Expenditure: <u>REFRESH MENTS VOL.</u>			
<u>10/04/00</u>	<u>4. GENE BRAY 5654 ELGARD LANE MERIDIAN, ID 834</u>	<u>\$ 292.00</u>	\$ _____
Purpose of Above Expenditure: <u>SIGN STAKES</u>			
<u>10/06/00</u>	<u>5. OFFICE MAY 3435 S TR AVE BOISE, IDAHO 83705</u>	<u>\$ 31.49</u>	\$ _____
Purpose of Above Expenditure:			
<u>I /</u>	<u>6.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>/ /</u>	<u>7.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>/ I</u>	<u>8.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>/ /</u>	<u>9.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		<u>\$ 1672.18</u>	\$ _____
Total This Page (add columns A & B)			<u>\$ 1672.18</u>