

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



Section I

Name of Candidate or Political Committee and Chairperson <i>McGeachin for State Representative</i>		Office Sought (if candidate)	District (if any)
Mailing Address <i>PO Box 50048</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Idaho Falls 83405</i>	Home Phone <i>524-5521</i>
Name of Political Treasurer <i>Sara J Burrell</i>			
Mailing Address <i>1834 Cherokee</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Id. Falls 83402</i>	Home Phone <i>525-8122</i>
		Work Phone <i>523-1718</i>	Work Phone <i>523-1718</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 11/01/02 through 11/15/02

- |  |  |  |
|--|--|--|
| <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 checked="" 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 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>1171.16</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>100.00</u>	\$ <u>2875.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>1271.16</u>	\$ <u>3275.00</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>940.58</u>	\$ <u>2044.42</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>330.58</u>	\$ <u>330.58</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)

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

Section VI

CERTIFICATION

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

Sara J Burrell  
Signature of Political Treasurer

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee <i>McGeerchin for State Representative</i>	Report Covering the Period From <i>10/12/02</i> to <i>11/15/02</i>
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<b>UNITEMIZED CONTRIBUTIONS</b> Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number _____	Total Amount \$ _____
<b>UNITEMIZED EXPENDITURES</b> 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	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ <i>100.00</i>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <i>100.00</i>
<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)	\$ <i>940.58</i>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <i>940.58</i>

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

Name of Candidate or Committee  
*McGeachin for State Representative*

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
<u>10/28/02</u>	1. Miller Brewing Co. 3987 W. Highland Blvd. Milwaukee, WI 53201- 0482	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/25/02</u>	2. Employers Resource 1301 S. Vista Suite 200 Boise Id. 83705	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>11/15/02</u>	3. ITAA PAC PO Box 1777 Boise Id. 83701 (returned check)*	\$ <u>(100.00)</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>   /   /   </u>		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>   /   /   </u>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ 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>100.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ <u>100.00</u>	\$ _____	\$ <u>100.00</u>

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

Name of Candidate or Committee: *McGeachin for State Representative*

-Date	Full Name, Mailing Address and Zip Code of Recipient	Column A Cash or Check	Column B In-Kind (non-monetary)
10/4/02	1. A-1 Sign Co. 2717 N. Perry Spokane, WA 99207	\$ 940.58	\$
Purpose of Above Expenditure:			
/ /	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		\$ 940.58	\$
Total This Page (add columns A & B)			\$ 940.58