



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

Section I

Name of Candidate or Political Committee and Chairperson Bob Sonnichsen		Office Sought (if candidate) State Controller	District (if any) 2
Mailing Address P.O. Box 4021	Check if address change. <input type="checkbox"/> City and Zip Boise, ID 83711	Home Phone (208) 322-4106	Work Phone (208) 383-7017
Name of Political Treasurer Cynthia Polenske			
Mailing Address P.O. Box 4021	Check if address change. <input type="checkbox"/> City and Zip Boise, ID 83711	Home Phone (208) 376-6630	Work Phone (208) 376-6630

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 10 / 01 / 02 through 10 / 20 / 02

- | | | |
|--|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input checked="" 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	\$ 0.00
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 3,725.29	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 5,830.00	\$ 24,100.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 9,555.29	\$ 24,100.00
Line 5: Total Expenditures (Enter amount from page 2)	\$ 6,597.19	\$ 21,141.90
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 2,958.10	\$ 2,958.10

*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 \$ 4,041.74 (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 Cynthia A. Polenske, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Cynthia A. Polenske
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Bob Sonnichsen for State Controller	Report Covering the Period From <u>10</u> / <u>01</u> / <u>02</u> to <u>10</u> / <u>20</u> / <u>02</u>
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UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>42</u>	Total Amount \$ <u>1,430.00</u>
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>0.00</u>

	Total This Period
<u>2</u> Number of Schedule A pages Attached	
Contributions	
Unitized Contributions (\$50 and less) from top of page	\$ 1,430.00
Itemized Contributions (total all Schedule A sheets)	\$ 4,400.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 5,830.00
<u>2</u> Number of Schedule B pages Attached	
Expenditures	
Unitized Expenditures (less than \$25) from top of page	\$ 0.00
Itemized Expenditures (total all Schedule B sheets)	\$ 6,597.19
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 6,597.19

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

Name of Candidate or Committee
Bob Sonnichsen for State Controller

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
10 / 16 / 02	1. Bob Sonnichsen 10309 Shadybrook Boise, ID 83704	\$ _____	\$ _____	\$ 3,000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ 5,500.00 Calendar Year to Date
10 / 7 / 02	2. Elizabeth Schlaefle 6121 N. Fountain Lane Garden City, ID 83714	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 1 / 02	3. Nelle Tobias 14061 Farm To Market Road McCall, ID 83638	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 250.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 3 / 02	4. Andrew Mayo P.O. Box 3427 Ketchum, ID 83340	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 3 / 02	5. Mark Noble Box 99 Sailor Creek Road Glenns Ferry, ID 83623	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 3 / 02	6. W. Anthony Park 706 Warm Springs Avenue Boise, ID 83712	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 250.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 3 / 02	7. Lewis Stiner 9900 Fairview Avenue Boise, ID 83704	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 200.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 3 / 02	8. Tom Stuart/Anne Pasley-Stuart Redwood Cabins Box 55 Glenns Ferry, ID 83623	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 11 / 02	9. Kevin Storms 1007 N. 18th Street Boise, ID 83703	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ 1,200.00	\$ 0.00	\$ 3,000.00
Total This Page (add columns A, B & C)				\$ 4,200.00

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

Name of Candidate or Committee
Bob Sonnichsen for State Controller

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
10 / 11 / 02	1. Jole Allred Vouelis 5251 N. 36th Street Boise, ID 83703	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
10 / 11 / 02	2. Joan Nelsen 120 E. N. 208 Jerome, ID 83338	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
___ / ___ / ___	3.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
___ / ___ / ___	4.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
___ / ___ / ___	5.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
___ / ___ / ___	6.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
___ / ___ / ___	7.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
___ / ___ / ___	8.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
___ / ___ / ___	9.	\$	\$	\$
<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		\$ 200.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 200.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee Bob Sonnichsen for State Controller
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Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
10 / 2 / 02	1. Copy Express 650 E. State Street Boise, ID 83701-0445	\$ 695.00	\$
Purpose of Above Expenditure: Printing Costs			
10 / 2 / 02	2. Amanda Brown 16839 N. Wentworth Lane Nampa, ID 83687	\$ 600.00	\$
Purpose of Above Expenditure: Fundraising			
10 / 4 / 02	3. Jane Freund P.O. Box 8913 Boise, ID 83707	\$ 1,000.00	\$
Purpose of Above Expenditure: Campaign Manager			
10 / 5 / 02	4. Tee Pee Advertising 155 Taft Pocatello, ID 83201	\$ 364.69	\$
Purpose of Above Expenditure: Bumper Stickers			
10 / 9 / 02	5. R.A.T. Screen Printing 16761 Rose Park Drive Nampa, ID 83687	\$ 2,100.00	\$
Purpose of Above Expenditure: Yard Signs			
10 / 10 / 02	6. Farm Times, Inc. 504 6th Street Rupert, ID 83350	\$ 199.50	\$
Purpose of Above Expenditure: Advertisement			
Subtotals of Columns A & B		\$ 4,959.19	\$ 0.00
Total This Page (add columns A & B)			\$ 4,959.19

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee Bob Sonnichsen for State Controller

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
10 / 15 / 02	1. Copy Express 650 E. State Street Eagle, ID 83616	\$ 764.50	\$ _____
Purpose of Above Expenditure: Yard Signs			
10 / 15 / 02	2. Jane Freund P.O. Box 8913 Boise, ID 83707	\$ 74.00	\$ _____
Purpose of Above Expenditure: Postage Reimbursement			
10 / 19 / 02	3. Amanda Brown 16839 N. Wentworth Lane Nampa, ID 83687	\$ 600.00	\$ _____
Purpose of Above Expenditure: Fundraising			
10 / 21 / 02	4. Farm Times, Inc. 504 6th Street Rupert, ID 83350	\$ 199.50	\$ _____
Purpose of Above Expenditure: Advertising			
____ / ____ / ____	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____ / ____ / ____	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 1,638.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,638.00

**SCHEDULE C-2B
EXPENDITURES INCURRED BUT NOT YET PAID**

Name of Candidate or Committee Bob Sonnichsen for State Controller	Report Covering the Period From <u>10 / 01 / 02</u> to <u>10 / 20 / 02</u>
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Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service, but did not make payment before the end of the reporting period. Do not include these entries on Schedule B until you actually make payment.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period:	Total Number <u>17</u>	Total Amount \$ <u>277.61</u>
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Incurred Expenditures of \$25.00 or More This Period:

Date Incurred	Full Name, Mailing Address and Zip Code of Recipient	Amount Incurred
10 / 7 / 02	1. Signs Now 1612 N. Orchard Boise, ID 83702	\$ 79.28
Purpose of Above Expenditure: Signs		
10 / 11 / 02	2. Signs Now 1612 N. Orchard Boise, ID 83702	\$ 69.30
Purpose of Above Expenditure: Signs		
10 / 15 / 02	3. Ameritel - Pocatello 1140 Bench Road Pocatello, ID 83201	\$ 234.90
Purpose of Above Expenditure: Campaign Travel		
10 / 15 / 02	4. Exxon Mobil 860 E. Alameda Road Pocatello, ID 83201	\$ 30.00
Purpose of Above Expenditure: Campaign Travel		
10 / 15 / 02	5. The Mark IV Motor Inn 414 N. Main Street Moscow, ID 83843	\$ 192.46
Purpose of Above Expenditure: Campaign Travel		
10 / 15 / 02	6. Home Depot 1200 Milwaukee Street Boise, ID 83704	\$ 94.52
Purpose of Above Expenditure: Posts for Signs		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more	\$ <u>700.46</u>
Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1)	\$ <u>277.61</u>
Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1.	\$ <u>978.07</u>

**SCHEDULE C-2B
EXPENDITURES INCURRED BUT NOT YET PAID**

Name of Candidate or Committee Bob Sonnichsen for State Controller	Report Covering the Period From <u>10 / 1 / 02</u> to <u>10 / 20 / 02</u>
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Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service, but did not make payment before the end of the reporting period. Do not include these entries on Schedule B until you actually make payment.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period:	Total Number <u>0</u>	Total Amount \$ <u>0.00</u>
--	-----------------------	-----------------------------

Incurred Expenditures of \$25.00 or More This Period:

Date Incurred	Full Name, Mailing Address and Zip Code of Recipient	Amount Incurred
10 / 16 / 02	1. Wells Fargo Bank 221 S. Main Street Moscow, ID 83843	\$ 3,000.00
Purpose of Above Expenditure: Cash Advance transfer to Checking Account		
10 / 17 / 02	2. Best Western Couer D'Alene Inn 414 W. Appleway Couer D'Alene, ID 83814	\$ 63.67
Purpose of Above Expenditure: Campaign Travel		
/ /	3.	\$
Purpose of Above Expenditure:		
/ /	4.	\$
Purpose of Above Expenditure:		
/ /	5.	\$
Purpose of Above Expenditure:		
/ /	6.	\$
Purpose of Above Expenditure:		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more	\$ 3,063.67
Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1)	\$ 0.00
Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1.	\$ 3,063.67