

C-2  
Rev. 7/97



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>SHARON L. BLOCK</b>		Office Sought (If Applicable) <b>ST. REP. B</b>	District (If Any) <b>24</b>
Mailing Address <b>1093 LAKEWOOD DR.</b>	City and Zip <b>TWIN FALLS 83301</b>	Home Phone <b>(208) 734-6360</b>	Work Phone <b>(208) 734-6360</b>
Name of Political Treasurer <b>ORRIETTE SINCLAIR</b>			
Mailing Address <b>262 LINCOLN ST.</b>	City and Zip <b>TWIN FALLS 83301</b>	Home Phone <b>(208) 733-7580</b>	Work Phone <b>(208) 733-7580</b>

**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 1/1/02 through 5/12/02

- 7 Day Pre-Primary Report
- 7 Day Pre-General Report
- Quarterly (April 30)  
(only filed by ballot measure committees)
- 30 Day Post-Primary Report
- 30 Day Post-General Report
- Quarterly (July 30)  
(only filed by ballot measure committees)
- October 10 Pre-General Report
- 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-
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ -0-	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 11,368.00	\$ 11,368.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 11,368.00	\$ 11,368.00
Line 5: Total Expenditures (Enter amount from page 2)	\$ 4,134.66	\$ 4,134.66
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 7,233.34	\$ 7,233.34

\*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  \$ 2,491.44 (see attached Schedule C-2B)

**Section VI**

**CERTIFICATION**

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

Orriette Sinclair  
Signature of Political Treasurer

Return This Report To:

Pete T. Cenarrusa  
Secretary of State  
PO Box 83720  
Boise ID 83728-0080  
fax: (208) 334-2282

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee	Report Covering the Period From <u>1/1/02</u> to <u>5/12/02</u>
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**UNITEMIZED CONTRIBUTIONS**  
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number <u>32</u>	Total Amount \$ <u>1,118.00</u>
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**UNITEMIZED EXPENDITURES**  
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number <u>0-</u>	Total Amount \$ <u>0-</u>
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	Total This Period
<u>2</u> Number of Schedule A pages Attached	<u>2</u>
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>1,118.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>10,250.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>11,368.00</u>
<u>1</u> Number of Schedule B pages Attached	<u>1</u>
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>0-</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>4,134.66</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>4,134.66</u>

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

Name of Candidate or Committee  
**SHARON L. BLOCK**

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
4/17/02 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1. SHARON L. BLOCK 1093 LAKEWOOD DR. TWIN FALLS, ID. 83301	\$ _____	\$ _____	\$ 5,000.00
		\$ _____	\$ _____	\$ 5,000.00
4/17/02 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2. ORRIETTE SINCLAIR 262 LINCOLN ST. TWIN FALLS, ID. 83301	\$ 100.00	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
4/18/02 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3. IDAHO CATTLE ASSOC. P.O. Box 15397 BOISE, ID. 83715	\$ 100.00	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
5/1/02 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	4. NORMA L. BENJIT 466 FILMORE ST. TWIN FALLS, ID. 83301	\$ 75.00	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
5/1/02 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	5. DWANE STRANK 549 CINDY DR. TWIN FALLS, ID. 83301	\$ 100.00	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
5/1/02 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	6. DENISE SIREN 1637 ADDISON AVE. TWIN FALLS, ID. 83303	\$ 200.00	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
5/3/02 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	7. ROBYN M. BLODY 2769 9TH AVE. E. TWIN FALLS, ID. 83301	\$ 300.00	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
5/3/02 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8. DONALD A. JENSEN P.O. Box 1295 TWIN FALLS, ID. 83303	\$ 100.00	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
5/8/02 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	9. MAC N. EVANS 134 WOODRIDGE DR. TWIN FALLS, ID. 83303	\$ 100.00	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
5/10/02 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	10. SHARON L. BLOCK 1093 LAKEWOOD DR. TWIN FALLS, ID. 83301	\$ _____	\$ _____	\$ 4,000.00
		\$ _____	\$ _____	\$ 9,000.00
Subtotals of Columns A, B & C		\$ 1,075.00	\$ - 00	\$ 9,000.00
Total This Page (add columns A, B & C)				\$ 10,075.00

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

Name of Candidate or Committee  
SHARON L. BLOCK

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
5/11/02	1. GON P. PAULOS 67 W 600 S JEROME, ID. 83338	\$ 75.00	\$	\$
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
5/11/02	2. JACK JARDINE 3021 BOEHM ESTATES DR TWIN FALLS, ID. 83301	\$ 100.00	\$	\$
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ 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
/ /	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		\$ 175.00	\$ - 0 -	\$ - 0 -
Total This Page (add columns A, B & C)				\$ 175.00

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

Page	of
7	7

Name of Candidate or Committee  
**SHARON L. BLOCK**

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
4/17/02	1. TIMES NEWS 132 3 <sup>RD</sup> ST. WEST TWIN FALLS, ID. 83301	\$231.75	\$
Purpose of Above Expenditure: CAMPAIGN AD.			
4/17/02	2. POMEKELLE PHOTOGRAPHY 119 2 <sup>ND</sup> AVE. WEST TWIN FALLS, ID. 83301	\$105.00	\$
Purpose of Above Expenditure: CAMPAIGN PHOTO			
4/18/02	3. U.S. POSTAL SERVICE 253 SECOND AVE. W. TWIN FALLS, ID. 83301	\$204.00	\$
Purpose of Above Expenditure: CAMPAIGN STAMPS			
4/25/02	4. LITTLE SIGNS INC. 1925 KIMBERLY RD. TWIN FALLS, ID. 83303	\$1,905.20	\$
Purpose of Above Expenditure: CAMPAIGN SIGNS			
4/25/02	5. TIMES NEWS 132 3 <sup>RD</sup> ST. WEST TWIN FALLS, ID. 83301	\$231.75	\$
Purpose of Above Expenditure: CAMPAIGN AD			
4/25/02	6. U.S. POSTAL SERVICE 253 SECOND AVE. W. TWIN FALLS, ID. 83301	\$147.71	\$
Purpose of Above Expenditure: CAMPAIGN MAILINGS			
5/2/02	7. LITTLE SIGNS INC. 1925 KIMBERLY RD. TWIN FALLS, ID. 83303	\$845.75	\$
Purpose of Above Expenditure: CAMPAIGN - BUNNEL, LABEL, BAG STICKERS			
5/2/02	8. TIMES NEWS 132 3 <sup>RD</sup> ST. WEST TWIN FALLS, ID. 83301	\$231.75	\$
Purpose of Above Expenditure: CAMPAIGN AD.			
5/10/02	9. TIMES NEWS 132 3 <sup>RD</sup> ST. WEST TWIN FALLS, ID. 83301	\$231.75	\$
Purpose of Above Expenditure: CAMPAIGN AD.			
Subtotals of Columns A & B		\$4,134.66	\$
Total This Page (add columns A & B)			\$4,134.66

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

Name of Candidate or Committee <b>SHARON L. BLOCK</b>	Report Covering the Period From <b>1/1/02</b> to <b>5/12/02</b>
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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 <b>0</b> Total Amount \$ <b>0</b>
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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
4/26/02	1. <b>BLIP PRINTERS 214 BLUE LAKES BLVD. TWIN FALLS, ID. 83301</b>	<b>\$ 2,431.44</b>
Purpose of Above Expenditure: <b>BRANCHES, LETTERS, ENVELOPES,</b>		
	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:		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more	<b>\$ 2,431.44</b>
Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1)	<b>\$ 0</b>
Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section N, page 1.	<b>\$ 2,431.44</b>