



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) <i>State Representative</i>	District (if any) <i>32A</i>
Mailing Address <i>P.O. Box 50048</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Idaho Falls 83405</i>	Home Phone <i>(208) 524-5521</i>
Name of Political Treasurer <i>Sara J Burrell</i>			Work Phone <i>(208) 523-1718</i>
Mailing Address <i>1834 Charlene</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Idaho Falls 83402</i>	Home Phone <i>525-8122</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 1/1/02 through 5/12/02

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 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 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
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 0	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 250 -	\$ 250
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 250	\$ 250
Line 5: Total Expenditures (Enter amount from page 2)	\$ 161.29	\$ 161.29
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 88.71	\$ 88.71

*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)

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

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

DETAILED SUMMARY PAGE

Name of Candidate or Committee <i>McGeachin for State Representative</i>	Report Covering the Period From <i>1/1/07</i> to <i>5/12/07</i>
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UNITEMIZED CONTRIBUTIONS

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

Total Number 1 Total Amount \$ 50.00

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	\$ <u>50 -</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>200</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>250 -</u>
<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)	\$ <u>161.29</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>161.29</u>

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

Name of Candidate or Committee
McBeachin 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
<i>5/12/02</i>	<i>1. Russell Waterberg P.O. Box 328 Boise, ID 83701</i>	\$ <i>100.00</i>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <i>100.00</i> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<i>3/26/02</i>	<i>2. Janice McBeachin 6121 N 5th W Idaho Falls ID 83401</i>	\$ <i>100</i>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <i>100</i> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<i>___/___/___</i>	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<i>___/___/___</i>	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<i>___/___/___</i>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<i>___/___/___</i>	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<i>___/___/___</i>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<i>___/___/___</i>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<i>___/___/___</i>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<i>___/___/___</i>	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		\$ <i>200 -</i>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <i>200 -</i>

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

Name of Candidate or Committee
Janice McBeachin (McBeachin for State Representative)

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
4/9/02	1. Domain registration Verisign www.verisign.com	\$ 69.99	\$ _____
Purpose of Above Expenditure: <u>Domain registration</u>			
4/10/02	2. website hosting Interland www.interland.com	\$ 32.85	\$ _____
Purpose of Above Expenditure: <u>web hosting</u>			
3/2/02	3. 1795 Grandview Jim Jackson Id. Falls ID 83405	\$ 40.00	\$ _____
Purpose of Above Expenditure: <u>web design</u>			
4/2/02	4. Bank of Idaho PO Box 1484 Id. Falls, ID 83403	\$ 18.45	\$ _____
Purpose of Above Expenditure: <u>Bank fees</u>			
___/___/___	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		\$ 161.29	\$ _____
Total This Page (add columns A & B)			\$ 161.29