



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

**POSTED**

**Section I**

Name of Candidate or Political Committee and Chairperson <b>DELL RAYBOULD</b>		Office Sought (if candidate) <i>01 JAN 5 11AM</i>	District (if any)
Mailing Address <b>3215 NORTH 2000 WEST</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>REXBURG, ID 8344C</b>	Home Phone <b>208-356-6837</b>
Name of Political Treasurer <b>RON WALKER</b>		STATE OF IDAHO	
Mailing Address <b>124 EAST MAIN STREET</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>REXBURG, ID 83440</b>	Home Phone <b>208-356-0431</b>
			Work Phone <b>208-356-3677</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 11 / 18 / 2000 o u g h 12 / 31 / 2000

- |  |   |  |
|--|---|--|
| <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 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 checked="" 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).

	<b>COLUMN I This Period</b>	<b>COLUMN II Calendar Year to Date</b>
Line 1: Cash on Hand January 1, This Year*	\$ <u>xxxxxx</u>	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>2,850.59</u>	\$ <u>xxxxxx</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>350.00</u>	\$ <u>12,884.12</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>3,200.59</u>	\$ <u>12,884.12</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>100.00</u>	\$ <u>9,783.53</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>3,100.59</u>	\$ <u>3,100.59</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  I\$ \_\_\_\_\_ (see attached Schedule C-2A)

**Incurred Expenditures** during this reporting period but not yet paid:  None  I\$ \_\_\_\_\_ (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 RON WALKER, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*Ron Walker*  
\_\_\_\_\_  
Signature of Political Treasurer



# SCHEDULE A ITEMIZED CONTRIBUTIONS

**of more than Fifty Dollars (\$50.00) this period**

Name of Candidate or Committee <p style="text-align: center;">DELL RAYBOULD</p>
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		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
11 / 28 / 00	1. IDAHO TRUCK PAC BOX 4549 BOISE, IDAHO 83711	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
12 / 13 / 00	2. QWEST-IDAHO 999 MAIN STREET BOISE, IDAHO 83702	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" 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		\$ 350.00	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ 350.00

# SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee DELL RAYBOULD
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		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
11 / 27 / 00	1. KAREN ENGLAND 625 PARK STREET REXBURG, IDAHO 83440	\$ 100.00	\$ _____
<b>Purpose of Above Expenditure:</b> BOOKKEEPING			
/ /	2.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
/ /	3.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
/ /	4.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
/ /	5.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
/ /	6.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
/ /	7.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
/ /	8.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
/ /	9.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
Subtotals of Columns A & B		\$ 100.00	\$ _____
Total This Page (add columns A & B)			\$ 100.00