



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

**Section I**

Name of Candidate or Political Committee and Chairperson <i>Celia R. Gould</i>		Office Sought (if candidate) <i>Representative</i>	District (if any) <i>23</i>
Mailing Address <input type="checkbox"/> Check if address change. <i>4406 N. 1400E</i>	City and Zip <i>Boise 83316</i>	Home Phone <i>543-6725</i>	Work Phone <i>543-4131</i>
Name of Political Treasurer <i>Pamela L. Jaker</i>		STATE OF IDAHO	
Mailing Address <input type="checkbox"/> Check if address change. <i>3265 E. BOISE AVE</i>	City and Zip <i>BOISE 83706</i>	Home Phone <i>385-0700</i>	Work Phone <i>332-1140</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 \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

- |  |   |  |
|--|---|--|
| <input checked="" 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 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>	\$ <u>161.28</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>1328.55</u>	\$ <u>xxxxxx</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1150.00</u>	\$ <u>7263.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>2478.55</u>	\$ <u>7424.28</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>2301.69</u>	\$ <u>7247.42</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>176.86</u>	\$ <u>176.86</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, Pamela L. Jaker, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Pamela L. Jaker  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>Celia R. Gould</u>	Report Covering the Period From ___ / ___ / ___ to ___ / ___ / ___
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**UNITEMIZED CONTRIBUTIONS**  
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 0                      Total Amount \$ \_\_\_\_\_

**UNITEMIZED EXPENDITURES**  
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number 7                      Total Amount \$ 122.00

	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)	\$ <u>1150.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>1150.00</u>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>122.00</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>2179.69</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>2301.69</u>

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

Name of Candidate or Committee  
Celia R. Gould

		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
<u>1/3/00</u>	1. ATeT 1875 Lawrence St. Denver, CO w . . x 2 -	\$ <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>1/4/00</u>	2. Philip Morris 120 Park Ave NY, NY 10017-5092	\$ <u>250.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>1/4/00</u>	3. Boise Cascade PO Box 50 Boise ID 83728-0001	\$ <u>250.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>1/15/00</u>	4. National Assoc. of Chain Drug Stores 924 Capitol Way S. Suite 207 Olympia WA 98501	\$ <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>4/28/00</u>	5. Idaho Trial Lawyers PAC Box 1771 Boise ID 83761	\$ <u>250.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>5/1/00</u>	6. Idaho Medical PAC 305 W. Jefferson Boise ID 83702	\$ <u>200.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	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>1150.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1150.00</u>

# SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee  
Celia R. Goula

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
3/15/00	1. Kathy Holland-Smith PO Box 83720 Boise ID 83720	\$ 45.97	\$
Purpose of Above Expenditure: Reimburse for sandwiches for drug prevention meeting			
3/23/00	2. Secretary of State PO Box 83720 Boise ID 83720	\$ 30.00	\$
Purpose of Above Expenditure: filing fee			
4/25/00	3. RET 800 W Milwaukee Boise ID 83704	\$ 57.75	\$
Purpose of Above Expenditure: Auction items American Legion			
4/29/00	4. Harold Peterson Hwy 30 Filer ID 83338	\$ 2000.00	\$
Purpose of Above Expenditure: miniature horses for parade wagon			
/ /	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		\$ 2179.69	\$
Total This Page (add columns A & B)			\$ 2179.69