



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

Section I

Name of Candidate or Political Committee and Chairperson <u>Eugene "Gino" White</u>		Office Sought (if candidate) <u>House</u>	District (if any) <u>16B</u>
Mailing Address <u>4930 N. Maplewood Dr</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Boise 83703</u>	Home Phone <u>343-6585</u>
Name of Political Treasurer <u>Sandra White</u>		Home Phone <u>83703</u>	Work Phone <u>703-1921</u>
Mailing Address <u>4930 N. Maplewood Dr.</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Boise, ID</u>	Work Phone <u>377-1353</u>

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, 13, 04 through 12, 31, 04

- | | | |
|---|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> October 10 Pre-General Report |
| <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> 30 Day Post-General Report | <input checked="" type="checkbox"/> Annual Report |
| <input type="checkbox"/> Semi-Annual Report (Statewide Candidates Only) | | |

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>487.82</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>2,912.40</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>175.00</u>	\$ <u>22,916.78</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>3,087.40</u>	\$ <u>23,404.60</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1,193.14</u>	\$ <u>21,510.34</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>1,894.26</u>	\$ <u>1,894.26</u>
Line 7: Outstanding Debt to Date	\$ _____	

*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.

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 STATE OF IDAHO
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Section V

CERTIFICATION

Return This Report To:
Ben Yursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

I Sandra White, hereby certify that the information
(name of Political Treasurer)
in this report is a true, complete and correct Campaign Financial Disclosure Report as
required by law.
Sandra White
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee CTE Grino White	Report Covering the Period From 11/13/04 to 12/31/04
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number 0	Total Amount \$ 0

UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number 0	Total Amount \$ 0

	Total This Period
____ Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0
Itemized Contributions (total all Schedule A sheets)	\$ 175⁰⁰
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 175⁰⁰
____ Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 0
Itemized Expenditures (total all Schedule B sheets)	\$ 1193¹⁴
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ 0
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 1193¹⁴
____ Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ 0
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ 0
Subtotal	= \$ 0
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ 0
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ 0
____ Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$ 0

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

Name of Candidate or Committee
Committee to Elect Gino White

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
11/26/04 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. John Evans for Senate P.O. Box 1198 Burley, ID 83318	\$ 75.00	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
12/8/04 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. Stanley J. Olson 20275 Springbrook Lane Boise ID 83706	\$ 100.00	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General	3.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General	4.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General	5.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General	6.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General	7.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General	8.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General	10.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 175.00	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ 175.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
CTE - Gino White

Column A

Column B

Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<i>11/19/04</i>	<i>1. Communication St Al PO. Box 1372 Boise ID 83701</i>	<i>\$ 1193¹⁴</i>	<i>\$ _____</i>
Purpose of Above Expenditure: <i>Post Card</i>			
<i>___/___/___</i>	<i>2.</i>	<i>\$ _____</i>	<i>\$ _____</i>
Purpose of Above Expenditure:			
<i>___/___/___</i>	<i>3.</i>	<i>\$ _____</i>	<i>\$ _____</i>
Purpose of Above Expenditure:			
<i>___/___/___</i>	<i>4.</i>	<i>\$ _____</i>	<i>\$ _____</i>
Purpose of Above Expenditure:			
<i>___/___/___</i>	<i>5.</i>	<i>\$ _____</i>	<i>\$ _____</i>
Purpose of Above Expenditure:			
<i>___/___/___</i>	<i>6.</i>	<i>\$ _____</i>	<i>\$ _____</i>
Purpose of Above Expenditure:			
<i>___/___/___</i>	<i>7.</i>	<i>\$ _____</i>	<i>\$ _____</i>
Purpose of Above Expenditure:			
<i>___/___/___</i>	<i>8.</i>	<i>\$ _____</i>	<i>\$ _____</i>
Purpose of Above Expenditure:			
<i>___/___/___</i>	<i>9.</i>	<i>\$ _____</i>	<i>\$ _____</i>
Purpose of Above Expenditure:			
Subtotals of Columns A & B		<i>\$ 1193¹⁴</i>	<i>\$ _____</i>
Total This Page (add columns A & B)		<i>\$ 1193¹⁴</i>	

**SCHEDULE C-2A
CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED**

Name of Candidate or Committee _____	Report Covering the Period From ____/____/____ to ____/____/____
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Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Line 1: Pledged Contributions of \$50.00 or Less This Period: Total Number _____ Total Amount \$ _____

Pledged Contributions of More Than \$50.00 This Period:

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	1. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	2. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	3. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	4. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	5. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	6. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	7. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	8. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	9. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	10. _____	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	11. _____	

Line 2: Total Amount of Pledged Contributions of More Than \$50.00 \$ _____

Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1) \$ _____

Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total on page 2. \$ _____

SCHEDULE C-2B
EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT

Name of Candidate or Committee _____	Report Covering the Period From ____/____/____ to ____/____/____
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Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service or made a payment on debt. Do not include these entries on Schedule B.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period:	Total Number _____	Total Amount \$ _____
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Expenditures Incurred (Debts and Obligations) or Payment Made on Debt of \$25.00 or More This Period:

Full Name, Mailing Address and Zip Code of Creditor	Purpose of Expenditure
1.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
2.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
3.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
4.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
5.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____

Totals of this Page

Line 2: Amount Incurred This Period (Carry forward to Page 2, under Incurred Expenditures) \$ _____

Line 3: Payment This Period (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$ _____