

C-2 Rev. 04/04



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

FILED - 1 PM 3:28 STATE OF IDAHO

POSTED

Section I

Name of Candidate or Political Committee and Chairperson: Mike Mitchell; Office Sought: ST. Representative; District: 7; Mailing Address: 1916 GATEWAY DR. LEWISTON 83501; Name of Political Treasurer: LESTER L. RAWLS; Mailing Address: 2320 5th ST. LEWISTON 83501

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 10/18/04 through 11/12/04

- 7 Day Pre-Primary Report, 30 Day Post-Primary Report, October 10 Pre-General Report, 7 Day Pre-General Report, 30 Day Post-General Report, Annual Report, 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.

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).

Table with 3 columns: Description, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand, Cash Balance, Total Contributions, Subtotal, Total Expenditures, Cash Balance at Close of Period, and 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.

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

Section V

CERTIFICATION

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

Signature of Political Treasurer

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee <b>Mike MITCHELL</b>	Report Covering the Period From <b>10/18/04</b> to <b>11/12/04</b>
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<b>UNITEMIZED CONTRIBUTIONS</b> Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>9</u>	Total Amount \$ <u>320.00</u>
<b>UNITEMIZED EXPENDITURES</b> Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>— 0 —</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 320.00
Itemized Contributions (total all Schedule A sheets)	\$ 1,610.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 1,930.00
<u>2</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ — 0 —
Itemized Expenditures (total all Schedule B sheets)	\$ 2,625.01
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)	\$
<u>0</u> Number of Schedule C-2B pages Attached	
<b>Incurred Expenditures</b>	
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 —
<u>0</u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ — 0 —

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

Page 1 of 1

Name of Candidate or Committee  
Mike Mitchell

Date/Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
<u>10/18/04</u>	<sup>1</sup> Idaho Healthcare Assn. PAC 802 W. BANNOCK, SUITE 304 BOISE, ID 83702	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>300.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/18/04</u>	<sup>2</sup> PFFI PAC PO Box 3066 Nampa, ID 83653	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/20/04</u>	<sup>3</sup> ICUA PAC PO Box 608 Burley, ID 83318	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/20/04</u>	<sup>4</sup> AGC PAC PO Box 7386 Boise, ID 83707	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/22/04</u>	<sup>5</sup> AVISTA PO Box 3727 Spokane, WA 99220	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/30/04</u>	<sup>6</sup> M. Allyn Dingel 1116 N. 24th ST. Boise, ID 83702	\$ <u>60.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>60.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11/10/04</u>	<sup>7</sup> AMERICAN Ins. Assn. PAC 980 9th ST, Suite 2060 SACRAMENTO, CA 95814	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11/10/04</u>	<sup>8</sup> Johnson & Johnson Services, Inc PO Box 16500 New Brunswick, NJ 08906	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11/11/04</u>	<sup>9</sup> Regence BlueShield PO Box 1106 LEWISTON, ID 83501	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11/11/04</u>	<sup>10</sup> Jerry Deckard PO Box 953 Boise, ID 83701	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>1,610.00</u>	\$ <u>- none -</u>	\$ <u>- none -</u>
Total This Page (add columns A, B & C)				\$ <u>1,610.00</u>

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

Page 1 of 2

Name of Candidate or Committee  
Mike Mitchell

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
10/18/04	<sup>1</sup> Mike Mitchell 1916 GATEWAY DR, LEWISTON 83501	\$ 53.24	\$
Purpose of Above Expenditure: Reimburesment for election supplies			
10/18/04	<sup>2</sup> PRINTCRAFT 1628 MAIN ST. LEWISTON, ID 83501	\$ 263.48	\$
Purpose of Above Expenditure: Letter + envelopes			
10/19/04	<sup>3</sup> Postmaster 1613 Idaho ST. LEWISTON, ID 83501	\$ 148.84	\$
Purpose of Above Expenditure: mailing			
10/20/04	<sup>4</sup> Postmaster 1613 Idaho ST, LEWISTON, ID 83501	\$ 71.06	\$
Purpose of Above Expenditure: BULK MAILING			
10/25/04	<sup>5</sup> Charlotte Kremer	\$ 65.00	\$
Purpose of Above Expenditure: Reimburesment for Campaign expense			
10/26/04	<sup>6</sup> Printcraft 1628 MAIN ST, LEWISTON, ID 83501	\$ 31.95	\$
Purpose of Above Expenditure: Advertising MATERIALS			
10/26/04	<sup>7</sup> Tribune 505 C ST, LEWISTON, ID 83501	\$ 430.00	\$
Purpose of Above Expenditure: Advertising			
10/29/04	<sup>8</sup> Postmaster 1613 Idaho ST, LEWISTON, ID 83501	\$ 37.00	\$
Purpose of Above Expenditure: STAMPS			
10/29/04	<sup>9</sup> Tribune 505 C ST, LEWISTON, ID 83501	\$ 60.00	\$
Purpose of Above Expenditure: Advertising			
Subtotals of Columns A & B		\$ 1,160.57	\$ 0
Total This Page (add columns A & B)		\$ 1,160.57	\$

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

Page 2 of 2

Name of Candidate or Committee  
Mike Mitchell

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A Cash or Check	Column B In-Kind (non-monetary)
11/1/04	1. Nez Perce Co. Democrats c/o Liz Chavez, 15th Ave, Lewiston, ID 83501	\$ 1,000.00	\$
Purpose of Above Expenditure: <u>DONATION</u>			
11/2/04	2. Tribune 505 C ST. LEWISTON, ID 83501	\$ 100.00	\$
Purpose of Above Expenditure: <u>Advertising</u>			
11/6/04	3. Pathfinder 500 8th Ave., Lewiston, ID 83501	\$ 88.00	\$
Purpose of Above Expenditure: <u>Advertising</u>			
11/11/04	4. Mike Mitchell 1916 GATEWAY DR., Lewiston, ID 83501	\$ 176.44	\$
Purpose of Above Expenditure: <u>Reimbursement for Campaign expense</u>			
11/11/04	5. Nez Perce Co. Democrats c/o Liz Chavez, 15th Ave, Lewiston, ID 83501	\$ 100.00	\$
Purpose of Above Expenditure: <u>DONATION</u>			
/ /	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		\$ 1,464.44	\$ 0
Total This Page (add columns A & B)		\$ 1,464.44	

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

Name of Candidate or Committee <b>Mike Mitchell</b>	Report Covering the Period From <b>10/18/04</b> to <b>11/12/04</b>
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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/Leader	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 <b>Mike Mitchell</b>	Report Covering the Period From <b>10/18/04</b> to <b>11/12/04</b>
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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 \$ _____
--

Expenditures Incurred (Debts and Obligations) or Payment Made on Debt of \$25.00 or More This Period:	
Full Name, Mailing Address and Zip Code or Creditor	Purpose of Expenditure
<i>(This section is crossed out with a large diagonal line)</i>	
1. Outstanding Balance beginning this period.. \$ _____ Amount Incurred this period..... \$ _____ Date Incurred _____ Payment this period..... \$ _____ Date of Payment _____ Outstanding Balance..... \$ _____	
2. Outstanding Balance beginning this period.. \$ _____ Amount Incurred this period..... \$ _____ Date Incurred _____ Payment this period..... \$ _____ Date of Payment _____ Outstanding Balance..... \$ _____	
3. Outstanding Balance beginning this period.. \$ _____ Amount Incurred this period..... \$ _____ Date Incurred _____ Payment this period..... \$ _____ Date of Payment _____ Outstanding Balance..... \$ _____	
4. Outstanding Balance beginning this period.. \$ _____ Amount Incurred this period..... \$ _____ Date Incurred _____ Payment this period..... \$ _____ Date of Payment _____ Outstanding Balance..... \$ _____	
5. Outstanding Balance beginning this period.. \$ _____ Amount Incurred this period..... \$ _____ Date Incurred _____ Payment this period..... \$ _____ Date of Payment _____ Outstanding Balance..... \$ _____	

**Totals of this Page**

Line 2: Amount Incurred This Period (Carry forward to Page 2, Under Incurred Expenditures) \$     0    

Line 3: Payment This Period (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$     0