



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

**Section I**

|                                                                                    |                                      |                                                       |                                  |
|------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------|----------------------------------|
| Name of Candidate or Political Committee and Chairperson<br><b>Paul E Shepherd</b> |                                      | Office Sought (if candidate)<br><b>Representative</b> | District (if any)<br><b>1807</b> |
| Mailing Address<br><b>P.O. Box 277</b>                                             | City and Zip<br><b>Riggins 83549</b> | Home Phone<br><b>628 3695</b>                         | Work Phone<br><b>628 3563</b>    |
| Name of Political Treasurer<br><b>Dawn E. Shepherd</b>                             |                                      |                                                       |                                  |
| Mailing Address<br><b>P.O. Box 277</b>                                             | City and Zip<br><b>Riggins 83549</b> | Home Phone<br><b>628 3695</b>                         | Work Phone<br><b>628 3563</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 10/18/04 through 11/12/04

- |                                                                         |                                                                |                                                        |
|-------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------|
| <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 checked="" type="checkbox"/> 30 Day Post-General Report | <input 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<br>This Period | COLUMN II<br>Calendar Year to Date |
|-------------------------------------------------------------------------|-------------------------|------------------------------------|
| Line 1: Cash on Hand January 1, This Year*                              | \$ XXXXXX               | \$ <u>0</u>                        |
| Line 2: Enter Cash Balance at Close of Last Reporting Period**          | \$ <u>2226.57</u>       | \$ XXXXXX                          |
| Line 3: Total Contributions (Enter amount from page 2)                  | \$ <u>1400.00</u>       | \$ <u>8432.50</u>                  |
| Line 4: Subtotal (Add lines 1, 2 and 3)                                 | \$ <u>3626.57</u>       | \$ <u>15600.22</u>                 |
| Line 5: Total Expenditures (Enter amount from page 2)                   | \$ <u>3412.28</u>       | \$ <u>8218.81</u>                  |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ <u>214.29</u>        | \$ <u>7382.01</u>                  |
| Line 7: Outstanding Debt to Date                                        | \$ <u>255.00</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.

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

**Section V**

**CERTIFICATION**

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

Dawn E Shepherd  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

|                                                          |                                                                       |
|----------------------------------------------------------|-----------------------------------------------------------------------|
| Name of Candidate or Committee<br><b>Paul E Shepherd</b> | Report Covering the Period<br>From <b>10/18/04</b> to <b>11/12/04</b> |
|----------------------------------------------------------|-----------------------------------------------------------------------|

### UNITEMIZED CONTRIBUTIONS

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

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

### UNITEMIZED EXPENDITURES

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

Total Number   7   Total Amount \$ 105.13

from credit card charges

|                                                                                             | Total This Period             |
|---------------------------------------------------------------------------------------------|-------------------------------|
| ____ Number of Schedule A pages Attached                                                    | 1                             |
| <b>Contributions</b>                                                                        |                               |
| Unitemized Contributions (\$50 and less) from top of page                                   | \$ <u>      </u>              |
| Itemized Contributions (total all Schedule A sheets)                                        | \$                            |
| Total Contributions (also enter this figure on page 1, Section IV, line 3)                  | \$                            |
| ____ Number of Schedule B pages Attached                                                    | 1                             |
| <b>Expenditures</b>                                                                         |                               |
| Unitemized Expenditures (less than \$25) from top of page                                   | \$ <u>105.13</u>              |
| Itemized Expenditures (total all Schedule B sheets)                                         | \$ <u>3307.15</u>             |
| Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)    | \$ <u>      </u>              |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5)                   | \$ <u>3412.28</u>             |
| ____ Number of Schedule C-2B pages Attached                                                 | 1                             |
| <b>Incurred Expenditures</b>                                                                |                               |
| Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7) | \$                            |
| Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)        | + \$ <u>255.<sup>00</sup></u> |
| Subtotal                                                                                    | = \$                          |
| Payment this Period (Total all C-2Bs - Payment this Period)                                 | - \$                          |
| Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)     | = \$                          |
| ____ Number of Schedule C-2A pages Attached                                                 |                               |
| <b>Pledged Contributions</b>                                                                |                               |
| Amount Pledged this Period                                                                  | \$                            |

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

Name of Candidate or Committee  
Paul E. Shepherd

| Date/<br>Receipt For                                                 | Full Name, Mailing Address and Zip Code<br>of Contributor/Lender                                                         | Column A                          | Column B                          | Column C                                              |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------------------------------|
|                                                                      |                                                                                                                          | Cash or<br>Check                  | In-Kind<br>(non-monetary)         | Loans                                                 |
| <u>10/19/04</u>                                                      | <sup>1</sup> Carmelita G. Spencers<br>RT. 2 Box 200<br>Grangeville, ID 83530                                             | \$ <u>100.00</u>                  | \$ _____                          | \$ _____                                              |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |                                                                                                                          | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date                     |
| <u>10/26/04</u>                                                      | <sup>2</sup> Idaho Association of<br>Chiropractic Physicians<br>Political Action Committee<br>PO Box 1863 Boise ID 83701 | \$ <u>100.00</u>                  | \$ _____                          | \$ _____                                              |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |                                                                                                                          | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date                     |
| <u>10/29/04</u>                                                      | <sup>3</sup> Paul Shepherd<br>PO Box 277<br>Riggins ID 83549                                                             | \$ _____                          | \$ _____                          | \$ <u>800.<sup>00</sup></u>                           |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |                                                                                                                          | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date | \$ <u>2028.<sup>21</sup></u><br>Calendar Year To Date |
| <u>11/6/04</u>                                                       | <sup>4</sup> Skip Brandt For Senate<br>Committee<br>P.O Box 156<br>Koo Skia, ID 83539-0156                               | \$ <u>400.00</u>                  | \$ _____                          | \$ _____                                              |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |                                                                                                                          | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date                     |
| <u>   /   /   </u>                                                   | 5.                                                                                                                       | \$ _____                          | \$ _____                          | \$ _____                                              |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |                                                                                                                          | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date                     |
| <u>   /   /   </u>                                                   | 6.                                                                                                                       | \$ _____                          | \$ _____                          | \$ _____                                              |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |                                                                                                                          | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date                     |
| <u>   /   /   </u>                                                   | 7.                                                                                                                       | \$ _____                          | \$ _____                          | \$ _____                                              |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |                                                                                                                          | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date                     |
| <u>   /   /   </u>                                                   | 8.                                                                                                                       | \$ _____                          | \$ _____                          | \$ _____                                              |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |                                                                                                                          | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date                     |
| <u>   /   /   </u>                                                   | 9.                                                                                                                       | \$ _____                          | \$ _____                          | \$ _____                                              |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |                                                                                                                          | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date                     |
| <u>   /   /   </u>                                                   | 10.                                                                                                                      | \$ _____                          | \$ _____                          | \$ _____                                              |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |                                                                                                                          | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date | \$ _____<br>Calendar Year To Date                     |
| Subtotals of Columns A, B & C                                        |                                                                                                                          | \$ <u>600.00</u>                  | \$ _____                          | \$ <u>800.00</u>                                      |
| Total This Page (add columns A, B & C)                               |                                                                                                                          |                                   |                                   | \$ <u>1400.00</u>                                     |

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee  
Paul E. Shepherd

|                                                                            |                                                                          | Column A                     | Column B               |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|------------------------|
| Date                                                                       | Full Name, Mailing Address and Zip Code of Recipient                     | Cash or Check                | In-Kind (non-monetary) |
| <u>10/22/04</u>                                                            | <u>1. Clearwater Progress<br/>417 main street<br/>Kamiah, ID 83536</u>   | \$ <u>180.<sup>00</sup></u>  | \$ _____               |
| Purpose of Above Expenditure: <u>campaign ad</u>                           |                                                                          |                              |                        |
| <u>10/22/04</u>                                                            | <u>2. Cotton Wood Chronicle<br/>PO Box 157<br/>Cottonwood ID 83522</u>   | \$ <u>252.<sup>00</sup></u>  | \$ _____               |
| Purpose of Above Expenditure: <u>campaign ads</u>                          |                                                                          |                              |                        |
| <u>10/26/04</u>                                                            | <u>3. Cotton Wood Chronicle<br/>P.O. Box 157<br/>Cottonwood ID 83522</u> | \$ <u>61.<sup>00</sup></u>   | \$ _____               |
| Purpose of Above Expenditure: <u>campaign AD</u>                           |                                                                          |                              |                        |
| <u>10/22/04</u>                                                            | <u>4. LoneCofree Press<br/>900 W main<br/>Grangeville ID 83530</u>       | \$ <u>389.<sup>50</sup></u>  | \$ _____               |
| Purpose of Above Expenditure: <u>Campaign AD</u>                           |                                                                          |                              |                        |
| <u>10/28/04</u>                                                            | <u>5. Clark Collier<br/>Crosby, ID 83544</u>                             | \$ <u>780.<sup>00</sup></u>  | \$ _____               |
| Purpose of Above Expenditure: <u>campaign ads</u>                          |                                                                          |                              |                        |
| <u>11/11/04</u>                                                            | <u>6. PineTree CU (VISA)<br/>P.O. Box 8003 Arizoo, CO 8001-6003</u>      | \$ <u>1644.<sup>65</sup></u> | \$ _____               |
| Purpose of Above Expenditure: <u>attached list for credit card payment</u> |                                                                          |                              |                        |
| <u>1/1/</u>                                                                | <u>7.</u>                                                                | \$ _____                     | \$ _____               |
| Purpose of Above Expenditure:                                              |                                                                          |                              |                        |
| <u>1/1/</u>                                                                | <u>8.</u>                                                                | \$ _____                     | \$ _____               |
| Purpose of Above Expenditure:                                              |                                                                          |                              |                        |
| <u>1/1/</u>                                                                | <u>9.</u>                                                                | \$ _____                     | \$ _____               |
| Purpose of Above Expenditure:                                              |                                                                          |                              |                        |
| Subtotals of Columns A & B                                                 |                                                                          | \$ <u>3307.<sup>15</sup></u> | \$ <u>0</u>            |
| Total This Page (add columns A & B)                                        |                                                                          | \$ <u>3307.<sup>15</sup></u> |                        |

Pine tree CU

Credit card Charges under #105.<sup>00</sup>  
8 charges -

105.<sup>13</sup>

Nez Perce Hotel 3/2 out Street  
Nez Perce, ID 83543  
stayover for campaigning

83.<sup>61</sup>

Clearwater ID Motel  
PO Box 1168 Kamiah, ID 83536  
Campaign stayover

43.<sup>20</sup>

the Out Back Motel  
main St Pocatello ID 83546  
stayover candidate forum

54.<sup>00</sup>

Clearwater Progress  
417 main Street  
Kamiah, ID 83536  
campaign ad

60.<sup>50</sup>

Star media Promotions  
149 Linder Meridian ID 83642  
campaign material

407.<sup>99</sup>

Clearwater ID Motel  
PO Box 1168 Kamiah Id 83536  
stayover for campaigning

113.<sup>20</sup>

Hoot 24 hr fuel  
Hyway 95 WhiteBird 835511  
fuel for campaigning

39.70

Super 8 motel  
201 W 1st Street  
Grangeville 83420

65.98

Clearwater Progress  
47 Main Street  
Ran on 83546  
campaign Ad

200.00

ID Co Free Press  
700 W Main Grangeville 83420

553.50

Rigginone stop  
Main Street Rigginone 83420  
fuel for campaigning

34.75

Clearwater 12 motel  
PO Box 1162 Kamiah 83536  
stay over campaigning

43.00

Total for  
Credit card

---

1749.76  
- 105.13  

---

1644.65

**SCHEDULE C-2B**

**EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT**

|                                                        |                                                                       |
|--------------------------------------------------------|-----------------------------------------------------------------------|
| Name of Candidate or Committee<br><i>Paul Campbell</i> | Report Covering the Period<br>From <i>10/18/04</i> to <i>11/12/04</i> |
|--------------------------------------------------------|-----------------------------------------------------------------------|

**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 <i>0</i> | 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 of Creditor      | Purpose of Expenditure                 |
|----------------------------------------------------------|----------------------------------------|
| 1. <i>Star News<br/>McCull Jd 82638</i>                  | <i>Campaign AD</i>                     |
| Outstanding Balance beginning this period..... \$ _____  | Date Incurred _____                    |
| Amount Incurred this period..... \$ <u><i>255.00</i></u> | Date of Payment <u><i>10/22/04</i></u> |
| Payment this period..... \$ _____                        | Date of Payment _____                  |
| Outstanding Balance..... \$ <u><i>255.00</i></u>         | Date of Payment _____                  |
| 2. _____                                                 | _____                                  |
| Outstanding Balance beginning this period..... \$ _____  | Date Incurred _____                    |
| Amount Incurred this period..... \$ _____                | Date of Payment _____                  |
| Payment this period..... \$ _____                        | Date of Payment _____                  |
| Outstanding Balance..... \$ _____                        | Date of Payment _____                  |
| 3. _____                                                 | _____                                  |
| Outstanding Balance beginning this period..... \$ _____  | Date Incurred _____                    |
| Amount Incurred this period..... \$ _____                | Date of Payment _____                  |
| Payment this period..... \$ _____                        | Date of Payment _____                  |
| Outstanding Balance..... \$ _____                        | Date of Payment _____                  |
| 4. _____                                                 | _____                                  |
| Outstanding Balance beginning this period..... \$ _____  | Date Incurred _____                    |
| Amount Incurred this period..... \$ _____                | Date of Payment _____                  |
| Payment this period..... \$ _____                        | Date of Payment _____                  |
| Outstanding Balance..... \$ _____                        | Date of Payment _____                  |
| 5. _____                                                 | _____                                  |
| Outstanding Balance beginning this period..... \$ _____  | Date Incurred _____                    |
| Amount Incurred this period..... \$ _____                | Date of Payment _____                  |
| Payment this period..... \$ _____                        | Date of Payment _____                  |
| Outstanding Balance..... \$ _____                        | 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) \$ \_\_\_\_\_

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

|                                                          |             |                                                               |
|----------------------------------------------------------|-------------|---------------------------------------------------------------|
| Name of Candidate or Committee<br><b>Paul E Shepherd</b> | <b>NONE</b> | Report Covering the Period<br>From ___/___/___ to ___/___/___ |
|----------------------------------------------------------|-------------|---------------------------------------------------------------|

**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.

|                                                                      |                    |                       |
|----------------------------------------------------------------------|--------------------|-----------------------|
| <b>Line 1: Pledged Contributions of \$50.00 or Less This Period:</b> | 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<br><input type="checkbox"/> General | ___/___/___    | 1.                                                            |                |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General | ___/___/___    | 2.                                                            |                |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General | ___/___/___    | 3.                                                            |                |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General | ___/___/___    | 4.                                                            |                |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General | ___/___/___    | 5.                                                            |                |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General | ___/___/___    | 6.                                                            |                |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General | ___/___/___    | 7.                                                            |                |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General | ___/___/___    | 8.                                                            |                |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General | ___/___/___    | 9.                                                            |                |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General | ___/___/___    | 10.                                                           |                |
| <input type="checkbox"/> Primary<br><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. \$ \_\_\_\_\_