



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>MIKE MOYLE</b>		Office Sought (if candidate)	District (if any)
Mailing Address <b>480 N. PLUMMER</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>STAR, 83669</b>	Home Phone <b>286-7842</b>
Name of Political Treasurer <b>MARY E. HARVEY</b>			
Mailing Address <b>1239 MAPLE CT.</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>MERIDIAN, 83642</b>	Home Phone <b>888-3250</b>
			Work Phone <b>343-6767</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 \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> 7 Day Pre-Primary Report              | <input type="checkbox"/> 7 Day Pre-General Report   |
| <input checked="" type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report |
| <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

04 JUN 18 PM 1:38  
STATE OF IDAHO

**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 5 / 10 / 04 through 6 / 9 / 04.

**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*	\$ XXXXXX	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>6707.26</u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 3,675.00	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>10,382.26</u>	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ 150.00	\$ _____
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>10,232.26</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:**  
**Ben Yursa**  
**Secretary of State**  
**PO Box 83720**  
**Boise ID 83720-0080**  
**fax: (208) 334-2282**

**Section VI**

**CERTIFICATION**

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

Mary E. Harvey  
Signature of Political Treasurer

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

Name of Candidate or Committee <b>Mike Moyle</b>
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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
5 / 10 / 04	1. Idaho Medical PAC CORP. Box 2668 Boise, Idaho 83701	\$ 250.00	\$	\$
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
5 / 10 / 04	2. UNION PACIFIC RAILROAD 1416 DODGE ST. OMAHA, NE 68179	\$ 500.00	\$	\$
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
5 / 10 / 04	3. WASHINGTON GROUP INTERNAT. BOX 73 BOISE, ID 83729	\$ 250.00	\$	\$
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
5 / 12 / 04	4. AGC ID ASSOC. GEN. CONTRACTORS P.O. BOX 7368 BOISE, ID 83707-1386	\$ 250.00	\$	\$
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
5 / 14 / 04	5. ANHEUSER-BUSCH COS., INC. BOX 2720 BOISE, ID 83701	\$ 250.00	\$	\$
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
5 / 23 / 04	6. MICRON TECHNOLOGY, INC. 8000 S. FEDERAL WAY BOISE, ID 83707-0006	\$ 1,000.00	\$	\$
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
6 / 2 / 04	7. IDAHO LIFE & HEALTH IND. PAC. P.O. BOX 48 NAMPA, ID 83653	\$ 200.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
5 / 18 / 04	8. CPM DEVELOPMENT CORP. P.O. BOX 3366 SPOKANE WASH. 99220-3366	\$ 125.00	\$	\$
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
5 / 24 / 04	9. LUPAC-IDAHO POLITICAL P.O. BOX 1832 IDAHO FALLS, ID 83403	\$ 225.00	\$	\$
<input checked="" 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		\$ 3,050.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 3,050.00

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

Name of Candidate or Committee  
**MIKR MOYLE**

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
6 / 8 / 04	1. R J REYNOLDS P.O. BOX 2955 WINSTON-SALEM, NC 27102	\$ 500.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
5 / 18 / 04	2. JACK B. PARSON CO. PO BOX 3429 OGDEN, UTAH 84409	\$ 125.00	\$	\$
<input checked="" type="checkbox"/> Primary <input 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
Subtotals of Columns A, B & C		\$ 625.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 625.00

## SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee <b>MIKE MOYLE</b>
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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)
6 / 8 / 04	1. IDAHO REPUBLICAN PARTY BOISE, IDAHO	\$ 150.00	\$ _____
<b>Purpose of Above Expenditure: CONVENTION</b>			
/ /	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>			
Subtotals of Columns A & B		\$ 150.00	\$ 0.00
Total This Page (add columns A & B)			\$ 150.00