



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE
(Please Print or Type)

Section I

| | | | |
|--|---|--|-------------------------------|
| Name of Candidate or Political Committee and Chairperson PRESTON B. BRIMHALL | | Office Sought (if candidate) State Rep #30 (VPR) | District (if any) |
| Mailing Address 4659th St | <input type="checkbox"/> Check if address change. | City and Zip Idaho Falls 83404 | Home Phone 523-9576 |
| Name of Political Treasurer Same as above | | Work Phone | |
| Mailing Address | <input type="checkbox"/> Check if address change. | City and Zip | Home Phone |
| | | | Work Phone |

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. **Beginning to End**

This report is for the period from / / through / /

- | | | |
|--|--|--|
| <input type="checkbox"/> CI 7 Day Pre-Primary Report | <input type="checkbox"/> CI 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30) (only filed by ballot measure committees) |
| <input checked="" type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> CI Quarterly (July 30) (only filed by ballot measure committees) |
| <input type="checkbox"/> October 10 Pre-General Report | <input type="checkbox"/> Annual Report | |

Is this Report an amendment? Is this a Termination Report? Yes No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Health (Family) required withdrawal candidacy May 1, 2000
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> </u> |
| Line 2: Enter Cash Balance at Close of Last Reporting Period* * | \$ <u> </u> | \$ <u>xxxxxx</u> |
| Line 3: Total Contributions (Enter amount from page 2) | \$ <u> </u> | \$ <u> </u> |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ <u> </u> | \$ <u> </u> |
| Line 5: Total Expenditures (Enter amount from page 2) | \$ <u> </u> | \$ <u> </u> |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ <u> </u> | \$ <u> </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-2)

Incurred Expenditures during this reporting period but not yet paid: None \$ (see attached Schedule C-2)

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

Preston B. Brimhall
Signature of Political Treasurer