



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

Section I

Name of Candidate or Political Committee and Chairperson <i>Judith DANIELSON</i>		Office Sought (if candidate)	District (if any) <i>8</i>
Mailing Address <input type="checkbox"/> Check if address change. <i>P.O. Box 724</i>	City and Zip <i>Council 83612</i>	Home Phone <i>208 253-4850</i>	Work Phone
Name of Political Treasurer <i>LEANNA BLISS</i>			
Mailing Address <input type="checkbox"/> Check if address change. <i>P.O. Box 122</i>	City and Zip <i>Horseshoe Bend 83609</i>	Home Phone <i>208 793-2570</i>	Work Phone <i>800 539-2191</i>

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 *5,8100* through *6,2100*

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

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*	\$ XXXXXX	\$ <u><i>1942</i></u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u><i>4628.75</i></u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ <u><i>1000.00</i></u>	\$ <u><i>5024.08</i></u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u><i>5628.75</i></u>	\$ <u><i>6357.02</i></u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u><i>713.69</i></u>	\$ <u><i>1441.96</i></u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u><i>\$4915.06</i></u>	\$ <u><i>4915.06</i></u>

*This same figure should be entered on line 1 of all reports tiled 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:
Pete T. Cenarrusa
Secretary of State
PO Box 83720
Boise ID 83720-0080
fax: (208) 334-2282

Section VI CERTIFICATION

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

Leanna Bliss
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <i>Judith DANIELSON</i>	Report Covering the Period From <u>5/8/00</u> to <u>6/2/00</u>
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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 7 Total Amount \$ 71.10

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>0</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>1000.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>1000.00</u>
<u>Nu</u> ber of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>71.10</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>642.59</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>713.69</u>

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

Name of Candidate or Committee
Judith DANIELSON

		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
<u>5,30,00</u>	¹ J. R. Simplot Co. P.O. Box 27 Boise, Id. 83707	\$ <u>500.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>500.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>5,30,00</u>	² IBWDA- PAC P.O. Box 863 Boise, Id. 83701	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>300.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>5,30,00</u>	³ Stein Dist. Co, INC. 601 N. Phillippi St. P.O. Box 9367 Boise, Id. 83707	\$ <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>5,30,00</u>	⁴ ICWAC P.O. Box 5158 Boise, Id. 83705	\$ <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> / / </u>	⁵	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	⁶	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	⁷	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	⁸	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	⁹	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	¹⁰	\$ _____	\$ _____	\$ _____
<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		\$ <u>1000.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1000.00</u>

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
Judith Dawson

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>5,9,100</u>	^{1.} Ticket TRACK 1028 W. Rosewood SPOKANE WA. 99208	\$ <u>25.00</u>	\$ _____
Purpose of Above Expenditure: <i>Parking ticket / Statehouse</i>			
<u>5,9,100</u>	^{2.} Bonnie Ross 17217 114 DANMAN DR. BOISE, ID. 83713	\$ <u>101.85</u>	\$ _____
Purpose of Above Expenditure: <i>Senate sweatshirts</i>			
<u>5,9,100</u>	^{3.} Air Touch P.O. Box 96081 Bellevue, WA 98009	\$ <u>57.50</u>	\$ _____
Purpose of Above Expenditure: <i>Cell bill</i>			
<u>5,9,100</u>	^{4.} THORNE PRINTING 623 12th ave. Rd Tampa, Id 83686	\$ <u>106.05</u>	\$ _____
Purpose of Above Expenditure: <i>Stationary</i>			
<u>5,11,100</u>	^{5.} AT&T P.O. Box 78628 PHOENIX, AZ. 85062	\$ <u>68.69</u>	\$ _____
Purpose of Above Expenditure: <i>Cell Service</i>			
<u>5,11,100</u>	^{6.} Circuit City 501 N ASH / Park Lane Boise, Id. 83704	\$ <u>283.44</u>	\$ _____
Purpose of Above Expenditure: <i>answering machine, batteries</i>			
<u>1 1</u>	^{7.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>- I J</u>	^{a.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>- I I</u>	^{9.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ <u>642.59</u>	\$ _____
Total This Page (add columns A & B)			\$ <u>642.59</u>