

C-2
Rev. 7/97



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

Section I

| | | | |
|---|---|---|-----------------------------------|
| Name of Candidate or Political Committee and Chairperson <u>Stanley E. Hawkins</u> | | Office Sought (if candidate) | District (if any) <u>33 28</u> |
| Mailing Address <u>Box 233</u> | <input type="checkbox"/> Check if address change. | City and Zip <u>Ucon, ID 83454</u> | Home Phone <u>524-1586</u> |
| Name of Political Treasurer <u>H. Brent Hill</u> | | Work Phone <u>523-2880</u> | |
| Mailing Address <u>124 E. Main</u> | <input type="checkbox"/> Check if address change. | City and Zip <u>Reynolds, ID 83440</u> | Home Phone <u>356-7495</u> |
| | | Work Phone <u>356-3677</u> | |

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 05/08/2000 through 06/02/2000

- 7 Day Pre-Primary Report
- 30 Day Post-Primary Report
- October IO Pre-General Report
- 7 Day Pre-General Report
- 30 Day Post-General Report
- Annual Report
- Quarterly (April 30)
(only filed by ballot measure committees)
- Quarterly (July 30)
(only filed by ballot measure committees)

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.

CI 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>2099.29</u> |
| Line 2: Enter Cash Balance at Close of Last Reporting Period** | \$ <u>4949.29</u> | \$ <u>xxxxxx</u> |
| Line 3: Total Contributions (Enter amount from page 2) | \$ <u>250.00</u> | \$ <u>5750.00</u> |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ <u>5199.29</u> | \$ <u>7849.29</u> |
| Line 5: Total Expenditures (Enter amount from page 2) | \$ <u>2500.00</u> | \$ <u>5150.00</u> |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ <u>2699.29</u> | \$ <u>2699.29</u> |

*This same figure should be entered on line I 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)

Section VI

CERTIFICATION

Return This Report To:
Pete T. Cenarruss
Secretary of State
PO Box 83720
Boise ID 83720-0080
fax: (208) 334-2282

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

H. Brent Hill
Signature of Political Treasurer

DETAILED SUMMARY PAGE

| | |
|---|---|
| Name of Candidate or Committee <u>Stanley E. Hawkins</u> | Report Covering the Period From <u>05/08/2000</u> to <u>06/02/2000</u> |
|---|---|

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

Total Number 0 Total Amount \$ 0

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

Total Number 0 Total Amount \$ 0

| | 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 sheers) | \$ <u>250.00</u> |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ <u>250.00</u> |
| | |
| <u>1</u> Number of Schedule B pages Attached | |
| Expenditures | |
| Unitemized Expenditures (less than \$25) from top of page | \$ <u>0</u> |
| Itemized Expenditures (total all Schedule B sheets) | \$ <u>2500.00</u> |
| Total Expendirurcs (also enrer this figure on page I, Section IV. line 5) | \$ <u>2500.00</u> |

SCHEDULE A ITEMIZED CONTRIBUTIONS

of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee
Stanley E. Hawkins

| | | 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 |
| 5/15/00 <input type="checkbox"/> Primary <input type="checkbox"/> General | 1. Idaho Truck PAC P.O. Box 4549 Boise, ID 83711 | \$ 250.00 Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| _ / _ / _ <input type="checkbox"/> Primary <input type="checkbox"/> General | 2. | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| _ / _ / _ <input type="checkbox"/> Primary <input type="checkbox"/> General | 3. | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| _ / _ / _ <input type="checkbox"/> Primary <input type="checkbox"/> General | 4. | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| _ / _ / _ <input type="checkbox"/> Primary <input type="checkbox"/> General | 5. | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| _ / _ / _ <input type="checkbox"/> Primary <input type="checkbox"/> General | 6. | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| _ / _ / _ <input type="checkbox"/> Primary <input type="checkbox"/> General | 7. | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| _ / _ / _ <input type="checkbox"/> Primary <input type="checkbox"/> General | 8. | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| _ / _ / _ <input type="checkbox"/> Primary <input type="checkbox"/> General | 9. | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| _ / _ / _ <input type="checkbox"/> Primary <input type="checkbox"/> General | 10. | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| Subtotals of Columns A, B & C | | \$ 250.00 | \$ _____ | \$ _____ |
| Total This Page (add columns A, B & C) | | \$ 250.00 | | |

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

| | |
|------|----|
| Page | 01 |
| 1 | 1 |

Name of Candidate or Committee
Stanley E Hawkins

| | | Column A | Column B |
|--|---|--------------------|------------------------|
| Date | Full Name, Mailing Address and Zip Code of Recipient | Cash or Check | In-Kind (non-monetary) |
| <u>5/18/00</u> | <u>1. Post Register P.O. Box 1800 Idaho Falls, ID 83401</u> | <u>\$ 2,000.00</u> | \$ _____ |
| Purpose of Above Expenditure: <u>Advertising</u> | | | |
| <u>5/18/00</u> | <u>2. Lenore Barrett For State Rep. Box 347 Challis, ID 83226</u> | <u>\$ 500.00</u> | \$ _____ |
| Purpose of Above Expenditure: <u>Donation</u> | | | |
| <u> / /</u> | <u>3.</u> | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| <u> / /</u> | <u>4.</u> | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| <u> / /</u> | <u>5.</u> | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| <u> / /</u> | <u>6.</u> | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| <u> / /</u> | <u>7.</u> | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| <u> / /</u> | <u>8.</u> | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| <u> / /</u> | <u>9.</u> | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| Subtotals of Columns A & B | | <u>\$ 2,500.00</u> | <u>\$ 0</u> |
| Total This Page (add columns A & B) | | | <u>\$ 2,500.00</u> |