C-2
Rev. 7/97

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

Section I

Name of Candidate or Political Committee and Chairperson		Office Sought (if candidate)	District (if any)
Richard Andnerson		STAte ReP	21B
Mailing Address ☐ Check if address change.	City and Zip	Home Phone	Work Phone
Box	Shoshone 886 2676		
Name of Political Treasurer			
Jean J Scott			
Mailing Address ☐ Check if address change.	City and Zip	Home Phone	Work Phone
Box 37 Richfield	L 83345	487 2090	

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 10/1/ through 10 / 31 / 00

☐ 7 Day Pre-Primary Report   Cl 7 Day Pre-General Report   Cl Quarterly (April 30)
                                                                     (only filed by ballot measure comminces)

☐ 30 Day Post-Primary Report   ☐ 30 Day Post-General Report   ☐ Quarterly (July 30)
                                                                     (only filed by ballot measure committees)
☐ October 10 Pre-General Report   ☐ Annual Report

Is this Report an amendment?   Cl Yes ☐ No   Is this a Termination Report?   ☐ :Yes ☐ No

Section III   **STATEMENT OF NO CONTRJBUTIONS 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 appropriare "Calendar Year to Date" figures in Column II, Section IV.
☐ 1 hereby certify that J 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 rhis report's Column I figures to the Column 11 figures of your previous report (except on line 6).

	COLUMN J **This Period**	**COLUMN JJ** **Calendar Year to Date**
Line 1: Cash on Hand January 1, This Year*	$ xxxxxx	$
Line 2: Enter Cash Balance at Close of Last Reporting Period"	$ 235.05	$ xxxxxx
Line 3: Total Contributions (Enter amount from page 2)	$ 225.00	$
Line 4: Subtotal (Add lines 1, 2 and 3)	$ $460.05	
Line 5: Total Expenditures (Enter amount from page 3)	$ 188.17	$
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	s	$ 460.05

*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   **CONTRJBUTIONS PLEDGED - INCURRED EXPENDJTURES**

Contributions Pledged during this reporting period but not yet received: ☐None   0% _____ (see attached Schedule C-M)

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

Return This Report To:
Pete T. Cennrrusa
Secretary 01 State
PO Box 83720
Boise ID 83720-0080
fax: (208) 334-2282

Section VI   **CERTIFICATION**

I ____Jean J Scott____, hwcby certify that the information
(nante of Political Treasurer)
in this **report** is a true, complete and correct Campaign Financial Disclosure **Report as** required by law.

_____
Signature nature of Political **Treasurer**

Page 1

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

Page _____ of _____

Name of Candidate or Committee

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column c Loans
10 31 00 ☐ Primary ☐ General	1. IVAN HOPKINS 8862745 404 S Chry Shoshone Idf 53352	$$ 25.00 $ ___ Calendar Year T o	$ ___ Date Calendar Year To Date	$ ___ $ ___ Calendar Year to Date
10 31 00 ☐ Primary ☐ General	2. SARAH Michael Election Box 1848 7261753 Ketchum Idf	$ 200.00 $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year to Date
W m / ☐ Primary ☐ General	3.	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year to Date
/ / ☐ Primary ☐ General	4.	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year to Date
/ / ☐ Primary ☐ General	5.	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year to Date
/ / ☐ Primary ☐ General	6.	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year to Date
/ / ☐ Primary ☐ General	7.	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year to Date	$ ___ $ ___ Calendar Year to Date
/ / ☐ Primary ☐ General	8.	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year to Date
/ / ☐ Primary ☐ General	9.	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year to Date
/ / ☐ Primary ☐ General	10.	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year To Date	$ ___ $ ___ Calendar Year to Date
	Subtotals of Columns A, B & C	$ ___	$ ___	$ ___
	Total This Page (add columns A, B & C)			$ ___

SCHEDULE C-2B
EXPENDITURES INCURRED BUT NOT YET PAID

Name of Candidate or Committee	Report Covering the Period
	From ____ / ____ / ____ to ____ / ____ / ____

Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service, but did not make payment before the end of the reporting period. Do not include these entries on Schedule B until you actually make payment

Line 1: Incurred Expenditures of Less Than $25.00 This Period: Total Number _____   Total   Amount $

Incurred Expenditures of $25.00 or More This Period:

Date Incurred	Full Name. Mailing Address and Zip Code of Recipient	Amount Incurred
10, 3 oc	1. 303 Printing 303 Main St	188.17
Purpose of Above Expenditure:		
_ / _ /	2.	
Purpose of Above Expenditure:		
__ / __ /	a.	
Purpose of Above Expenditure:		
__ / __ /	4.	
Purpose of Above Expenditure:		
__ / __ /	5	
Purpose of Above Expenditure:		
__ / __ /	6	
Purpose of Above Expenditure:		
__ / __ /	,	
Purpose of Above Expenditure:		
__ / __ /	S.	
Purpose of Above Expenditure:		

Line 2: Total Amount of Incurred Expenditures $25.00 or more $_____

Line 3: Total Amount of Incurred Expenditures Under $25.00 (enter amount from line 1) $_____

Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1 $_____