



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>K. SKIPPER "SKIP" BRANDT</b>		Office Sought (if candidate) <b>STATE SENATOR</b>	District (if any) <b># 7</b>
Mailing Address <input type="checkbox"/> Check if address change. <b>PO BOX 100</b>	City and Zip <b>STATES 83552</b>	Home Phone <b>208-926-0450</b>	Work Phone <b>208-926-7241</b>
Name of Political Treasurer <b>JOHN SCHURBON</b>		STATE OF IDAHO	
Mailing Address <input type="checkbox"/> Check if address change. <b>PO BOX 156</b>	City and Zip <b>KLOSKIA 83539</b>	Home Phone <b>208-926-4406</b>	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.

This report is for the period from JAN 1 11<sup>th</sup> 2000 g h MAY 7 1 2000

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

**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, till 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>	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>0</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>470.00</u>	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>470.00</u>	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>348.40</u>	\$ _____
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>121.40</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     \$ 0 (see attached Schedule C-2A)

**Incurred Expenditures** during this reporting period but not yet paid:         None     \$ 0 (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 John F. Schurbon, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <span style="font-size: 1.2em; font-family: cursive;">R. SKIPPER "SKIP" Brandt</span>	Report Covering the Period From <span style="font-size: 1.2em; font-family: cursive;">JAN 1st / 00</span> to <span style="font-size: 1.2em; font-family: cursive;">May 1st / 00</span>
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### UNITEMIZED CONTRIBUTIONS

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

Total Number   1                        Total Amount \$   20-  

### UNITEMIZED EXPENDITURES

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

T o t a l                      Total  
 Number   a                        Amount \$   0  

	Total This Period
<u>  1  </u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>  20-  </u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>  450-  </u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>  470xx  </u>
<u>  1  </u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>  0  </u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>  348.60  </u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>  348.60  </u>

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

Name of Candidate or Committee R. SKIPPER "SKIP" BRANDT

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
<u>April 24, 00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1. <u>DANNY L. JOHNSON TAMARA J. JOHNSON RT 1 BOX 69 A F KOSKIA ID 83539</u>	\$ <u>100<sup>XX</sup> CHECK</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>MAY, 2nd, 00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2. <u>SUNSET MARTS PO BOX 9486 MOSLOW ID 83843</u>	\$ <u>50<sup>XX</sup> CHECK</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>MAY, 2nd, 00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3. <u>RALPH STICKNEY EDGE STICKNEY PO BOX 499 KOSKIA ID 83539</u>	\$ <u>100<sup>XX</sup> CHECK</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>April 17, 00</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	4. <u>SKIP BRANDT PIA BRANDT PO BOX 100 STITES ID 83552</u>	\$ <u>200<sup>-</sup> CHECK</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	5.	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	6.	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	7.	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	8.	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>   /   /   </u> <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		\$ <u>450<sup>-</sup></u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>450<sup>-</sup></u>

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

Name of Candidate or Committee: R. SKIPPER "SKIP" Brandt

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or <u>Check</u>	In-Kind (non-monetary)
May 4, 00	1. Mom Design 1015 Middle Street Greenville Sd 83530	CK # 101 \$ 348.60	\$
Purpose of Above Expenditure:			
/ /	2.	\$	\$
Purpose of Above Expenditure:			
/ /	3.	\$	\$
Purpose of Above Expenditure:			
/ /	4.	\$	\$
Purpose of Above Expenditure:			
/ /	5.	\$	\$
Purpose of Above Expenditure:			
/ /	6.	\$	\$
Purpose of Above Expenditure:			
/ / /	7.	\$	\$
Purpose of Above Expenditure:			
/ I	8.	\$	\$
Purpose of Above Expenditure:			
/ / /	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 348.60	\$
Total This Page (add columns A & B)			\$ 348.60