

C-2 Rev. 7/97



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

Section I

Form for candidate information including Name of Candidate or Political Committee and Chairperson (Beverly A. Montgomery), Office Sought (Legislature-H), District (10A), Mailing Address (2301 Idaho), City and Zip (Caldwell 83605), Home Phone (459-2449), Work Phone (332-1000), Name of Political Treasurer (Michael Groff), and Treasurer's Mailing Address (824 Dearborn, Caldwell 83605, Home Phone 459-9081, Work Phone 459-3696).

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 1 / 1 / 00 through 5 / 7 / 00.

- 7 Day Pre-Primary Report (checked), 7 Day Pre-General Report, Quarterly (April 30), 30 Day Post-Primary Report, 30 Day Post-General Report, Quarterly (July 30), October 10 Pre-General Report, Annual Report.

Is this Report an amendment? Yes [] No [x] Is this a Termination Report? Yes [] No [x]

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 1 / 1 / 00 through 5 / 7 / 00.

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).

Table with 3 columns: Description, COLUMN I This Period, and COLUMN II Calendar Year to Date. Rows include Cash on Hand, Cash Balance, Total Contributions, Subtotal, Total Expenditures, and Cash Balance at Close of Period.

*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 [x] \$ (see attached Schedule C-2A) Incurred Expenditures during this reporting period but not yet paid: None [x] \$ (see attached Schedule C-2B)

Section VI

CERTIFICATION

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

I MICHAEL O. GROFF, 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 (Handwritten signature)

DETAILED SUMMARY PAGE

Name of Candidate or Committee Beverly A. Montgomery	Report Covering the Period From 1 / 1 / 00 to 5 / 7 / 00
---	--

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 0 Total Amount \$ 0

	Total This Period
<u>0</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0
Itemized Contributions (total all Schedule A sheets)	\$ 0
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 0
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 0
Itemized Expenditures (total all Schedule B sheets)	\$ 45.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 45.00

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

Name of Candidate or Committee
Beverly A. Montgomery

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
<u>5 J 1 00</u>	1. Idaho State 4-H Moscow, Idaho 83844-3015	\$ 45.00	\$ _____
Purpose of Above Expenditure: <u>Donation</u>			
<u>i I</u>	2.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>J /</u>	3.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>J /</u>	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>I J</u>	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>J I</u>	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>I J</u>	7.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>A - !</u>	8.	% _____	\$ _____
Purpose of Above Expenditure:			
<u>J I</u>		\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 45.00	\$ _____
Total This Page (add columns A & B)			\$ - 45.00