



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

**Section I**

Name of Candidate or Political Committee and Chairperson <i>Kent A. Higgins</i>		Office Sought (if candidate) <i>Representative</i>	District (if any) <i>29B</i>
Mailing Address <input type="checkbox"/> Check if address change. <i>1257 Cameron Ave.</i>	City and Zip <i>Idaho Falls 83402</i>	Home Phone <i>208)524-2257</i>	Work Phone <i>208)526-1451</i>
Name of Political Treasurer <i>Michael L. Schofield</i>		STATE OF IDAHO	
Mailing Address <input type="checkbox"/> Check if address change. <i>1733 Whitney Stro</i>	City and Zip <i>Idaho Falls 83402</i>	Home Phone <i>208)524-4089</i>	Work Phone <i>208)526-1451</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 6 / 3 / 2000 through 9 / 30 / 2000

- |   |   |  |
|---|---|--|
| <input 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"/> CI Quarterly (July 30)<br>(only filed by ballot measure committees) |
| <input checked="" 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, 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 \_\_\_\_\_ I \_\_\_\_\_ / \_\_\_\_\_ 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>0</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>334.72</u>	\$ <u>xxxxxx</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>550.13</u>	\$ <u>495.29</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>884.85</u>	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>800.00</u>	\$ <u>4873.06</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>84.85</u>	\$ <u>84.85</u>

\*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  \$ \_\_\_\_\_ (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 Michael L. Schofield, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*Michael L. Schofield*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>Kent A. Higgins</u>	Report Covering the Period From <u>7e / 3 / 2000</u> to <u>2e00</u>
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**UNITEMIZED CONTRIBUTIONS**  
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 1                      Total Amount \$ .13

**UNITEMIZED EXPENDITURES**

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

Total Number 2                      Total Amount \$ 10

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>.13</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>550<sup>00</sup></u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>550<sup>13</sup></u>
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>10</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>790</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>800</u>

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

Name of Candidate or Committee  
Kent A Higgins

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P.O.

		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>7/10/2000</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<sup>1.</sup> <u>Republican House Caucus Club, P.O. Box 83723 309 Statehouse, Boise, ID 83720-0038</u>	<u>\$ 100<sup>00</sup></u> <u>\$ 100<sup>00</sup></u> Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>8/3/2000</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<sup>2.</sup> <u>AGRA PAC P.O. Box 167 Boise, ID 83701</u>	<u>\$ 50<sup>00</sup></u> <u>\$ 50<sup>00</sup></u> Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>8/15/2000</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<sup>3.</sup> <u>Idaho Truck PAC, Inc - P.O. Box 4549 Boise, ID 83711</u>	<u>\$ 200<sup>00</sup></u> <u>\$ 200<sup>00</sup></u> Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>9/19/2000</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<sup>4.</sup> <u>Idaho Sugar Beet Growers P.O. 1199 Main St, Boise, ID 83702</u>	<u>\$ 200<sup>00</sup></u> <u>\$ 200<sup>00</sup></u> Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<sup>5.</sup>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<sup>6.</sup>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<sup>7.</sup>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<sup>8.</sup>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<sup>9.</sup>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<sup>10.</sup>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		<u>\$ 550<sup>00</sup></u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				<u>\$ 550<sup>00</sup></u>

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committer  
Kent A. Higgins

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
6/17/2008	1. Idaho Republican Party PO BOX 2267 BOISE, ID 83701	\$ 110 <sup>00</sup>	\$
Purpose of Above Expenditure: <u>Republican State Convention</u>			
6/28/2008	2. Scenic Falls Credit Union 700 Memorial Dr. Idaho Falls, ID 83401	\$ 180 <sup>00</sup>	\$
Purpose of Above Expenditure: <u>Repay Personal Loan Kent Higgins</u>			
9/28/2008	3. Kent Higgins 1257 Cameron Ave. Idaho Falls, ID 83402	\$ 500 <sup>00</sup>	\$
Purpose of Above Expenditure: <u>Repay Personal Loan</u>			
___/___/___	4	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	7.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	8.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	9.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 790 <sup>00</sup>	\$
Total This Page (add columns A & B)			\$ 790 <sup>00</sup>