



**CAMPAIGN FINANCIAL DISCLOSURE REPORT**

SUMMARY PAGE  
(Please Print or Type)

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Bob Sonnichsen</b>		Office Sought (if candidate) <b>State Controller</b>	District (if any) <b>1</b>
Mailing Address <b>10309 Shadybrook Drive</b>	Check if address change: <input type="checkbox"/>	City and Zip <b>Boise, 83704</b>	Home Phone <b>(208) 322-4106</b>
Name of Political Treasurer <b>Cynthia Polenske</b>		Work Phone <b>(208) 383-7017</b>	
Mailing Address <b>4005 N. Clayton Avenue</b>	Check if address change: <input type="checkbox"/>	City and Zip <b>Boise, 83704</b>	Home Phone <b>(208) 376-6630</b>
		Work Phone <b>(208) 376-6630</b>	

**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 11 / 16 / 02 through 12 / 31 / 02

- |  |   |  |
|--|---|--|
| <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"/> Quarterly (July 30)<br>(only filed by ballot measure committees)  |
| <input type="checkbox"/> October 10 Pre-General Report | <input checked="" 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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>0.00</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>1,813.93</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>211.00</u>	\$ <u>25,985.50</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>2,024.93</u>	\$ <u>25,985.50</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>611.97</u>	\$ <u>24,572.54</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>1,412.96</u>	\$ <u>1,412.96</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)

**Section VI**

**CERTIFICATION**

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

*Cynthia A. Polenske*  
Signature of Political Treasurer

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

## DETAILED SUMMARY PAGE

Name of Candidate or Committee Bob Sonnichsen for State Controller	Report Covering the Period From <u>11</u> / <u>16</u> / <u>02</u> to <u>12</u> / <u>31</u> / <u>02</u>
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<b>UNITEMIZED CONTRIBUTIONS</b> Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>3</u>	Total Amount \$ <u>61.00</u>
<b>UNITEMIZED EXPENDITURES</b> Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>0.00</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 61.00
Itemized Contributions (total all Schedule A sheets)	\$ 150.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 211.00
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 0.00
Itemized Expenditures (total all Schedule B sheets)	\$ 611.97
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 611.97

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

Name of Candidate or Committee <b>Bob Sonnichsen for State Controller</b>
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		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
12 / 11 / 02	1. IBEW Educational Committee 1125 15th Street, N.W. Washington, DC 20005	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 150.00 <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year to Date</small>
____/____/____	2.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year to Date</small>
____/____/____	3.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year to Date</small>
____/____/____	4.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year to Date</small>
____/____/____	5.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year to Date</small>
____/____/____	6.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year to Date</small>
____/____/____	7.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year to Date</small>
____/____/____	8.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year to Date</small>
____/____/____	9.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year to Date</small>
Subtotals of Columns A, B & C		\$ 150.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 150.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee Bob Sonnichsen for State Controller
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Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
11 / 20 / 02	1. Verizon Wireless P.O. Box 96081 Bellevue, WA 63179	\$ 180.89	\$ _____
Purpose of Above Expenditure: Telephone			
11 / 20 / 02	2. US Bank P.O. Box 790408 St. Louis, MO 63179	\$ 190.22	\$ _____
Purpose of Above Expenditure: Credit Card Payment			
12 / 11 / 02	3. Tee Pee Advertising 155 Taft Pocatello, ID 83201	\$ 240.86	\$ _____
Purpose of Above Expenditure: Bumper Stickers			
____ / ____ / ____	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____ / ____ / ____	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____ / ____ / ____	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 611.97	\$ 0.00
Total This Page (add columns A & B)			\$ 611.97