



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

Candidate or Political Committee and Chairperson <i>the "Marti" Calabretta</i>		Office Sought (if candidate) <i>Senate</i>	District (if any) <i>2</i>
Main Address <i>Box 784</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Osborn, 83949</i>	Home Phone <i>208-752-6371</i>
Name of Political Treasurer <i>Anna J. Wilson</i>			
Mailing Address <i>Box 228</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Wallace, 83973</i>	Home Phone <i>208-752-6724</i>
		Work Phone <i>1221</i>	Work Phone <i>8-</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 *Oct 12 / 2002* through *Nov 15 / 2002*

- | | | |
|--|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report | <input checked="" type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)
(only filed 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, 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*	\$ XXXXXX	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>4435.75</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>3167.00</u>	\$ <u>15,912.87</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>7602.75</u>	\$ <u>15,912.87</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>4280.29</u>	\$ <u>12,627.49</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>3322.46</u>	\$ <u>3320.38</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 Anna J. Wilson (name of Political Treasurer), hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Anna J. Wilson
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

Martha "Marti" Calabretta

Report Covering the Period

From *Oct 1 21 2002* to *Nov 15 2002*

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 3

Total Amount \$ 56.95

	Total This Period
<u> </u> Number of Schedule A pages Attached	- 2 -
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ -
Itemized Contributions (total all Schedule A sheets)	\$ 3167.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 3167.00
<u> </u> Number of Schedule B pages Attached	- 2 -
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 56.95
Itemized Expenditures (total all Schedule B sheets)	\$ 4223.34
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 4280.29

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

Name of Candidate or Committee
Martha "Marti" Calabretta

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>10 12/102</u>	1. Pharmaceutical Research + Manufacturers of America 1100 - 15th St. N.W. Washington, D.C. 20005	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10 12/102</u>	2. Timber P.A.C. N. 3731 Ramsey Rd. #110 Coeur d'Alene, Id 83814	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10 12/102</u>	3. Jerome Bunde 204 Cedar St. Apt 2 Wallace, Id. 83873-2132	\$ <u>50.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>50.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10 12/102</u>	4. Maryhov. Shepherd Campaign fund 273 Crescent Way Wallace, Id 83873	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10 12/102</u>	5. Floating Homes Assn. 3120 Grand Box 8895 Spokane, Wn	\$ <u>50.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>50.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10 12/102</u>	6. Idaho Milk P.A.C. Box 2751 Borise, Id. 83701	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>150.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10 12/102</u>	7. Walter C. Minnick 1094 Hearthstone Dr. Boise, Id 83702-1828	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10 12/102</u>	8. Dave Smith Motors 210 N. Division Kellogg - Id 83837	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10 12/102</u>	9. Senate Campaign Committee Box 575 Borise, Id 83701	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10 12/102</u>	10. Employers Resource Operating account. 1301 S. Vista - Suite 300 Boise, Id 83705	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ <u>1400.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1400.00</u>

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

Name of Candidate or Committee
Martha "Marti" Calabretta

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>10 12 02</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. <u>Monsanto Co.</u> <u>800 N. Lindbergh</u> <u>St. Louis, Mo. 63167</u>	\$ <u>250.00</u>	\$ _____	\$ _____
		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10 12 02</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. <u>Anheuser - Busch Co. Inc.</u> <u>Chase Manhattan Bank</u> <u>Wilmington, Delaware</u> <u>19801</u>	\$ <u>250.00</u>	\$ _____	\$ _____
		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10 12 02</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. <u>Lavigne Drug Co</u> <u>Box A. % Dale</u> <u>Osburn, Id. 83549</u> <u>Lavigne</u>	\$ <u>50.00</u>	\$ _____	\$ _____
		\$ <u>50.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11 11 02</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. <u>Malloy Veneer Co, Inc.</u> <u>Box 130</u> <u>Priest River, Id 83556</u>	\$ <u>200.00</u>	\$ _____	\$ _____
		\$ <u>200.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11 14 02</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. <u>Forest Capital Partners, L.P.</u> <u>160 Federal St. 12th floor</u> <u>Boston, Mass. 02110</u>	\$ <u>250.00</u>	\$ _____	\$ _____
		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11 17 02</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. <u>Mike Blackbird</u> <u>18128 - 15th Ave W.</u> <u>Lynnwood, Wash. 98037</u>	\$ <u>100.00</u>	\$ _____	\$ _____
		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>11 13 02</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. <u>Hewlett - Packard</u> <u>3,000 Hanover St.</u> <u>Palo Alto, Calif - 94304</u>	\$ <u>500.00</u>	\$ _____	\$ _____
		\$ <u>500.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1 1 1</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8. <u>Idaho Observer</u> <u>518 Bank St.</u> <u>Wallace, Idaho 83873</u>	\$ _____	\$ <u>167.00</u>	\$ _____
		\$ _____ Calendar Year To Date	\$ <u>167.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1 1 1</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1 1 1</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>1600.00</u>	\$ <u>167.00</u>	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1767.00</u>

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
Martha "Marti" Calabretta

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>10/21/02</u>	^{1.} Kinko Printing Coeur d'Alene, Id 83814	\$ <u>292.95</u>	\$ _____
Purpose of Above Expenditure: <u>Printing</u>			
<u>10/21/02</u>	^{2.} Deb's Evergreen Cafe Osburn, Id 83849	\$ <u>8.00</u>	\$ _____
Purpose of Above Expenditure: <u>Coffee - "Meet Marti"</u>			
<u>10/24/02</u>	^{3.} Progressive Printing Shoshone News Press Kellogg, Id 83837	\$ <u>783.80</u>	\$ _____
Purpose of Above Expenditure: <u>Newspaper ads</u>			
<u>10/26/02</u>	^{4.} Spokesman Review 608 Northwest Blvd. Coeur d'Alene, Id 83814	\$ <u>546.00</u>	\$ _____
Purpose of Above Expenditure: <u>Newspaper ads</u>			
<u>10/26/02</u>	^{5.} "Marti" Calabretta Box 784 Osburn, Id. 83849	\$ <u>200.00</u>	\$ _____
Purpose of Above Expenditure: <u>Re-imbursement</u>			
<u>10/26/02</u>	^{6.} "Marti" Calabretta Box 784 Osburn, Id. 83849	\$ <u>410.13</u>	\$ _____
Purpose of Above Expenditure: <u>Re-imbursement travel (see attachment)</u>			
<u>10/31/02</u>	^{7.} Shoshone Co Democratic Central Committee Box 228 Osburn - Id 83849	\$ <u>85.00</u>	\$ _____
Purpose of Above Expenditure: <u>1/3 price ad</u>			
<u>11/2/02</u>	^{8.} KOFE Radio Box 278 St. Maries, Id. 83861	\$ <u>300.00</u>	\$ _____
Purpose of Above Expenditure: <u>Spots on Radio - St Maries</u>			
<u>11/3/02</u>	^{9.} Marti Calabretta Box 784 Osburn, Id 83849	\$ <u>225.56</u>	\$ _____
Purpose of Above Expenditure: <u>Travel reimbursement</u>			
Subtotals of Columns A & B		\$ <u>2851.44</u>	\$ _____
Total This Page (add columns A & B)			\$ <u>2851.44</u>

Post Receipt Village Kitchen
 Date 10/25/02 Amount 5.00 Guests 4 339705

Guest Receipt MEET MARKET
 Date 10/25 Amount 24.00 Guests 10 755216

THANK YOU FOR SHOPPING AT
 ALBANI FALLS TRUE VALUE
 (208) 437-3153

STORE HOURS: MON THRU FRI 7 TO 6
 SATURDAY 8 TO 5. SUNDAY 9 TO 4
 10/25/02 5:13 49 558 SALE

4855 1 80 27.20 80 27.20
 48" SURVEY STAKES 27.20

SUB-TOTAL: 27.20 TAX: 1.36
 TOTAL: 28.56
 CASH TEND: 30.00 CHANGE: 1.44

JRN# B47837
 CUST # 45

Supervisor's

Oct 31 2002
 t dollars
 Dollars 100
 Shirley Sands

(Includes Commercial Travel)

Date	Item	Total
10/25	True Value Wilson, Stacie (cash)	
10/25	MEET MARKET Blount Inn (check)	
10/25	MEET MARKET Village Inn (cash)	
10/31	KMTJ Radio P.O.B. x 17400 (check)	98.00
10/31	Delta Air Lines (check) I.D. (AE)	50.00
	Total	225.56

Mileage between points must agree with the official state mileage charts.

Coeur d'Alene Casino & Resort
P.O. Box 236
Worley, ID 83876-0236
(800)523-2464

Guest invoice

Folio: 60523
Sequence: 29689

Bill to: CALABRETTA, MARTHA
PO BOX 784
Osburn, ID 83849

Arrive: Thursday October 31, 2002
Depart: Friday November 01, 2002



EAGLE'S NEST MOTEL

1007 Albeni Highway
Post Office Box 609
Priest River, Idaho 83856

1-800-881-NEST (208) 448-2000

11:00 a.m. is Check Out Time.
Guests deciding to occupy room later should
make arrangements at office. Guests staying
over; please notify office.

Received \$ 48.15
For Room No. 10 Date 10-25-02
From BG Calabretta
Clerk Mona B. D.

Thank You

Clerk	Type	Comments	Charges	Credits
JARMEN	Cash			\$69.50
CLYSTA	Room Rent	Auto-Audit	\$64.95	
CLYSTA	TRIBAL TAX		\$4.55	
Totals:			\$69.50	\$69.50
			Balance Due: \$0.00	

Guest Receipt

Date	Amount	Guests	
11-3-02	12.60		762184

over please notify office.

Received \$ 51.36
For Room No. 19 Date 10-30-02
From MARTI Calabretta
Clerk JAN

Thank You ☺

Name Marti Calabretta
Address Box 784
City & State OSBURN ID 83849
Car License S23435 State ID
Car Make and Year GM No. of Persons 2

Representing _____

NOTICE TO GUESTS • ADVANCE PAYMENT REQUESTED
This property is privately owned and the management reserves the right
to refuse service to anyone, and will not be responsible for accidents or
injury to guests or for loss of money, jewelry or valuables of any kind.

THE PINES MOTEL
1117 Main Phone (208) 245-2545
ST. MARIES, IDAHO 83861

Received By C. Martin

DATE	ROOM-UNIT	
	RATE	TAX
11-3-02	\$49.53	7%
DATE OCCUPIED - CHARGES		
SUN.		
MON.		
TUES.		
WED.		
THUR.		
FRI.		
SAT.	<input checked="" type="checkbox"/>	
TOTAL DAYS	1	
TOTAL ROOM CHARGE	49.53	
PHONE		
OTHER CHARGES		
TAX	3.47	
AMOUNT PAID	53.00	

MONTHLY TRAVEL RECORD

Employee Name
 Social Security Number

North Carolina
 2013-2014

Program
 Month of

10/02
Carolina

Date	From	To	Leave	Return	Mileage		Breakfast	Lunch	Dinner	Meal		Motel	Reason for Travel
					Basic	Vicinity				Total	Motel		
10/15	Asheboro	Asheboro			45					30	30		Spokane, Arkansas
10/14	Asheboro	USA			180								Breakfast Sleep Lodging Lunches Breakfast
10/19	Oakton	Slater's Warehouse			206		13.50						Meal Motel Sleep Lodging Breakfast Lunch Dinner
10/20	Oakton	Asheboro			108					30			Meal Motel Sleep Lodging Breakfast Lunch Dinner
10/21	Asheboro	Asheboro			150					30			Meal Motel Sleep Lodging Breakfast Lunch Dinner
10/22	Asheboro	Asheboro			240					30			Meal Motel Sleep Lodging Breakfast Lunch Dinner
10/23	Asheboro	Asheboro			141					30			Meal Motel Sleep Lodging Breakfast Lunch Dinner
10/24	Asheboro	Asheboro			179					30			Meal Motel Sleep Lodging Breakfast Lunch Dinner
Total Miles					0 3650								

Mileage Rate & Reimbursement

Mileage	393.83
Meals	120.00
Motel	96.30
Misc	
Grand Total	610.13

Date	Item	Amount
10/19	General Services Vehicle @ 10.00	10.00
	Hotel - Good	88.00
Total		98.00

Private Vehicle License # *S 16559*

Signature *Mark L. [unclear]* Date *10/24/02*

MONTHLY TRAVEL RECORD

Employee Name: Martha Culbertson
 Social Security Number: 301 36 7391

Program: State Computer Center
 Month of: _____

Date	From	To	Leave	Return	Mileage		Breaks	Lunch	Dinner	Meal Total	Motel	Reason for Travel	
					Basic	Vicinity							
10/25	Presden	Clark Fork		7:30	130					30	48.15	Meet Matt's / Brenda's	
10/26	Esbn	Woods/Kemp	11 AM	4 PM	40							Sign, Dandy Den	
10/27	Esbn	Tarwell-Osb	7:00 AM	8 PM	196					30		Burnell Vally Sign/Sign	
10/28	Esbn	CBX	8-	1:30 PM	90							Spokane Press	
10/29	Esbn	Sandport - N	12:00	11:30 PM	220					30		Blum Bee	
10/30	Esbn	Presden	7 AM		130					30	51.36	Signee And / Bun Bee	
10/31	Esbn	Woods								30	69.50	Radio Interview / Business Exp	
11/1	Woods	Woods								30		Sign Logue	
11/2	Esbn	St. Mar		6 PM						30.00	53.00	Presden Mall - Burnell Center	
11/3	St. Mar	Woods		7:00 AM						30	222.01		
Total Miles					1159								
Mileage Rate & Reimbursement					0.3650								

Mileage	422.04	423.03
Meals	210.00	210.00
Motel	222.01	222.01
Grand Total	854.05	855.04

Miscellaneous Expenditures (Includes Commercial Travel)		
Date	Item	Amount
Total		

Private Vehicle License: S16559 # 823435
 Signature: Martha Culbertson Date: 11/3/02
 Supervisor's Signature: _____ Date: _____

Mileage between points must agree with the official state mileage charts