

C-2  
Rev. 7/97



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>SHARON L. FLOCK</b>		Office Sought (if candidate) <b>ST. REP. B</b>	District (if any) <b>B4</b>
Mailing Address <b>1093 LAKEWOOD DR.</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>TWIN FALLS 83301</b>	Home Phone <b>(208) 737-6560</b>
Name of Political Treasurer <b>ORLIETTE SINCLAIR</b>		Home Phone	Work Phone <b>SAME</b>
Mailing Address <b>262 LINCOLN ST.</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>TWIN FALLS 83301</b>	Home Phone <b>(208) 733-7580</b>
		Home Phone	Work Phone <b>SAME</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 10 / 21 / 02 through 11 / 15 / 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 checked="" 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 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	\$ -0-
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 304.34	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 1,775.00	\$ 21,068.74
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 2,079.34	\$ 21,068.74
Line 5: Total Expenditures (Enter amount from page 2)	\$ 1,916.50	\$ 20,905.90
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 162.84	\$ 162.84

\*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 ORLIETTE SINCLAIR, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Orliette Sinclair  
Signature of Political Treasurer

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee <b>SHARON L. Black</b>	Report Covering the Period From <b>10/21/02</b> to <b>11/15/02</b>
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**UNITEMIZED CONTRIBUTIONS**  
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 5 Total Amount \$ 175.00

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

Total Number -0- Total Amount \$ -0-

	Total This Period
<u>1</u> Number of Schedule A pages Attached	<u>1</u>
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>175.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>1,600.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>1,775.00</u>
<b>Expenditures</b>	
<u>1</u> Number of Schedule B pages Attached	<u>1</u>
Unitemized Expenditures (less than \$25) from top of page	\$ <u>-0-</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>1,916.50</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$

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

Name of Candidate or Committee SHARON L. BLOCK

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
10/25/02 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. DAVID R. MEAD 2045 HILLOREST DR. TWIN FALLS, ID, 83301	\$ 75.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/28/02 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. SHARON L. BLOCK 1093 LAKEWOOD DR. TWIN FALLS, ID, 83301	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ 950.00 Calendar Year To Date
11/04/02 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. SHARON L. BLOCK 1093 LAKEWOOD DR. TWIN FALLS, ID, 83301	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ 575.00 Calendar Year To Date
_____ <input type="checkbox"/> Primary <input type="checkbox"/> General	4. _____	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
_____ <input type="checkbox"/> Primary <input type="checkbox"/> General	5. _____	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
_____ <input type="checkbox"/> Primary <input type="checkbox"/> General	6. _____	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
_____ <input type="checkbox"/> Primary <input type="checkbox"/> General	7. _____	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
_____ <input type="checkbox"/> Primary <input type="checkbox"/> General	8. _____	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
_____ <input type="checkbox"/> Primary <input type="checkbox"/> General	9. _____	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
_____ <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		\$ 75.00	\$ _____	\$ 1,525.00

<input type="checkbox"/> Primary		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
Subtotals of Columns A, B & C		\$ 75.00	\$ _____	\$ 1,525.00
Total This Page (add columns A, B & C)				\$ 1,600.00

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

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Name of Candidate or Committee SHARON L. BLOCK

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A Cash or Check	Column B In-Kind (non-monetary)
10/22/02	1. HORIZON BROADCASTING GROUP 888 NORTH COLE ROAD BOISE, ID. 83704	\$ 408.00	
Purpose of Above Expenditure: CAMPAIGN RADIO ADS			
10/26/02	2. CLEAR CHANNEL RADIO P.O. Box 1259 TWIN FALLS, ID. 83303-1259	\$ 494.00	
Purpose of Above Expenditure: CAMPAIGN RADIO ADS			
10/31/02	3. NBC 38 834 FALLS AVE. WEST TWIN FALLS, ID. 83301 (REFUND)	\$ (-133.50)	
Purpose of Above Expenditure: CAMPAIGN TV ADS			
10/31/02	4. CLEAR CHANNEL RADIO P.O. Box 1259 TWIN FALLS, ID. 83303-1259	\$ 283.00	
Purpose of Above Expenditure: CAMPAIGN RADIO ADS			
11/02/02	5. CLEAR CHANNEL RADIO P.O. Box 1259 TWIN FALLS, ID. 83303-1259	\$ 797.00	
Purpose of Above Expenditure: CAMPAIGN RADIO ADS			
11/14/02	6. U.S. POST OFFICE 853 SECOND AVE. W. TWIN FALLS, ID. 83301	\$ 68.00	
Purpose of Above Expenditure: POSTAGE			
11/11/02	7.	\$ _____	
Purpose of Above Expenditure:			
11/11/02	8.	\$ _____	
Purpose of Above Expenditure:			

/ / /	8.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
/ / /	9.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
SubtotalsofColumnsA&B		\$ 1,916.50	\$ _____
TotalThisPage(addcolumnsA&B)			\$ 1,916.50