

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>JAMES H. HOLLINGSWORTH</b>		Office Sought (if candidate) <b>STATE REP.</b>	District (if any) <b>FLOOR A</b>
Mailing Address <input type="checkbox"/> Check if address change. <b>3130 CHERRY LANE</b>	City and Zip <b>COEUR D'ALENE 83814</b>	Home Phone <b>208-667-7748</b>	Work Phone <b>SAME</b>
Name of Political Treasurer <b>DANIEL W. PINKERTON</b>		STATE OF IDAHO	
Mailing Address <input type="checkbox"/> Check if address change. <b>2001 IRONWOOD PL. STE 100</b>	City and Zip <b>COEUR D'ALENE 83814</b>	Home Phone <b>208-765-6775</b>	Work Phone <b>208-667-8998</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 / 1 / 02 through 10 / 20 / 02

- 7 Day Pre-Primary Report
- 7 Day Pre-General Report
- Quarterly (April 30)  
(only filed by ballot measure committees)
- 30 Day Post-Primary Report
- 30 Day Post-General Report
- Quarterly (July 30)  
(only filed by ballot measure committees)
- October 10 Pre-General Report
- 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	\$ <u>0</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>1,274.81</u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1,670 -</u>	\$ <u>5,969 -</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>2,944.81</u>	\$ <u>5,969 -</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>2,079.81</u>	\$ <u>5,104 -</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>865.00</u>	\$ <u>865.00</u> <i>Dup</i>

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

*[Signature]*  
Signature of Political Treasurer

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee <u>JAMES H. HOLLINGSWORTH</u>	Report Covering the Period From <u>10/1/02</u> to <u>10/20/02</u>
--	--

**UNITEMIZED CONTRIBUTIONS**  
 Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 9                      Total Amount \$ 270 -

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

Total Number 1                      Total Amount \$ 9.90

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 270 -
Itemized Contributions (total all Schedule A sheets)	\$ 1,400 -
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 1,670 -
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 9.90
Itemized Expenditures (total all Schedule B sheets)	\$ 2,069.91
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 2,079.81

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

Name of Candidate or Committee: JAMES H. HOLLINGSWORTH

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
10/01/02	1. JIM HOLLINGSWORTH 3130 CHERRY LN CdA, ID 83815	\$ _____	\$ _____	\$ 600 -
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ 800 - Calendar Year to Date
10/1/02	2. AGRICULTURE & NATURAL RESOURCES PAL 5685 PARAPET CT BOISE, ID 83703	\$ 100 -	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100 - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10/1/02	3. BRIAN REID SUZANNE REID 1757 E. BRUCE HAYDEN LAKE, ID 83835	\$ 100 -	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 150 - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10/6/02	4. HERBERT "BU" KERCHOFF 2910 FERNAN CT. CdA, ID 83814	\$ 100 -	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 200 - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10/7/02	5. JOHN TAYLOR 2020 BROADVIEW DR. LEWISTON, ID 83501	\$ 100 -	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100 - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10/10/02	6. ITLA PAL P.O. Box 1777 BOISE, ID 83701	\$ 100 -	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100 - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10/10/02	7. CdA MINES CORP Operating Account 505 FRONT AVE CdA, ID 83814	\$ 300 -	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 300 - Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	10.	\$ _____	\$ _____	\$ _____
<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		\$ 800 -	\$ 0 -	\$ 600 -
Total This Page (add columns A, B & C)				\$ 1,400 -

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

Name of Candidate or Committee: James H. Hollingsworth

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
10/2/02	1. COEUR D'ALENE PRESS 102 N. Second Coeur d'Alene, ID 83814	\$1,765.32	\$
Purpose of Above Expenditure: <u>ADVERTISING</u>			
10/22/02	2. KINKOS 119 W. Appleway CdA ID, 83814	\$304.59	\$
Purpose of Above Expenditure:			
/ /	3.	\$	\$
Purpose of Above Expenditure:			
/ /	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		\$2,069.91	\$
Total This Page (add columns A & B)			\$2,069.91