



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

Section I

Name of Candidate or Political Committee and Chairperson KEN ROBERTS		Office Sought (if candidate) REPRESENTATIVE	District (if any) 8A
Mailing Address 12765 HWY 55	<input type="checkbox"/> Check if address change.	City and Zip DONNELLY 83615	Home Phone 325-8351
Name of Political Treasurer MARY JO ROBERTS		Home Phone 325-8351	Work Phone 325-8351
Mailing Address 12765 HWY 55	<input type="checkbox"/> Check if address change.	City and Zip DONNELLY 83615	Home Phone 325-8351
		Home Phone 325-8351	Work Phone 325-8351

02 OCT 23
PM 3:5
STATE OF IDAHO

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 / 8 / 02 through 10 / 20 / 02

- | | | |
|--|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input checked="" 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 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	\$ 624.39
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 2,709.71	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 2,269.00	\$ 4,981.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 4,978.71	\$ 5,605.39
Line 5: Total Expenditures (Enter amount from page 2)	\$ 1,389.74	\$ 2,016.42
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 3,588.97	\$ 3,588.97

*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 \$ 1,125.25 (see attached Schedule C-2B)

Section VI

CERTIFICATION

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

Mary Jo Roberts
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 KEN ROBERTS.	Report Covering the Period From <u>10 / 1 / 02</u> to <u>10 / 20 / 02</u>
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UNITEMIZED CONTRIBUTIONS

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

Total Number <u>4</u>	Total Amount \$ <u>169⁰⁰</u>
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UNITEMIZED EXPENDITURES

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

Total Number <u>0</u>	Total Amount \$ <u>0</u>
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	Total This Period
<u>2</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>169⁰⁰</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>2,100⁰⁰</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>2,269⁰⁰</u>
Expenditures	
<u>1</u> Number of Schedule B pages Attached	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>0</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>1,389⁷⁴</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>1,389⁷⁴</u>

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

Name of Candidate or Committee
KEN ROBERTS.

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>10/1/02</u>	1. Idaho State Independent Auto Dealer 813 N. Mitchell St. Boise, ID 83704	\$ <u>100⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	2. A.I.A., Inc. One Lewis Clark Plaza Lewiston, ID 83501	\$ <u>100⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	3. Osprey Apartments, LLC 3207 4th St. Lewiston, ID 83501	\$ <u>200⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	4. Idaho Chiropractic Life Pac Box 8172 Boise, ID 83707	\$ <u>100⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	5. IDAHO CATTLE ASSOC. PAC P.O. Box 15397 BOISE ID. 83715	\$ <u>100⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/3/02</u>	6. INTERMOUNTAIN GAS CO. P.O. Box 7608 BOISE, ID. 83707	\$ <u>100⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/3/02</u>	7. ICTA P.O. Box 1145 BOISE ID. 83701	\$ <u>300⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/3/02</u>	8. ID SUGAR BEET GROWERS 1199 MAIN ST. 1 BOISE, ID 83702	\$ <u>250⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/3/02</u>	9. STEW AIRBORNE P.O. Box 9367 BOISE ID. 83707	\$ <u>100⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/3/02</u>	10. ID STATE DENTAL ASSOC. 1220 W. HAYES BOISE, ID. 83702	\$ <u>250⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>1,600⁰⁰</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ <u>1,600⁰⁰</u>	\$ _____	\$ _____

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

Name of Candidate or Committee
KEN ROBERTS

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
10/13/02	1. ID ASSOC CHIROPRACTIC PHYS. P.O BOX 1863 BOISE, ID. 83701	\$ 50 ⁰⁰	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/13/02	2. ID TRUCK PAC INC. P.O. BOX 4549 BOISE ID. 83711	\$ 150 ⁰⁰	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/13/02	3. AG + NATURAL RESOURCE INC. 5685 PARAPET COURT. BOISE ID. 83703	\$ 200 ⁰⁰	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/13/02	4. ID ASSOC OF INSURANCE + FW ADVIS 7684 REMUDA DRIVE. BOISE.	\$ 100 ⁰⁰	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	5.	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	6.	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	7.	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	8.	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	9.	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	10.	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<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		\$ 500 ⁰⁰	\$	\$
Total This Page (add columns A, B & C)		\$ 500 ⁰⁰	\$	\$ 500 ⁰⁰

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

Name of Candidate or Committee
KEN ROBERTS

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
10/20/02	1. USPS DONNELLY ID. 83615	\$ 1,110 ⁰⁰	\$
Purpose of Above Expenditure: POSTAGE			
10/20/02	2. PRINT SHOP. MC CALL, ID. 83638	\$ 279 ⁷⁴	\$
Purpose of Above Expenditure: ENVELOPES + PRINTING.			
/ /	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		\$ 1,389 ⁷⁴	\$
Total This Page (add columns A & B)		\$ 1,389 ⁷⁴	\$

**SCHEDULE C-2B
EXPENDITURES INCURRED BUT NOT YET PAID**

Name of Candidate or Committee KEN ROBERTS	Report Covering the Period From 10 / 1 / 02 to 10 / 20 / 02
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Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service, but did not make payment before the end of the reporting period. Do not include these entries on Schedule B until you actually make payment.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period: Total Number 0	Total Amount \$ 0
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Incurred Expenditures of \$25.00 or More This Period:

Date Incurred	Full Name, Mailing Address and Zip Code of Recipient	Amount Incurred
10/20/02	1. WHISTLEBARK 1000 FIRST ST MCCALL ID 83638	1,125 ²⁵
Purpose of Above Expenditure:		
/ /	2.	
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:		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more	\$ <u>1,125 ²⁵</u>
Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1)	\$ <u>0</u>
Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1.	\$ <u>1,125 ²⁵</u>