



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

Section I

Name of Candidate or Political Committee and Chairperson <i>Mike Moyle</i>		Office Sought (if candidate) <i>02 007 25</i>	District (if any) <i>14A</i>
Mailing Address <i>480 N. Plummer</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Star, 83669</i>	Home Phone <i>STATE OF IDAHO</i>
Name of Political Treasurer <i>Mary E. Harvey</i>		Work Phone <i>870-6667</i>	
Mailing Address <i>1239 Maple St</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Meridian, 83642</i>	Home Phone <i>888-3250</i>
		Work Phone	

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

- | | | |
|---|--|--|
| <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 checked="" 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>5714.13</u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>6425.00</u>	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>12139.13</u>	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>280.00</u>	\$ _____
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>11859.13</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 Mary E. Harvey, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Mary E. Harvey
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 <i>Mike Doyle House 14A</i>	Report Covering the Period From ___/___/___ to ___/___/___
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UNITEMIZED CONTRIBUTIONS

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

Total Number <u> 0 </u>	Total Amount \$ <u> 0 </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
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <i>6,425.⁰⁰</i>
Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <i>280.⁰⁰</i>

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

Name of Candidate or Committee
Mike May, Dist 14 A Rep.

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>	<u>1. Idaho Assoc. of Chiropractic Physicians (PAC)</u>	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>Box 1863 Boise, Id. 83701</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	<u>2. Idaho Health Care Assoc. (PAC)</u>	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>802 W. Bannock Ste. 304 Boise, Id. 83702</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	<u>3. Boise Area Chamber of Commerce (PAC)</u>	\$ <u>500.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>P.O. Box 2368 Boise, Id. 83701</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	<u>4. Ada County Republicans</u>	\$ <u>50.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>P.O. Box 1572 Boise, Id. 83701</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	<u>5. IBCA - PAC</u>	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>P.O. Box 190588 Boise, Id. 83719</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	<u>6. Idaho Cable Comm. Assoc. ^{Tele.}</u>	\$ <u>500.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>P.O. Box 1145 Boise, Id. 83701-1145</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	<u>7. Idaho Cattle Assoc.</u>	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>P.O. Box 15397 Boise, Id. 83715</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	<u>8. Agricultural & Natural Reserves</u>	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>5685 Parapet Court Boise, Id. 83703</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	<u>9. Crown Political Action Comm.</u>	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>P.O. Box 5756 Boise, Id. 83705</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/1/02</u>	<u>10. A Full Life Agency</u>	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>P.O. Box 1898 Hayden, Id. 83835</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>2,300.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>2,300.00</u>

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

Name of Candidate or Committee
Mike Mayle Dist 14 A. Rep

		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
<u>10/1/02</u>	¹ Correction Corp. of America 10 Benton Hill Blvd. Nashville, TN 37215	\$ <u>250.⁰²</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.B.O. P.O. Box 7386 Boise, Id. 83707	\$ <u>200.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/4/02</u>	³ Idaho Dental UACI 1220 W. Hays Boise, Id. 83702	\$ <u>500.⁰²</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/10/02</u>	⁴ Micron Technology, Inc. 8000 S. Federal Way Boise, Id. 83707-0006	\$ <u>500.⁰²</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/15/02</u>	⁵ C. Jean Krang - Dr. James W. Krang 2404 N. 24 th Boise, Id. 83702	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/11/02</u>	⁶ Idaho Business, Inc. P.O. Box 1111 Boise, Id. 83701	\$ <u>1,000.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/12/02</u>	⁷ Bruce Newcomb 1626 Monroe Ave. Burley, Id. 83318	\$ <u>500.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/15/02</u>	⁸ K Sutter, R.D.N 4400 S. Cochran Way Boise, Id. 83709	\$ <u>100.⁰²</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>	⁹ Idaho Truck Pac. Inc. P.O. Box 4549 Boise, Id. 83711	\$ <u>200.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/1/02</u>	¹⁰ Idaho Bank Pac. State Fund P.O. Box 638 Boise, Id. 83701	\$ <u>100.⁰²</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>3,450.⁰⁰</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>3,450.⁰⁰</u>

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

Name of Candidate or Committee
Mike Moyale Dist 14A Rep.

		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
<u>10/11/02</u>	<u>1 Idaho Medical PAC</u>	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>305 W. Jefferson</u> <u>Boise, Id. 83102</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/15/02</u>	<u>2 Westrock Assoc. RRP</u>	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>415 So. Capitol Blvd.</u> <u>Suite 200 Boise, Id. 83102</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/4/02</u>	<u>3 RUPAC</u>	\$ <u>225.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<u>P.O. Box 1832</u> <u>Idaho Falls, Id. 83403</u>	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>1/1/</u>	<u>4</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>1/1/</u>	<u>5</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>1/1/</u>	<u>6</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>1/1/</u>	<u>7</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>1/1/</u>	<u>8</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>1/1/</u>	<u>9</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>1/1/</u>	<u>10</u>	\$ _____	\$ _____	\$ _____
<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		\$ <u>675.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>675.00</u>

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

Name of Candidate or Committee
Mike Mayo - Dist 14 A Rep.

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>10/11/02</u>	^{1.} Assoc. Jaxpagewy Id. P.O. Box 1665 Boise, Id. 83701-1665.	\$ <u>80.⁰⁰</u>	\$ _____
Purpose of Above Expenditure: <u>Learned Meeting Briefing</u>			
<u>10/5/02</u>	^{2.} McDonald House Boise, Id.	\$ <u>100.⁰⁰</u>	\$ _____
Purpose of Above Expenditure: <u>Contribution</u>			
<u>10/18/02</u>	^{3.} Friends of Scouting Boise, Id.	\$ <u>100.⁰⁰</u>	\$ _____
Purpose of Above Expenditure: <u>Contribution</u>			
<u> / / </u>	^{4.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	^{5.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	^{6.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	^{7.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	^{8.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	^{9.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ <u>280.⁰⁰</u>	\$ _____
Total This Page (add columns A & B)			\$ _____