



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>ALMON MANES</b>		Office Sought (if candidate) <b>SENATE</b>	District (if any) <b>2017 MAR 28 PM 2:35</b>
Mailing Address <b>HC 66 Box 259</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>KOOSKIA 83539</b>	Home Phone <b>926-7787</b>
Name of Political Treasurer <b>VIRGINIA MANES</b>		Work Phone <b>Same</b>	
Mailing Address <b>HC 66 Box 259</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>KOOSKIA 83539</b>	Home Phone <b>926-7787</b>
		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 1/1/02 through 5/12/02

- |  |   |  |
|--|---|--|
| <input checked="" 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 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*	\$ <u>XXXXXX</u>	\$ <u>0000</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>0000</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1,142.47</u>	\$ <u>1,142.47</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>1,142.47</u>	\$ <u>1,142.47</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1,142.47</u>	\$ <u>1,142.47</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>0000.00</u>	\$ <u>0000.00</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**

**Return This Report To:**  
Pete T. Cenarrusa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
fax: (208) 334-2282

I Virginia Manes (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.

Virginia Manes  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <span style="font-size: 1.2em; font-family: cursive;">ALMON MANES</span>	Report Covering the Period From <u>1/1/02</u> to <u>5/12/02</u>
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### 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 0                      Total Amount \$ 0

	Total This Period
____ Number of Schedule A pages Attached	
<b>Contributions</b>	1
Unitemized Contributions (\$50 and less) from top of page	\$ 0
Itemized Contributions (total all Schedule A sheets)	\$ 1,142.47
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 1,142.47
____ Number of Schedule B pages Attached	1
<b>Expenditures</b>	1,142.47
Unitemized Expenditures (less than \$25) from top of page	\$ ,00
Itemized Expenditures (total all Schedule B sheets)	\$ 1,142.47
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 1,142.47

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

Name of Candidate or Committee  
ALMON MANES

		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>4/21/02</u>	1. Dorothy Reed	\$ <u>100.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	HC 66 Box 259 KOOSKIA, ID 83539	\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>4/26/02</u>	2. DONALD MORGAN	\$ <u>1,000.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1677 East Miles Road Hayden, IDAHO 83535 Suite 103	\$ <u>1,000.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/10/02</u>	3. Virginia Manes	\$ <u>42.47</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	HC 66 Box 259 KOOSKIA, ID 83539	\$ <u>42.47</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	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		\$ _____	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ _____	\$ _____	\$ _____

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

Name of Candidate or Committee  
ALMON MANES

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>5/7/02</u>	<sup>1</sup> GEM SIGNS & DESIGNS 1015 MIDDLE GRANGEVILLE, IDAHO 83530	\$ <u>708.25</u>	\$ _____
Purpose of Above Expenditure: <u>YAAD SIGNS</u>			
<u>5/9/02</u>	<sup>2</sup> GRANGEVILLE BUILDERS SUPPLY 703 W SOUTH 1ST GRANGEVILLE, IDAHO 83530	\$ <u>43.85</u>	\$ _____
Purpose of Above Expenditure: <u>STAKES FOR YARD SIGNS</u>			
<u>5/3/02</u>	<sup>3</sup> ROXANNE'S CARD SHOP MAIN STREET KAMIAH, IDAHO 83536	\$ <u>34.49</u>	\$ _____
Purpose of Above Expenditure: <u>CARD STOCK FOR CAMPAIGN LITERATURE</u>			
<u>5/12/02</u>	<sup>4</sup> CAR MILEAGE FOR ALMON MANES 1148 MILES TRAVELED AT \$0.31 per mile.	\$ <u>355.88</u>	\$ _____
Purpose of Above Expenditure: <u>GOING TO CAMPAIGN FORUMS &amp; PUTTING UP SIGNS</u>			
<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>1,142.47</u>	\$ _____
Total This Page (add columns A & B)		<u>1,142.47</u>	\$ _____

**SCHEDULE C-2A  
CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED**

Name of Candidate or Committee <p align="center"><i>ALMON MANES</i></p>	Report Covering the Period From ___/___/___ to ___/___/___
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**Directions:** Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

<b>Line 1: Pledged Contributions of \$50.00 or Less This Period:</b> Total Number _____ Total Amount \$ _____
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**Pledged Contributions of More Than \$50.00 This Period:**

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	1.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	2.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	11.	

Line 2: Total Amount of Pledged Contributions of More Than \$50.00	\$ _____
Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1)	\$ _____
Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total in Section V, page 1.	\$ _____

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

Name of Candidate or Committee	Report Covering the Period From ___/___/___ to ___/___/___
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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.

<b>Line 1: Incurred Expenditures of Less Than \$25.00 This Period:</b> Total Number _____ Total Amount \$ _____
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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
1. ____/____/____		
<b>Purpose of Above Expenditure:</b>		
2. ____/____/____		
<b>Purpose of Above Expenditure:</b>		
3. ____/____/____		
<b>Purpose of Above Expenditure:</b>		
4. ____/____/____		
<b>Purpose of Above Expenditure:</b>		
5. ____/____/____		
<b>Purpose of Above Expenditure:</b>		
6. ____/____/____		
<b>Purpose of Above Expenditure:</b>		
7. ____/____/____		
<b>Purpose of Above Expenditure:</b>		
8. ____/____/____		
<b>Purpose of Above Expenditure:</b>		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more \$ \_\_\_\_\_

Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1) \$ \_\_\_\_\_

Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1. \$ \_\_\_\_\_