



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

Section I

Name of Candidate or Political Committee and Chairperson Mike Ihler		Office Sought (if candidate) St. Rep.	District (if any) 23A
Mailing Address 2635 A East 3100 N	<input type="checkbox"/> Check if address change.	City and Zip Twin Falls 83301	Home Phone 208 734 7930
Name of Political Treasurer Gary Earl		Home Phone 208 733 2597	Work Phone 208 731 5995
Mailing Address 3255 N 3000 E	<input type="checkbox"/> Check if address change.	City and Zip Twin Falls 83301	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 6 / 8 / 2002 through 9 / 30 / 2002

- | | | |
|---|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input 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	\$ - 0 .
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ - 0 .	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 436.42	\$ 436.42
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 436.42	\$ 436.42
Line 5: Total Expenditures (Enter amount from page 2)	\$ 436.42	\$ 436.42
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ - 0 .	\$ - 0 .

*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 \$ 409.25 (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 Gary Earl, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Gary Earl
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Mike Ihler	Report Covering the Period From 6/2/2002 to 9/30/2002
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UNITEMIZED CONTRIBUTIONS

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

Total Number <u>1</u>	Total Amount \$ <u>50.00</u>
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UNITEMIZED EXPENDITURES

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

Total Number <u>6</u>	Total Amount \$ <u>120.58</u>
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	Total This Period
<u> </u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>50.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>386.42</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>436.42</u>
<u> </u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>120.58</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>315.84</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>436.42</u>

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

Name of Candidate or Committee
Mike Ihler

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>9/10/2002</u>	1. Citizens for Open Government Boise, Idaho 83701	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>9/31/02</u>	2. Mike Ihler 2635 A East 3100 N Twin Falls, Idaho 83301	\$ <u>286.42</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>286.42</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ 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		\$ 286.42 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>386.42</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>386.42</u>

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

Name of Candidate or Committee
Mike Ihler

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
8/9/02	1. Shilo Inn 617 Nampa Blvd Nampa, Idaho 83687	\$ 22.20	\$
Purpose of Above Expenditure: Lodging			
8/15/02	2. Office Max Twin Falls, Idaho 83301	\$ 97.64	\$
Purpose of Above Expenditure: Advertising			
8/10/02	3. U S Postoffice Twin Falls, Idaho	\$ 38.00	\$
Purpose of Above Expenditure: P.O. Box Rent			
9/13/02	4. Ace Printing P O Box 188 Twin Falls, Idaho	\$ 100.00	\$
Purpose of Above Expenditure: Advertising			
1/1/	5.	\$	\$
Purpose of Above Expenditure:			
1/1/	6.	\$	\$
Purpose of Above Expenditure:			
1/1/	7.	\$	\$
Purpose of Above Expenditure:			
1/1/	8.	\$	\$
Purpose of Above Expenditure:			
1/1/	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 315.84	\$
Total This Page (add columns A & B)			\$ 315.84

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

Name of Candidate or Committee <u>Mike Ihler</u>	Report Covering the Period From <u>6/0/02</u> to <u>9/30/02</u>
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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 _____	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
<u>8/28/02</u>	1. <u>Ace Printing P.O Box 188, Twin Falls, Idaho 83301</u>	<u>409.25</u>
Purpose of Above Expenditure:		
<u> / / </u>	2.	
Purpose of Above Expenditure:		
<u> / / </u>	3.	
Purpose of Above Expenditure:		
<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:		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more	\$ <u>409.25</u>
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.	\$ <u>409.25</u>