



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

2002 JUL - 1 P. 2-30

Section I

Name of Candidate or Political Committee and Chairperson DONNA JONES FOR STATE CONTROLLER		Office Sought (if candidate) State Controller	District (if applicable) 30
Mailing Address 504 16th AVE SO.	Check if address change <input type="checkbox"/> City and Zip NAMPA, 83651	Home Phone 433-8683	Work Phone 433-8683
Name of Political Treasurer MICHAEL CROW			
Mailing Address 504 16th AVE SO.	Check if address change <input type="checkbox"/> City and Zip NAMPA, 83651	Home Phone 467-9330	Work Phone 467-9330

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 05 / 13 / 2002 through 06 / 07 / 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 checked="" 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*	\$ <u>XXXXXX</u>	\$ <u>2.562.70</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>4.608.00</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>3.205.00</u>	\$ <u>41.468.40</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>7.813.00</u>	\$ <u>44.031.10</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>2.290.30</u>	\$ <u>38.508.40</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>5.522.70</u>	\$ <u>5.522.70</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 \$ 0.00 (see attached Schedule C-2A)

Incurred Expenditures during this reporting period but not yet paid: None \$ 4,519.23 (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 Michael Crow
(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.

Michael Crow
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee DONNA JONES FOR STATE CONTROLLER	Report Covering the Period From <u>05 / 13 / 02</u> to <u>06 / 07 / 02</u>
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UNITEMIZED CONTRIBUTIONS

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

Total Number <u>19</u>	Total Amount \$ <u>655.00</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>0.00</u>
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	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 655.00
Itemized Contributions (total all Schedule A sheets)	\$ 2,550.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 3,205.00
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 0.00
Itemized Expenditures (total all Schedule B sheets)	\$ 2,290.30
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 2,290.30

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

Name of Candidate or Committee
DONNA JONES FOR STATE CONTROLLER

		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
05 / 20 / 02	1. AVISTA PO BOX 3727 SPOKANE, WA 99220-3727	\$ 1,000.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 1,000.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
06 / 01 / 02	2. ROBERT F. DEBORD 112 COUNTRY LANE PAYETTE, ID 83661	\$ 100.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 100.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
06 / 01 / 02	3. SHARON MAXWELL 7175 DENVER FRUITLAND, ID 83619	\$ 200.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 200.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
06 / 01 / 02	4. RICHARD COLLINGWOOD 104 COUNTRY LANE PAYETTE, ID 83661	\$ 100.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 100.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
06 / 01 / 02	5. CONSTANCE DRESCHER 2100 MOSS PAYETTE, ID 83661	\$ 100.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 100.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
06 / 01 / 02	6. LEE GAGNER 2555 FIELDSTREAM LANE IDAHO FALLS, ID 83404	\$ 200.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 200.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
06 / 01 / 02	7. HARDIN SANITATION, INC. 141 N. 20TH ST. PAYETTE, ID 83661	\$ 100.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 100.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
06 / 01 / 02	8. IDAHO ASSN. NURSE ANESTHETISTS PO BOX 95 MERIDIAN, ID 83680	\$ 500.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 500.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
06 / 01 / 02	9. C.A. SMYSER 26298 LEE LN. PARMA, ID 83660	\$ 250.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 250.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
Subtotals of Columns A, B & C		\$ 2,550.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 2,550.00

SCHEDULE B ITEMIZED EXPENDITURES

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee DONNA JONES FOR STATE CONTROLLER

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
05 / 22 / 02	1. ESP PO BOX 3415 BOISE, ID 83703	\$ 191.39	\$ _____
Purpose of Above Expenditure: LISTS			
05 / 23 / 02	2. MAXCOMM TECHNOLOGIES, INC. 1260 LAKE BLVD., SUITE 210 DAVIS, CA 95616	\$ 1,438.74	\$ _____
Purpose of Above Expenditure: COMMUNICATIONS			
05 / 30 / 02	3. MASAKI KUWANA HC01 BOX101 WHITE BIRD, ID 83554	\$ 369.40	\$ _____
Purpose of Above Expenditure: SALARY			
06 / 01 / 02	4. VOICESTREAM 335 NO MILWAUKEE BOISE, ID 83704	\$ 105.61	\$ _____
Purpose of Above Expenditure: TELEPHONE			
06 / 01 / 02	5. QWEST DENVER, CO 80244-0001	\$ 185.16	\$ _____
Purpose of Above Expenditure: TELEPHONE			
/ /	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 2,290.30	\$ 0.00
Total This Page (add columns A & B)			\$ 2,290.30

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

Name of Candidate or Committee DONNA JONES FOR STATE CONTROLLER	Report Covering the Period From <u>05 / 13 / 02</u> to <u>06 / 07 / 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 <u>0</u> Total Amount \$ <u>0.00</u>

Incurred Expenditures of \$25.00 or More This Period:

Date Incurred	Full Name, Mailing Address and Zip Code of Recipient	Amount Incurred
05 / 15 / 02	1. CALVIN WHITE 700 INDEPENDENCE LANE EMMETT, ID 83617	\$ <u>4,519.23</u>
Purpose of Above Expenditure: SIGNAGE		
/ /	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:		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more	\$ <u>4,519.23</u>
Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1)	\$ <u>0.00</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>4,519.23</u>