



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>MIKE P. MITCHELL</b>		Office Sought (if candidate) <b>REPRESENTATIVE 7</b>	District (if any)
Mailing Address <input type="checkbox"/> Check if address change. <b>1916 - GATEWAY DRIVE</b>	City and Zip <b>LEWISTON 83501</b>	Home Phone <b>746-6313</b>	Work Phone <b>SAME</b>
Name of Political Treasurer <b>MIKE P. MITCHELL</b>			
Mailing Address <input type="checkbox"/> Check if address change. <b>1916 - GATEWAY DRIVE</b>	City and Zip <b>LEWISTON 83501</b>	Home Phone <b>746-6313</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 JAN / 01 / 2005 through DEC / 30 / 2005

- 7 Day Pre-Primary Report     
  30 Day Post-Primary Report     
  October 10 Pre-General Report  
 7 Day Pre-General Report     
  30 Day Post-General Report     
  Annual Report  
 Semi-Annual Report (Statewide Candidates Only)

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	\$ 3130. <sup>11</sup>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 3730. <sup>11</sup>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ -0-	\$ -0-
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 3730. <sup>11</sup>	\$ 3730. <sup>11</sup>
Line 5: Total Expenditures (Enter amount from page 2)	\$ 2309. <sup>62</sup>	\$ 2309. <sup>62</sup>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 1420. <sup>49</sup>	\$ 1420. <sup>49</sup>
Line 7: Outstanding Debt to Date	\$ -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.

06 JAN -9 PM 3:54  
SECRETARY OF STATE  
STATE OF IDAHO

**Return This Report To:**  
Ben Yursa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
phone: (208) 334-2852  
fax: (208) 334-2282

**Section V**

**CERTIFICATION**

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

Mike P. Mitchell  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period From ___/___/___ to ___/___/___
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ <u>0</u>

<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number _____	Total Amount \$ _____

	Total This Period
____ Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ - 0 -
Itemized Contributions (total all Schedule A sheets)	\$ - 0 -
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ - 0 -
____ Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 5.41
Itemized Expenditures (total all Schedule B sheets)	\$ 2304.09
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ - 0 -
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 2309.50
____ Number of Schedule C-2B pages Attached	
<b>Incurred Expenditures</b>	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ - 0 -
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ - 0 -
Subtotal	= \$ - 0 -
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ - 0 -
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ - 0 -
____ Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ - 0 -

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

Name of Candidate or Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
09/26/05	1. MIKE P MITCHELL 1916-GATEWAY DR LEWISTON, ID. 83501 <i>Travel Law - Arrest return</i>	\$ 123.41 <sup>⊗</sup>	\$
Purpose of Above Expenditure:			
10/25/05	2. US POSTAL LEWISTON, ID 83501 <i>mailings</i>	\$ 37.00 <sup>⊗</sup>	\$
Purpose of Above Expenditure:			
11/01/05	3. MIKE P MITCHELL 1916-GATEWAY DR LEWISTON, IDAHO 83501 <i>Misc travel and office expense</i>	\$ 100.00 <sup>⊗</sup>	\$
Purpose of Above Expenditure:			
12/14/05	4. US POST OFFICE LEWISTON, ID 83501 <i>mailings</i>	\$ 37.00 <sup>⊗</sup>	\$
Purpose of Above Expenditure:			
12/14/05	5. MIKE P MITCHELL 1916-GATEWAY DR LEWISTON, IDAHO 83501 <i>Misc office Paper - Fax cell phone</i>	\$ 200.00 <sup>⊗</sup> 2259.00	\$
Purpose of Above Expenditure:			
12/16/05	6. IDAHO DEMOCRATS P.O. BOX 445 BOISE, ID. 83701 <i>info system</i>	\$ 45.00 <sup>⊗</sup>	\$
Purpose of Above Expenditure:			
12/20/05	7. KLINGS 704-MAIN LEWISTON, ID 83501 <i>office sup</i>	\$ 5.41 <sup>⊗</sup>	\$
Purpose of Above Expenditure:			
9/26/05	8. STEELEY PRINTING 201-C N Lewiston, Idaho 83501 <i>ink stamps</i>	\$ 17.41	\$
Purpose of Above Expenditure:			
1/1/	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 547.82	\$
Total This Page (add columns A & B)			\$

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
01/05/05	1. MAGEN MCMINN 4569-N. Crowell Place Boise, Idaho 83713 <i>Leg. Intern</i>	\$ 500. <sup>00</sup>	\$ _____
Purpose of Above Expenditure:			
01/22/05	2. MIKE MITCHELL 1916-GATEWAY DR LEWISTON, ID. 83501 <i>Office Exp</i>	\$ 347. <sup>60</sup>	\$ _____
Purpose of Above Expenditure:			
02/19/05	3. MIKE MITCHELL 1916-GATEWAY DR LEWISTON, ID. 83501 <i>Frank Church Banquet</i>	\$ 225. <sup>00</sup>	\$ _____
Purpose of Above Expenditure:			
02/16/05	4. TRIBUNE PUB CO LEWISTON, IDAHO 83501 <i>Town Hall Meeting</i>	\$ 70. <sup>54</sup>	\$ _____
Purpose of Above Expenditure:			
03/01/05	5. IDAHO DEMOCRATS BOISE, IDAHO 83501 <i>Contribution</i>	\$ 100. <sup>00</sup>	\$ _____
Purpose of Above Expenditure:			
06/30/05	6. RITE AID DRUGS 1904-19TH AVE LEWISTON, ID. 83501 <i>Medicine paper supplies</i>	\$ 31. <sup>60</sup>	\$ _____
Purpose of Above Expenditure:			
07/11/05	7. MIKE MITCHELL 1916-GATEWAY DR LEWISTON, ID. 83501 <i>travel, etc</i>	\$ 200. <sup>00</sup>	\$ _____
Purpose of Above Expenditure:			
07/11/05	8. US POST OFFICE LEWISTON, ID 83501 <i>stamps</i>	\$ 37. <sup>00</sup>	\$ _____
Purpose of Above Expenditure:			
09/26/05	9. DEMOCRATS-HOUSE BOISE, IDAHO 83502 <i>office expense</i>	\$ 250. <sup>00</sup>	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 1761. <sup>74</sup>	\$ _____
Total This Page (add columns A & B)			\$ _____