



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

**POSTED**

SCANNED

06 JAN -9 PM 4:21

**Section I**

Name of Candidate or Political Committee and Chairperson <b>MIKE MOYLE</b>		Office Sought (if candidate) <b>HOUSE REPRESENTATIVE</b>	District (if any) <b>STATE</b>
Mailing Address <b>480 PLUMMER RD.</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>STAR, IDAHO</b>	Home Phone <b>286-7842</b>
Name of Political Treasurer <b>MARY HARVEY</b>			
Mailing Address <b>1239 MAPLE CT.</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>Meridian, Id. 83642</b>	Home Phone <b>888-3250</b>
			Work Phone <b>343-6767</b>

**Section II**

**TYPE OF REPORT**

332-1417

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 / 1 / 05 through Dec / 31 / 05

- 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).

	<b>COLUMN I This Period</b>	<b>COLUMN II Calendar Year to Date</b>
Line 1: Cash on Hand January 1, This Year*	\$ <u>XXXXXX</u>	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>10,622.76</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>4,000.00</u>	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>14,622.76</u>	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>525.00</u>	\$ _____
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>14,097.76</u>	\$ _____
Line 7: Outstanding Debt to Date	\$ _____	\$ _____

\*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**

**CERTIFICATION**

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

*Mary B. Harvey*  
Signature of Political Treasurer

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

## SCHEDULE A

### ITEMIZED CONTRIBUTIONS

of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee  
**MIKE MOYLE DISTRICT 20 - HOUSE OF REPRESENTATIVES**

		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
7 / 20 / 05	1. GIVENS PURSLEY 277 NO. 6TH ST. BOISE, IDAHO 83701	\$ 250.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
10 / 11 / 05	2. ALTRIA CORP. SERVICES, INC 120 PARK AVENUE NEW YORK, NY 10017-5592	\$ 300.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
11 / 01 / 05	3. IDAHO DENTAL - PAC 1220 W. HAYS BOISE, IDAHO 83702	\$ 250.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
11 / 10 / 05	4. QWEST-IDAHO - PAC 999 MAIN STREET - 11TH FLOOR BOISE, IDAHO 83702	\$ 200.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
12 / 25 / 05	5. <i>Idaho Truck Pac, Inc.</i> <i>P.O. Box 4549</i> <i>Boise, Id. 83711</i>	\$ 500.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
_ / _ / _	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
_ / _ / _	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
_ / _ / _	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
_ / _ / _	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
Subtotals of Columns A, B & C		\$ 4,000.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)		1,500.00		\$ 4,000.00

\$ 1,500.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee  
**MIKE MOYLE DISTRICT 20 - HOUSE OF REPRESENTATIVES**

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
3 / 01 / 05	<sup>1.</sup> REPUBLICAN CAUCUS HOUSE OF REPRESENTATIVES BOISE, IDAHO 83720	\$ 100.00	\$ _____
Purpose of Above Expenditure: REPUBLICAN CAUCUS			
6 / 14 / 05	<sup>2.</sup> ADA COUNTY REPUBLICAN PARTY HOFF BUILDING BOISE, IDAHO 83720	\$ 250.00	\$ _____
Purpose of Above Expenditure: DONATION			
9 / 25 / 05	<sup>3.</sup> OTTER FOR GOVERNOR BOISE, IDAHO 83702	\$ 100.00	\$ _____
Purpose of Above Expenditure: DONATION			
11 / 14 / 05	<sup>4.</sup> CAPITOL MALL PARKING - DEPT OF ADM. 502 N. 4TH ST. BOISE, IDAHO 83720-0072	\$ 75.00	\$ _____
Purpose of Above Expenditure: PARKING			
/ /	<sup>5.</sup>	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ / /	<sup>6.</sup>	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 525.00	\$ 0.00
Total This Page (add columns A & B)			\$ 525.00