

CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

| Section I | | | | |
|-------------------------------------------------------------|----------------------------------|-------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|
| Name of Candidate or Political Co | mmittee and Chairperson | | Office Sought (if c | |
| Beverly A. Montgome | | Lev. 17 | Legislatur | e-H 00 1941 25 AM 10: 41 |
| Mailing Address | ☐ Check if address change. | City and Zip | Home Phone | I |
| 2301 Idaho Name of Political Treasurer | | Caldwell 8360 | 5 459-2449 | STATE OF IDAHU |
| Michael Groff | | | | STATE OF IDAMO |
| Mailing Address | ☐ Check if address change. | City and Zip | Home Phone | Work Phone |
| 824 Dearborn | | Caldwell 8360 | 5 459-9081 | 459-3696 |
| Section II | | | | 1437 3070 |
| Directions: To indicate the tinstructional manual for rep | orting periods and due date | es. | dates and check the app | - |
| This repor | t is for the period from 1 | <u>1 / /t9n9_r</u> | <u>ough_12/</u> | 31 / 99 |
| ☐ 7 Day Pre-Primar | y Report | Day Pre-General Repo | | pril 30) pallot measure committees) |
| ☐ 30 Day Post-Prim | ary Report □ 30 |) Day Post-General Re | | |
| ☐ October 10 Pre-Ge | eneral Report 🛚 🖾 A | nnual Report | | pallot measure committees) |
| Is this Report a | n amendment? | ⊠ No Is | s this a Termination Rep | oort? 🗖 Yes 🖾 No |
| Section III | STATEMENT OF N | O CONTRIBUTION | S OR EXPENDITURE | CS |
| the appropriate dates and sign Section IV. | gn this report. Be sure to ca | arry forward the appro- | priate "Calendar Year to | ext to the statement below, fill in p Date" figures in Column II, |
| ☐ I hereby certify | that I have received no co from/ | | - | ring this reporting period |
| Section IV | | CHMMADV | | |
| To reach your Calendar Yea figures to the Column II figures | | | COLUMN I This Period | COLUMN II Calendar Year to Date |
| Line 1: Cash on Hand Janua | • | Davis d** | \$ <u>x x x x x x</u> \$ 3,960.77 | \$ <u>3,960.77</u> \$ xxxxxx |
| Line 2: Enter Cash Balance Line 3: Total Contributions | | | <u> </u> | \$ none |
| Line 4: Subtotal (Add lines | | •) | \$ <u>none</u> \$ <u>3,960.77</u> | \$ 3.960.77 |
| Line 5: Total Expenditures (| |) | \$ <u>1,403.13</u> | \$ <u>1.403.13</u> |
| Line 6: Cash Balance at Clo | | | \$ <u>2,557.64</u> | \$ <u>2.557.64</u> |
| *This same figure should be | entered on line lof all rer | oorts filed this calendar | r vear | . |
| Section V | CONTRIBUTIONS | PLEDGED - INCUR | RED EXPENDITURE | |
| Contributions Pledged d | turing this reporting period | but not yet received: | ⊠None □ \$ | (see attached Schedule C-2A) |
| Incurred Expenditures of | luring this reporting period | but not yet paid: | □ None □ 1\$ | (see attached Schedule C-2B) |
| | Section VI | CER | TIFICATION | |
| Return This Report To: Pete T. Cenarrusa | I_MICI | | OFF , here | by certify that the information |
| Secretary of State | in this report | (name of Political Treasurer) is a true, complete and | l correct Campaign Fina | ncial Disclosure Report as |
| PO Box 83720 Boise ID 83720-0080 | required by la | - | | 1 |
| fax: (208) 334-2282 | | -/// | | |
| | | 11/201 | of Political Treasurer | |

DETAILED SUMMARY PAGE

| Name of Candidate or Committee | Report Covering the Period | | | | | |
|---------------------------------------------------------------------|-------------------------------|--|--|--|--|--|
| Beverly A. Montgomery | From 1 / 1 / 99 to 12 131 /99 | | | | | |
| | | | | | | |
| UNITEMIZED CON | TRIBUTIONS | | | | | |
| Contributions of Fifty Dollars (\$50 | | | | | | |
| Total | otal | | | | | |
| Number0 A | mount <u>\$ 0</u> | | | | | |
| UNITEMIZED EX | PENDITURES | | | | | |
| Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period | | | | | | |
| | otal | | | | | |
| Number1 A | mount <u>\$ 14.01</u> | | | | | |

| | Total Thin Period |
|----------------------------------------------------------------------------|-------------------|
| Number of Schedule A pages Attached | |
| Contributions | |
| 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 I, Section IV, line 3) | \$ 0 |
| | |
| Nûmber of Schedule B pages Attached | |
| Expenditures | |
| Unitemized Expenditures (less than \$25) from top of page | \$ 14.01 |
| Itemized Expenditures (total all Schedule B sheets) | \$ 1.389.12 |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5) | \$ 1,403.13 |

SCHEDULE B ITEMIZED EXPENDITURES

Page of 2

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

Name of Candidate or Committee
Beverly A. Montgomery

| | | Column A | Column B |
|--------------------------|---------------------------------------------------------|--------------------|---------------------------|
| Date | Full Name, Mailing Address and Zip Code of Recipient | Cash or Check | In-Kind (non-monetary) |
| | Idaho Republican Party | | |
| | 612 West Hays | 50.00 | |
| 1 / 4 / 99 | Boise, ID 83702 | \$ 50.00 | \$ |
| urpose of Ab | ove Expenditure: Inauguration | | |
| | ² Inaugural Committee | | |
| | State House | m 20 00 | |
| 1 / 4 / 99 | Boise, ID 83702 | \$ 30.00 | _ \ \\$ |
| Purpose of Ab | ove Expenditure: Inauguration | | |
| | ^{3.} Facilities Services | | |
| | State House Capital | d 7F 00 | er. |
| 1 / 4 / 99 | P.O. 83720, Boise, ID 83702 | I \$ 75.00 | \$ |
| urpose of Ab | ove Expenditure: Parking | | |
| | 4 First Card | | |
| | Global Travel - Nampa | e E2E 04 | 6 |
| 1 / 12 / 99 | 2312 12th Avenue Road, Nampa, ID 83686 | \$ 525.94 | _ \ \\$ |
| Purpose of Abo | ove Expenditure: National Order of Women Legislators Tr | aining - Travel | - |
| | 5. First Card | | |
| | Charleston Place Hotel | | |
| 1 / 12 / 99 | Charleston, South Carolina | \$ <u>312.15</u> | _ \$ |
| PurposeofAbove | Expenditure: National Order of Women Legislators Tra | aining - Lodgin | ıg |
| | ⁶ First Card | | |
| | Hymans Restaurant | 110.70 | |
| 1 / 12 / 99 | Charleston Place Hotel, Charleston, SC | \$ <u>110.72</u> | - \$ |
| PurposeofAbove | Expenditure: National Order of Women Legislators Tra | aining - Meals | |
| | ⁷ Thorne Printing | | |
| | 623 12th Avenue Road | | |
| 1 112'99 | Nampa, ID 83686 | \$ 45.00 | - S |
| Purpose of Abo | ove Expenditure: Printing | • | • |
| | 8. Canyon County Republican Round-Up | | |
| | 504 16th Avenue South | | |
| 8 / 5_/ <u>99</u> | Nampa, ID 83651 | \$ <u>126.50</u> | \$ |
| urpose of Abo | ve Expenditure: Donations & Dinner | • | • |
| | 9. Staples | | |
| | 1901 Caldwell Blvd. | | |
| 0/16/99 | Nampa, ID 83651 | \$38.81 | \$ |
| urpose of Abo | ve Expenditure: Off ice Supplies | | , |
| | Subtotals of Columns A & B | \$ <u>1,314.12</u> | \$ none |
| | Total This Page (add columns A & B) | | \$_1.314.12 |
| | iocai iiis raye (add coidhills A 🗴 B) | | Ψ <u> </u> |

SCHEDULE B ITEMIZED EXPENDITURES

Page of 2

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

Name of Candidate or Committee

Beverly A. Montgomery

| | | Column A | Column B |
|----------------|---------------------------------------------------------|------------------|---------------------------|
| Date | Full Name. Mailing Address and Zip Code of Recipient | Cash or Check | In-Kind (non-monetary) |
| | Dept. of Administration | | |
| _12 / 18 / 99_ | P.O. Box 83720 Boise, ID 83720-0003 | \$ 75.00 | \$ |
| Purpose of Abo | ve Expenditure: Parking | | |
| | 2. | | |
| , , | | \$ | \$ |
| Purpose of Abo | ove Expenditure: | | 1 |
| | 3. | | |
| , , | | \$ | \$ |
| Purpose of Abo | ove Expenditure: | | |
| Tulpose of Abo | 4. | | |
| , , | | \$_ | \$ |
| Purpose of Abo | ove Expenditure: | | |
| | 5. | | |
| | | | |
| - / - / - | | \$ | \$ |
| | ove Expenditure: | | |
| | 6. | | |
| _ / _ / _ | | \$ | \$ |
| Purpose of Abo | ove Expenditure: | | |
| | 7 | | |
| , / | | \$ | \$ |
| Purpose of Abo | ove Expenditure: | | |
| | 8. | | |
| _ / _ / _ | | \$ | <u>\$</u> |
| | ove Exoenditure: | | |
| | 9. | | |
| _ / _ / _ | | \$ | \$ |
| | ove Expenditure: | | |
| | Subtotals of Columns A&B | \$ 75.00 | \$ none |
| | Total This Page (add columns A & B) | | \$ 75.00 |
| | 10cal lillol age (add coldillion & b) | | |