



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

Section I

Name of Candidate or Political Committee and Chairperson Jim D. Kempton House of Representatives		Office Sought (if candidate) 25 District (if any)	
Mailing Address <input type="checkbox"/> Check if address change. Star Route Box 28	City and Zip Albion 83311	Home Phone 208 673 6261	Work Phone 208 673 6261
Name of Political Treasurer Lex H. Kunau			
Mailing Address <input type="checkbox"/> Check if address change. Box 548	City and Zip Burley 83318	Home Phone 208 678 5120	Work Phone 208 678 8347

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 11 / 18 / 00 through 12 / 31 / 00

- | | | |
|--|---|---|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | CI 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"/> October 10 Pre-General Report | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Quarterly (July 30)
(only filed by ballot measure committees) |

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>3066.99</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>5386.31</u>	\$ <u>xxxxxx</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>-----</u>	\$ <u>3975.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>5386.31</u>	\$ <u>7041.99</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>300.00</u>	\$ <u>1955.68</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>5086.31</u>	\$ <u>5086.31</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

POSTED

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 \$ _____ (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 Lex H. Kunau, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Lex H. Kunau
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <p style="text-align: center; margin: 0;">Jim D. Kempton</p>	Report Covering the Period From <u>11</u> / <u>18</u> / <u>00</u> to <u>12</u> / <u>31</u> / <u>00</u>
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UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total N u m b e r <u> </u> ----	Total A m o u n t <u> </u> \$ <u> </u> ---

UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total N u m b e r <u> </u> ---	Total A m o u n t \$ <u> </u> ----

	Total This Period
1 Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ -----
Itemized Contributions (total all Schedule A sheets)	\$ -----
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ -----
1 Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ -----
Itemized Expenditures (total all Schedule B sheets)	\$ 300.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 300.00

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

Name of Candidate or Committee Jim D. Kempton

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
11/20/00	"Republican National Congressional Corn. Washington, D. C. 20000	\$ 100.00	\$
Purpose of Above Expenditure: Annual Membership fee.			
12/2/00	2. Cassia Regional Medical Center Festival 1501 Highland Avenue of Trees. Burley, Idaho 83318	\$ 200.00	\$
Purpose of Above Expenditure: Advertising			
/ /	3	\$	\$
Purpose of Above Expenditure:			
/ /	4.	\$	\$
Purpose of Above Expenditure:			
/ /	5.	\$	\$
Purpose of Above Expenditure:			
/ /	6.	\$	\$
Purpose of Above Expenditure:			
/ /	7	\$	\$
Purpose of Above Expenditure:			
/ /	8.	\$	\$
Purpose of Above Expenditure:			
/ /	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 300.00	\$ -----
Total This Page (add columns A & B)			\$ 300.00