



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

**Section I**

Name of Candidate or Political Committee and Chairperson <u>MAX C. MORTENSEN</u>		Office Sought (if candidate) <u>HOUSE</u>	District (if any) <u>28</u>
Mailing Address <u>120 N. 7E.</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>STANBURY, 83445</u>	Home Phone <u>624-3379</u>
Name of Political Treasurer <u>SAME</u>		Work Phone <u>SAME</u>	
Mailing Address <u>SAME</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>SAME</u>	Home Phone <u>SAME</u>
		Work Phone <u>SAME</u>	

**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 11/17/00 through 12/31/00

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report      | <input type="checkbox"/> 7 Day Pre-General Report   | <input type="checkbox"/> Quarterly (April 30)<br>(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"/> Quarterly (July 30)<br>(only filed by ballot measure committees)  |
| <input type="checkbox"/> October 10 Pre-General Report | <input checked="" 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*	573.61	\$ XXXXXX
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 449.69	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ -0-	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 449.69	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ 115.00	\$ _____
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	558.69	\$ _____

\*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  \$ \_\_\_\_\_ (see attached Schedule C-2A)

Incurred Expenditures during this reporting period but not yet paid:  None  \$ \_\_\_\_\_ (see attached Schedule C-2B)

**Section VI**

**CERTIFICATION**

Return This Report To:  
Pete T. Cenarrusa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
fax: (208) 334-2282

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

Max C. Mortensen  
Signature of Political Treasurer

**POSTED**

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <b>MAX C. MORTENSEN</b>	Report Covering the Period F r o m <b>11.01</b> to <b>12/31/2000</b>
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### UNITEMIZED CONTRIBUTIONS

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

Total Number 0                      Total Amount \$ 0

### UNITEMIZED EXPENDITURES

Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number 0                      Total Amount \$ 0

	Total This Period
<u>N</u> umber of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <b>NONE</b>
Itemized Contributions (total all Schedule A sheets)	\$ <b>NONE</b>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <b>0</b>
<u>N</u> umber of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <b>NONE</b>
Itemized Expenditures (total all Schedule B sheets)	\$ <b>115.00</b>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <b>115.00</b>

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee  
MAX C. MORTENSEN

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
<u>12/9/00</u>	<u>1. MEDICAL INSTITUTE BOX 162306 AUSTIN, TX 78716-2306</u>	\$ <u>25.00</u>	\$ _____
Purpose of Above Expenditure: <u>LEGISLATIVE UPDATE</u>			
<u>12/15/00</u>	<u>2. RICKS COLLEGE ED. DEPT REXBURG, ID. 83440</u>	\$ <u>90.00</u>	\$ _____
Purpose of Above Expenditure: <u>EDUC. INFO.</u>			
<u> / /</u>	<u>3.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	<u>4.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	<u>5.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	<u>6.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	<u>7.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	<u>8.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	<u>9.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ <u>115.00</u>	\$ _____
Total This Page (add columns A & B)			\$ <u>115.00</u>