

C-2 Rev. 7/97



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

Section I

Form with fields for Name of Candidate (JOHN H. TIPPETS), Office Sought (STATE REP.), District (28), Mailing Address (610 RED CANYON RD.), City and Zip (BENNINGTON/83254), Home Phone (847-2876), Work Phone (547-4381), Name of Political Treasurer (TRUDY K. BROWN), and another Mailing Address (2 N. SECOND EAST), City and Zip (BENNINGTON/83254), Home Phone (847-3534), Work Phone (847-2400).

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 01 / 01 / 2000 through 12 / 31 / 2000

- Checkboxes for 7 Day Pre-Primary Report, 7 Day Pre-General Report, Quarterly (April 30), CI 30 Day Post-Primary Report, 30 Day Post-General Report, Quarterly (July 30), October 10 Pre-General Report, and 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 01 / 01 / 2000 through 12 / 31 / 2000.

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

Table with 3 columns: Line description, Column I (This Period), and Column II (Calendar Year to Date). Rows include Cash on Hand, Cash Balance, Total Contributions, Subtotal, Total Expenditures, and Cash Balance at Close of Period.

*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-28)

Section VI

CERTIFICATION

Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 837204080 fax: (208) 334-2282

I TRUDY K. BROWN, hereby certify that this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Political Treasurer: Trudy K. Brown

DETAILED SUMMARY PAGE

Name of Candidate or Committee JOHN H. TIPPETS	Report Covering the Period From <u>01/01/2000</u> to <u>12/31/2000</u>
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (930.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ _____

UNITEMIZED EXPENDITURES	
Expenditures of Leas Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ _____

	Total This Period
<u>0</u> 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)	\$
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 399.47
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 399.47

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

Page / /	of / /
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Name of Candidate or Committee

JOHN H. TIPPETS

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
01/13/00	1. BEAR LAKE HEALTH CARE FOUNDATION 40 ANN LANE 306 N. 3rd ST. MONTPELIER, ID 83254	\$ 100.00	\$
Purpose of Above Expenditure: DONATION			
02/02/00	2. TRUROY BROWN 2 N. SECOND EAST BENNINGTON, ID 83254	\$ 299.47	\$
Purpose of Above Expenditure: PAYMENT FOR SERVICES RENDERED			
- / /	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		\$ 399.47	\$
Total This Page (add columns A & B)			\$394. Y7