

C-2 Rev. 7/97



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

Section I

Form with fields for Name of Candidate or Political Committee and Chairperson (Dean L. Cameron), Office Sought (Senate), District (26), Mailing Address (1101 Ruby Drive), City and Zip (Rupert 83350), Home Phone (436-3624), Work Phone (436-3584), Name of Political Treasurer (David D. Cameron), Mailing Address (351 North Elm #7), City and Zip (Twin Falls 83301), Home Phone (733-5236), Work Phone (436-3584).

Section II

TYPE OF REPORT

Directions: To indicate the type of report being tiled, 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 1 / 1 / 00 through 5 / 7 / 00

- 7 Day Pre-Primary Report, 7 Day Pre-General Report, Quarterly (April 30), 30 Day Post-Primary Report, 30 Day Post-Genera) Report, Quarterly (July 30), October 10 Pre-General Report, 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.

CI 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 J figures to the Column II figures of your previous report (except on line 6).

Table with 3 columns: Description, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand January 1, Cash Balance at Close of Last Reporting Period, 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 \$ Incurred Expenditures during this reporting period but not yet paid: None \$

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

Section VI

CERTIFICATION

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

Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Dean L. Cameron	Report Covering the Period From <u>1</u> / <u>1</u> / <u>00</u> to <u>5</u> / <u>00</u> / <u>7</u>
--	---

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

Total Number 0 Total Amount \$

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

Total Number 1 Total Amount \$ 2,231

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ 200.00
Total Contributions (also enter this <i>figure</i> on page 1, Section IV, line 3)	\$ 700.00
<u>2</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 22.31
Itemized Expenditures (total all Schedule B sheets)	\$ 1,597.03
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 1,619.34

SCHEDULE A

ITEMIZED CONTRIBUTIONS

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

Name of Candidate or Committee
 Dean L. Cameron

		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-moattary)	Loans
5 / 5 / 00	1. Idaho Medical PAC P.O. Box 2668 Boise, ID 83701	\$ 200.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 200.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
- J - / -	2.	\$ _____	\$ _____	\$ _____
<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>
- / - / -	3.	\$ _____	\$ _____	\$ _____
<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>
- / - / -	A.	\$ _____	\$ _____	\$ _____
<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>
- 1 - / -	5.	\$ _____	\$ _____	\$ _____
<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>
- J - / -	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>
- 1 - / -	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
- J - f -	8.	%	\$ _____	\$ _____
<input type="checkbox"/> Primary CI General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
- / - J -	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>
- / - / -	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" 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		\$ 200.00	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ 200.00

SCHEDULE B ITEMIZED EXPENDITURES

Page	1	of	2
------	---	----	---

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

Name of Candidate or Committee Dean L. Cameron

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
1 / 3 / 00	1. U.S. Postmaster Rupert, ID 83350	\$ 66.00	\$ _____
Purpose of Above Expenditure: Postage			
Rlu/14er/00	2. Project Mutual Telephone P.O. Box 366 ID 83350	\$ 109.73	\$ _____
Purpose of Above Expenditure: Senate Telephone Line			
1 / 21 / 00	3. Ridenbaugh Press P.O. Box 2276 Boise, ID 83701	\$ 31.45	\$ _____
Purpose of Above Expenditure: Political Publication			
3 / 8 / 00	4. Project Mutual Telephone P.O. Box 366 Rupert, ID 83350	\$ 22.31	\$ _____
Purpose of Above Expenditure: Senate Telephone Line			
3 / 8 / 00	5. Cassia HealthCare Foundation P.O. Box 726 Burley, ID 83318	\$350.00	\$ _____
Purpose of Above Expenditure: Donation			
3 / 28 / 00	6. Idaho Secretary of State P.O. Box 83720 Raise, ID 83720	\$ 30.00	\$ _____
Purpose of Above Expenditure: Filing Fee			
4 / 2 / 00	7. Project Mutual Telephone P.O. Box 366 Rupert, ID 83350	\$ 45.29	\$ _____
Purpose of Above Expenditure: Senate Telephone Line			
4 / 1 / 00	8. Republican Patriot8 Day Minidoka/Cassia County Republicans Rupert, ID 83350	\$ 40.00	\$ _____
Purpose of Above Expenditure: Republican Banquet			
4 / 22 / 00	9. Silver & Gold Senior Citizens Center 210 East Wilson Eden, ID 83325	\$ 35.00	\$ _____
Purpose of Above Expenditure: Facility Rental for Town Hall Meeting			
Subtotals of Columns A & B		\$ 729.78	\$ _____
Total This Page (add columns A & B)			\$ 729.78

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee

Dean L. Cameron

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
4 126_100	1. Jerome County Republicans Jerome, ID 83338	\$ 110.00	\$
Purpose of Above Expenditure: Donation/Lincoln Day			
4 /26_00	2. Farm Bureau P.O. Box 4848 Pocatello, ID 83205-4848	\$ 42.00	\$
Purpose of Above Expenditure: Membership Dues			
4 /26_00	3. American Legislative Exchange Council 910 17th Street, NW, 5th Floor Washington, D.C. 20006	\$ 50.00	\$
Purpose of Above Expenditure: Membership Dues			
4 /26_00	4. National Rifle Association 11250 Waples Mill Road Fairfax, VA 22030	\$ 50.00	\$
Purpose of Above Expenditure: Membership Dues			
4 /29_00	5. Pheasants Forever, Mini-Caesla Chapter P.O. Box 75473 St. Paul, MN 55175	\$ 615.25	\$
Purpose of Above Expenditure: Donation & Banquet			
_ / _ / _	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		\$ 889.56	\$
Total This Page (add columns A & B)			\$ 889.56