



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I

Form with fields for Name of Candidate (BRUCE NEWCOMB), Office Sought (STATE REPRESENTATIVE), District (24), Mailing Address (1626 MONROE), City and Zip (BURLEY 83318), Home Phone (678-3738), Work Phone (N/A), Name of Political Treasurer (CURTIS POPE), and Treasurer's contact info.

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 01 / 01 / 00 through 05 ' 07 ' 00

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

Is this Report an amendment? EI Yes [X] No Is this a Termination Report? CI Yes [X] 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.

EI 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).

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.

Section V

CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES

Contributions Pledged during this reporting period but not yet received: [X] None [] IS _____. Incurred Expenditures during this reporting period but not yet paid: [X] None [] IS _____.

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 CURTIS POPE, 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 (handwritten signature)

DETAILED SUMMARY PAGE

Name of Candidate or Committee BRUCE NEWCOMB	Report Covering the Period From <u>01</u> <u>01</u> <u>00</u> to <u>05</u> <u>07</u> <u>00</u>
--	---

UNITEMIZED CONTRIBUTIONS

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

Total Number _____ Total Amount \$ _____

UNITEMIZED EXPENDITURES

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

Total Number _____ Total Amount \$ _____

	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)	\$ 500.00
Total Contributions (also enter this figure on page I, Section IV, line 3)	\$ 500.00
<u>Number</u> of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$2.5) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 800.00
Total Expenditures (also enter this figure on page I, Section IV, line 5)	\$ 800.00

ITEMIZED CONTRIBUTIONS

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

Name of Candidate or Committee
BRUCE NEWCOMB

		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-monetary)	Loans
4 6 2000	1 COMPREHENSIVE CARE INTEGRATION	\$ 500.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General	4200 W. CYPRUS ST. SUITE 300	\$ 500.00 <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year to Date</small>
	TAMPA; FLORIDA 33607	\$	\$	\$
<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>
	4	\$	\$	\$
<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>
	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>
	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>
		\$	\$	\$
<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>
	8.	\$	\$	\$
<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>
	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 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		\$ 500.00	\$	\$
Total This Page (add columns A, B & C)				\$ 500.00

ITEMIZED EXPENDITURES

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

Name of Candidate or Committee BRUCE NEWCOMB
--

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
3_6_00	HOUSE CAUCUS CLUB STATEHOUSE BOISE, ID	\$ 800.00	\$
Purpose of Above Expenditure: DONATION			
		\$	\$
Purpose of Above Expenditure:			
		\$	\$
Purpose of Above Expenditure:			
		\$	\$
Purpose of Above Expenditure:			
		\$	\$
Purpose of Above Expenditure:			
		\$	\$
Purpose of Above Expenditure:			
		\$	\$
Purpose of Above Expenditure:			
		\$	\$
Purpose of Above Expenditure:			
		\$	\$
Purpose of Above Expenditure:			
		\$	\$
Purpose of Above Expenditure:			
		\$	\$
Subtotals of Columns A & B		\$ 800.00	\$
Total This Page (add columns A & B)			\$ 800.00