



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

Section I

Name of Candidate or Political Committee and Chairperson <i>Eismann for Idaho Supreme Court</i>		Office Sought (if candidate)	District (if any) <i>N/A</i>
Mailing Address <input type="checkbox"/> Check if address change. <i>P.O. Box 357</i>	City and Zip <i>Eagle, ID 83616</i>	Home Phone <i>939-2951</i>	Work Phone <i>947-7596</i>
Name of Political Treasurer <i>Christine M. Putz</i>			
Mailing Address <input type="checkbox"/> Check if address change. <i>4350 N. Chatterton</i>	City and Zip <i>Boise, ID 83713</i>	Home Phone <i>938-1624</i>	Work Phone <i>396-4872</i>

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 / 02 through 12 / 31 / 02

- | | | |
|--|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> 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"/> Quarterly (July 30)
(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*	\$ <u>XXXXXX</u>	\$ <u>1,134.33</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>4,134.33</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>0.74</u>	\$ <u>0.74</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>4,135.07</u>	\$ <u>1,135.07</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>36.00</u>	\$ <u>36.00</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>4,099.07</u>	\$ <u>4,099.07</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

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 Christine M. Putz, (name of Political Treasurer) hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Christine M. Putz
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <i>Eismann for Idaho Supreme Court</i>	Report Covering the Period From <i>01/01/02</i> to <i>12/31/02</i>
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>12</u>	Total Amount \$ <u>0.74</u>

UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>00.00</u>

	Total This Period
<u>0</u> Number of Schedule A pages Attached	
Contributions	
<u>12</u> Unitemized Contributions (\$50 and less) from top of page	\$ <u>00.74</u>
<u>0</u> Itemized Contributions (total all Schedule A sheets)	\$ <u>00.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>00.74</u>
Expenditures	
<u>1</u> Number of Schedule B pages Attached	
<u>0</u> Unitemized Expenditures (less than \$25) from top of page	\$ <u>00.00</u>
<u>1</u> Itemized Expenditures (total all Schedule B sheets)	\$ <u>36.00</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>36.00</u>



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

Name of Candidate or Committee
Eismann for Idaho Supreme Court

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
<u>11.5.02</u>	1. <u>Postmaster</u> <u>141 N. Palmetto Drive</u> <u>Eagle, Idaho 83616</u>	\$ <u>36.00</u>	\$ _____
Purpose of Above Expenditure: <u>post office box rental</u>			
<u> / / </u>	2.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	3.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	7.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	8.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	9.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ <u>36.00</u>	\$ _____
Total This Page (add columns A & B)			\$ <u>36.00</u>

009

Always show your P.O. Box No. and ZIP Code in your return address

Received Post Office Box/Caller Service Fees From: (Name of Customer) EISMANN		Amount \$ 36.00
Information on your Form 1093, Application for Post Office Box or Caller Service, must be updated if it has changed. For regulations pertaining to P.O. boxes, see rules for use of Post Office Box and Caller Service on Form 1093.		
Box Number(s) 357	<input type="checkbox"/> For one semiannual payment period <input checked="" type="checkbox"/> For Annual payment period <input type="checkbox"/> Reserved Number Fee Ending (Date) 10-31-03	(Dating Stamp) 
Postmaster By 		Thank you

Original

PS Form 1538
Aug. 1989

RECEIPT FOR POST OFFICE BOX/CALLER SERVICE FEES



***** WELCOME TO *****
EAGLE MPO
EAGLE, ID 83616-4987
11/05/02 10:08AM

Store USPS	Trans	37
Wkstn sys5003	Cashier	KW16Y1
Cashier's Name	MARCUS	
Stock Unit Id	WINMARCUS	
PO Phone Number	800-275-8777	
USPS #	5480520416	

1. 1-Yr Bx/Caller S	36.00
**** Paid In ****	
AIC Number: 0115	

Subtotal	36.00
Total	36.00

Personal/ Business Check	36.00
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Number of Items Sold: 0

Thank You
Please come again!