



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

Section I

Name of Candidate or Political Committee and Chairperson SHAWN K EOUGH		Office Sought (if candidate) STATE SENATE	District (if any) #1
Mailing Address <input type="checkbox"/> Check if address change. P.O. Box 101	City and Zip SANDPOINT 83864	Home Phone 208-263-1839	Work Phone 208-667-6479
Name of Political Treasurer ESTER GILCHRIST		STATE OF IDAHO	
Mailing Address <input type="checkbox"/> Check if address change. P.O. Box 101	City and Zip SANDPOINT 83864	Home Phone 208-263-0569	Work Phone N/A

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 12/1/00 through 12/31/00

- | | | |
|--|---|---|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> CI Quarterly (April 30)
(only tiled 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 tiled 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>788.68</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>5304.19</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>100.00</u>	\$ <u>3648.98</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>5404.19</u>	\$ <u>36807.66</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>837.53</u>	\$ <u>32241.00</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>4566.66</u>	\$ <u>4566.66</u>

*This same figure should be entered on line 1 of all reports tiled 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 ESTER GILCHRIST, hereby certify that the information
(name of Political Treasurer)
in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Ester Gilchrist

Signature of Political Treasurer



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

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Mailing Address P.O. Box 101	<input type="checkbox"/> Check if address change.	City and Zip SANDPOINT 83864	Home Phone 208-263-1839
Name of Political Treasurer ESTHER GULCHRIST		Work Phone 208-667-6479	
Mailing Address P.O. Box 101	<input type="checkbox"/> Check if address change.	City and Zip SANDPOINT 83864	Home Phone 208-263-0569
		Work Phone N/A	

Section II

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(only filed by ballot measure committees) |
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| <input type="checkbox"/> CI 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

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

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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)

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

Esther Gulchrist

Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee
SHAWN KEOUGH

Report Covering the Period
 From 12/1/00 to 12/31/00

UNITEMIZED CONTRIBUTIONS

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

Total Number 2 Total Amount \$ 100.00

UNITEMIZED EXPENDITURES

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

Total Number 4 Total Amount \$ 56.49

	Total This Period
<u>Number</u> of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 100.00
Itemized Contributions (total all Schedule A sheets)	\$ 0
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 100.00
<u>Number</u> of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 56.49
Itemized Expenditures (total all Schedule B sheets)	\$ 781.04
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 837.53

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
SHAWN KEOUGH

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
<u>11,25,00</u>	^{1.} <u>THE RIVER JOURNAL Box 1574 NOXON, MT 59853</u>	\$ <u>54.00</u>	\$ _____
Purpose of Above Expenditure: <u>THANK YOU ADVERTISEMENT</u>			
<u>11,26,00</u>	^{2.} <u>AT T WIRELESS P.O. Box 78224 PHOENIX AZ 85062-8224</u>	\$ <u>100.39</u>	\$ _____
Purpose of Above Expenditure: <u>WIRELESS PHONE SERVICE</u>			
<u>12,3,00</u>	^{3.} <u>VERIZON PHONE 401 N. 2ND STREET SANDPOINT, ID 83864</u>	\$ <u>95.93</u>	\$ _____
Purpose of Above Expenditure: <u>PHONE SERVICE</u>			
<u>12,13,00</u>	^{4.} <u>WASHINGTON D.C. FUND SANDPOINT MIDDLE SCHOOL 310 S. DIVISION STREET SANDPOINT, ID 83864</u>	\$ <u>100.00</u>	\$ _____
Purpose of Above Expenditure: <u>DONATION FOR MIDDLE SCHOOL TRIP</u>			
<u>12,17,00</u>	^{5.} <u>AT T WIRELESS P.O. Box 78224 PHOENIX, AZ 85062-8224</u>	\$ <u>31.20</u>	\$ _____
Purpose of Above Expenditure: <u>WIRELESS PHONE SERVICE</u>			
<u>12,20,00</u>	^{6.} <u>N. I. TIMBER & TRAIN CENTER P.O. Box 77 KOOTENAI, ID 83840</u>	\$ <u>225.00</u>	\$ _____
Purpose of Above Expenditure: <u>DONATION ADVERTISING</u>			
<u>12,20,00</u>	^{7.} <u>BONNER COUNTY DAILY BEE 310 CHURCH STREET SANDPOINT, ID 83864</u>	\$ <u>60.00</u>	\$ _____
Purpose of Above Expenditure: <u>ADVERTISING</u>			
<u>12,31,00</u>	^{8.} <u>AFFINITY PHONE SERVICE P.O. Box 3708 TAMPA, FL 33630-3708</u>	\$ <u>52.74</u>	\$ _____
Purpose of Above Expenditure: <u>LONG DISTANCE CALLS</u>			
<u>12,31,00</u>	^{9.} <u>TIME MAGAZINE TIME & LIFE BUILDING ROCKEFELLER CENTER NY, NY 10020-1393</u>	\$ <u>61.80</u>	\$ _____
Purpose of Above Expenditure: <u>SUBSCRIPTION RENEWAL</u>			
Subtotals of Columns A & B		\$ <u>781.04</u>	\$ _____
Total This Page (add columns A & B)			\$ <u>781.04</u>