

C-2 Rev. 7/97



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

Section I

Name of Candidate or Political Committee and Chairperson: Kent A. Higgins; Office Sought: Representative; District: 29B; Mailing Address: 1257 Cameron Ave., Idaho Falls 83402; Home Phone: (208) 524-2257; Name of Political Treasurer: Michael L. Schofield; Mailing Address: 1733 Whitney Str., Idaho Falls 83402; Home Phone: (208) 524-4089; Work Phone: (208) 526-1851

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 10/23 to 11/17/2000

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

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

[X] I hereby certify that I have received no contributions and have made no expenditures during this reporting period from 10/23 through 11/17/2000.

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).

Table with 3 columns: Description, COLUMN I This Period, 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; Incurred Expenditures during this reporting period but not yet paid: [X] None

Section VI

CERTIFICATION

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

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

Signature of Michael L. Schofield, dated 12/5/2000, FAXED

DETAILED SUMMARY PAGE

Name of Candidate or Committee <i>Kent A Higgins</i>	Report Covering the Period From <i>10/23/2000</i> to <i>11/17/2000</i>
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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>Number</u> of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ <i>300⁰⁰</i>
Total Contributions (also enter this figure on page I, Section IV, line 3)	\$ <i>300⁰⁰</i>
<u>Number</u> of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$
Total Expenditures (also enter this <i>figure</i> on page 1, Section IV, line 5)	\$ <i>0</i>

SCHEDULE A

ITEMIZED CONTRIBUTIONS

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

Name of Candidate or Committee
Kent A. Higgins

		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
11/1/00	1. Kraft Foods Inc c/o C. A. "Skip" Smyser, Attorney 134 South Fifth Street Boise, ID 83702	\$ 100 ⁰⁰	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100 ⁰⁰ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/30/00	2. Nez Perce Tribe PAC P.O. Box 698 Lapwai, ID 83540	\$ 200 ⁰⁰	\$ _____	\$ _____
CI Primary <input checked="" type="checkbox"/> General		\$ 300 ⁰⁰ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
- / - / -	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
- / - / -	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
/ /		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
- / - / -	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
- / - / -	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
- / - / -	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
/ /	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
- / - / -		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ _____	\$ _____	\$ _____
Total This Page (add columns A, B & C)				_____