



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

Section I

Name of Candidate or Political Committee and Chairperson THOMAS E. COATES		Office Sought (if candidate) REPRESENTATIVE	District (if any) 26B
Mailing Address BOX 390	<input type="checkbox"/> Check if address change.	City and Zip CHALLIS 83226	Home Phone 879-2249
Name of Political Treasurer GLENN R RITTER		STATE OF IDAHO	
Mailing Address BOX 1160	<input type="checkbox"/> Check if address change.	City and Zip CHALLIS 83226	Home Phone 879-4553
		Work Phone SAME	Work Phone SAME

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 518100 through 5123100

- | | | |
|--|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> CI 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input checked="" type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> CI 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 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, till 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*	\$ xxxxxx	\$ -0-
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 607	\$ xxxxxx
Line 3: Total Contributions (Enter amount from page 2)	\$ 1609.45	\$ 3,503.45
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 2,216.45	\$ 3,503.45
Line 5: Total Expenditures (Enter amount from page 2)	\$ 1,024.57	\$ 3,491.87
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 1,191.88	\$ 11.58

*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 GLENN R RITTER, 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 <u>THOMAS COATES</u>	Report Covering the Period From <u>5 18 100</u> to <u>5 13 100</u>
--	---

UNITEMIZED CONTRIBUTIONS

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

Total Number <u>38</u>	Total Amount \$ <u>509.45</u>
---------------------------	----------------------------------

UNITEMIZED EXPENDITURES

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

Total Number <u>11</u>	Total Amount \$ <u>100.79</u>
---------------------------	----------------------------------

	Total This Period
<u>N</u> umber of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>509.45</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>1100.-</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>1,609.45</u>
<u>2</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>100.79</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>2104.08</u>
Total Expenditures (also enter this figure on page I, Section IV, line 5)	\$ <u>2204.87</u>

SCHEDULE A
ITEMIZED CONTRIBUTIONS
of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee
THOMAS E. COATES

		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
<u>5/19/00</u>	1. <u>IDAHO EDUCATION ASSN</u>	\$ <u>1000.-</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<u>BOX 2638</u>	\$ <u>1000.-</u>	\$ _____	\$ _____
	<u>BOISE, ID. 83701</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>5/13/00</u>	2. <u>G PALMER</u>	\$ <u>100 -</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<u>4623 N 3600 W.</u>	\$ <u>100.-</u>	\$ _____	\$ _____
	<u>BOUNTIFUL, UT.</u>	Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> - / - </u>	6.	\$ _____	\$ _____	\$ _____
El Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	9.	\$ _____	\$ _____	\$ _____
Cl Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u> / / </u>	10.	\$ _____	\$ _____	\$ _____
<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		\$ <u>1100.-</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1100.-</u>

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
THOMAS E. COATES

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>5/17/00</u>	<u>1. THE COPY SHOP BOX 203 CHAFFIS, ID 83226</u>	\$ <u>163.-</u>	\$ _____
Purpose of Above Expenditure: <u>OFFICE</u>			
<u>5/13/00</u>	<u>2. SAM'S CLUB 1924 ST TRAHN FALLS, 43102</u>	\$ <u>282.18</u>	\$ _____
Purpose of Above Expenditure: <u>FUND RAISER</u>			
<u>5/14/00</u>	<u>3. LAMB'S MARKET HWY 93 CHAFFIS ID 83226</u>	\$ <u>48.71</u>	\$ _____
Purpose of Above Expenditure: <u>FUND RAISER</u>			
<u>5/14/00</u>	<u>4. VALLEY Junction HWY 93 CHAFFIS, ID. 83226</u>	\$ <u>127.50</u>	\$ _____
Purpose of Above Expenditure: <u>FUND RAISER</u>			
<u>5/14/00</u>	<u>5. VILLAGE SQUARE HWY 93 CHAFFIS, ID. 83226</u>	\$ <u>32.65</u>	\$ _____
Purpose of Above Expenditure: <u>FUND RAISER</u>			
<u>5/13/00</u>	<u>6. CABELAS A - AD. + SUPPLY 7630 CASS OMAHA, NE. 68114</u>	\$ <u>513.00</u>	\$ _____
Purpose of Above Expenditure: <u>SIGNS</u>			
<u>5/17/00</u>	<u>7. Y-INN MAIN ST. CHAFFIS, ID 83226</u>	\$ <u>300.-</u>	\$ _____
Purpose of Above Expenditure: <u>FUND RAISER</u>			
<u>5/17/00</u>	<u>8. KSR HWY 93 N SALMON, ID 83467</u>	\$ <u>285.-</u>	\$ _____
Purpose of Above Expenditure: <u>RADIO Ads</u>			
<u>5/17/00</u>	<u>9. CHAFFIS MESSENGER MAIN ST. CHAFFIS Idaho 83226</u>	\$ <u>79.20</u>	\$ _____
Purpose of Above Expenditure: <u>NEWSPAPER Ads</u>			
Subtotals of Columns A & B		\$ <u>1831.28</u>	\$ _____
Total This Page (add columns A & B)			\$ <u>1831.28</u>

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
THOMAS E COATES

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>5/15/00</u>	<u>1. ARCO ADVERTISER Hwy 26 ARCO - D 83213</u>	\$ <u>120.-</u>	\$ _____
Purpose of Above Expenditure: <u>ADVERTISING</u>			
<u>5/15/00</u>	<u>2. RECORDER HERALD BOX 310 SALMON, ID 83467</u>	\$ <u>110.-</u>	\$ _____
Purpose of Above Expenditure: <u>ADVERTISING</u>			
<u>5/15/00</u>	<u>3. HUDGES MOTEL BOX 6 DUBOIS, ID, 83423</u>	\$ <u>42.80</u>	\$ _____
Purpose of Above Expenditure: <u>LODGING</u>			
<u> / /</u>	<u>4.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	<u>5.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	<u>6.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	<u>7.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	<u>8.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	<u>9.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ <u>272.80</u>	\$ _____
Total This Page (add columns A & B)			\$ <u>272.80</u>