



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

Section I

Name of Candidate or Political Committee and Chairperson Celia R. Gould		Office Sought (if candidate) Representative	District (if any) 22
Mailing Address 4406 B, 1400 E.	<input type="checkbox"/> Check if address change.	City and Zip Buhl 83316	Home Phone 543-6725
Name of Political Treasurer Pamela L. Juker			
Mailing Address 3265 E. Boise Avenue	<input type="checkbox"/> Check if address change.	City and Zip Boise 83706	Home Phone 385-0700
		Work Phone 543-4131	Work Phone 332-1140

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 / 1 / 00 through 10 / 22 / 00

- | | | |
|--------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cl 7 Day Pre-Primary Report | <input checked="" type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> Cl 30 Day Post-Primary Report | <input type="checkbox"/> Cl 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, 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>161.28</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>3508.64</u>	\$ <u>xxxxxx</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>2200.00</u>	\$ <u>17752.75</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>5708.64</u>	\$ <u>17914.03</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>133.00</u>	\$ <u>12338.39</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>5575.64</u>	\$ <u>5575.64</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)

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 Pamela L. Juker (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.

Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Celia R. Gould	Report Covering the Period From <u>1 10/01</u> to <u>10 / 22 / 00</u>
---------------------------------------------------------	--------------------------------------------------------------------------

UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ <u> </u>
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>5</u>	Total Amount \$ <u>92.00</u>

	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)	\$ <u>2200.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>2200.00</u>
<u>Number</u> of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>92.00</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>133.00</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>225.00</u>

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

Name of Candidate or Committee
Celia R. Gould

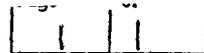
		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
<u>10/4/00</u>	1. Anderson, Kane, & Tobiason 350 N. 9th St Ste 201 Boise ID 83702	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>1/10/12 00</u>	2. Crown Pac PO Box 5756 Boise ID 83705	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/12/00</u>	3. ITLA PAC PO Box 1777 Boise ID 83701	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 500.00	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/12/00</u>	4. Idaho Soft Drink PAC 600 E. Overland Meridian ID 83642	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/2/00</u>	5. Idaho Dental PAC 1220 W Hayes Boise ID 83702	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/16/00</u>	6. Sugarbeet Growers 1199 Main St Boise ID 83702	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/16/00</u>	7. I U PAC PO Box 1832 Idaho Falls ID 83403	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/16/00</u>	8. Asters for Idaho PO Box 411 Pocatello ID 83205	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/11/00</u>	9. NFIB Idaho State PAC 1201 F St NW, Ste. 200 Washington DC 20004	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
<u>10/18/00</u>	10. Idaho Association of Chiropractors PO Box 1863 Boise ID 83701	\$ 50.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
Subtotals of Columns A, B & C		\$ 1850.00	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ 1850.00

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

Name of Candidate or Committee
Celia R. Gould

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
10/18/00	1. Intermountain Industries PO Box 7608 Boise ID 83707	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
10/20/00	2. PG E Corporation 77 Beale St San Francisco CA 90574	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input checked="" 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
____/____/____	4.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
____/____/____	5.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
____/____/____	6.	\$	\$	\$
CI Primary CI General		\$	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
____/____/____	7.	\$	\$	\$
<input type="checkbox"/> Primary CI General		\$	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
____/____/____	8.	\$	\$	\$
<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
____/____/____	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		\$ 350.00	\$	\$
Total This Page (add columns A, B & C)				\$ 350.00

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



Name of Candidate or **Committee**
Celia R. Could

		Column A	Column B
Date	Full Name , Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
-10/2-100-	1. Ken Schueman Box 808 Kellogg ID 83837	\$100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
10/10	2. US Post Office Buhl ID 83316	\$ 33.00	\$
Purpose of Above Expenditure: Postage			
- / -	3.	\$	\$
Purpose of Above Expenditure:			
- / - / -	4.	\$	\$
Purpose of Above Expenditure:			
/ - I -	5.	\$	\$
Purpose of Above Expenditure:			
A I - / -	6.	\$	\$
Purpose of Above Expenditure:			
- 1 - J - j	7.	\$	\$
Purpose of Above Expenditure:			
- / - / -	a.	\$	\$
Purpose of Above Expenditure:			
/ /	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 133.00	\$
Total This Page (add columns A & B)		\$ 133.00	