



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

**Section I**

Name of Candidate or Political Committee and Chairperson <i>Jonna H. Boe</i>		Office Sought (if candidate) <i>State Representative</i>	District (if any) <i>34 A</i>
Mailing Address <input type="checkbox"/> Check if address change. <i>226 s 16th Ave</i>	City and Zip <i>Pocatello 83201</i>	Home Phone <i>233-5651</i>	Work Phone
Name of Political Treasurer <i>Michael Rowe</i>			
Mailing Address <input type="checkbox"/> Check if address change. <i>208 S 13th Ave</i>	City and Zip <i>Pocatello 83201</i>	Home Phone <i>232-6906</i>	Work Phone <i>236-6160</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 1 / 11 - t h r o u g h 5 / 7 / 00

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report   | <input type="checkbox"/> Quarterly (April 30)<br>(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)<br>(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>1927<sup>84</sup></u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>1927<sup>84</sup></u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>468<sup>02</sup></u>	\$ <u>468<sup>02</sup></u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>2395<sup>86</sup></u>	\$ <u>2395<sup>86</sup></u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>240<sup>96</sup></u>	\$ <u>240<sup>96</sup></u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>2154<sup>96</sup></u>	\$ <u>2154<sup>96</sup></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     \$ 929<sup>88</sup> (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 Michael Rowe, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*Michael Rowe*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <span style="font-size: 1.2em; font-family: cursive;">Donna H Boe</span>	Report Covering the Period From <u>1/1/00</u> to <u>5/7/00</u>
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### UNITEMIZED CONTRIBUTIONS

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

Total Number <u>2</u>	Total Amount \$ <u>18<sup>02</sup></u>
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### UNITEMIZED EXPENDITURES

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

Total Number <u>3</u>	Total Amount \$ <u>40<sup>90</sup></u>
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	Total This Period
<u>Number</u> of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>18<sup>02</sup></u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>450<sup>00</sup></u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>468<sup>02</sup></u>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>40<sup>90</sup></u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>200<sup>00</sup></u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>240<sup>90</sup></u>

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

Name of Candidate or Committee  
Donna H Bue

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
<u>4/17/00</u>	1. Joshua D Smith Foundation 756 Oxford Idaho Falls, ID 83401	\$ <u>100<sup>00</sup></u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>100<sup>00</sup></u>	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
<u>5/1/00</u>	2. Idaho Medical Political Action Committee 305 W Jefferson Boise, ID 83702	\$ <u>350<sup>00</sup></u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>350<sup>00</sup></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.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 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.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 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>450<sup>00</sup></u>	\$ <u>0<sup>00</sup></u>	\$ <u>0<sup>00</sup></u>
Total This Page (add columns A, B & C)				\$ <u>450<sup>00</sup></u>

# SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee <i>Donna H. Boe</i>
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		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
1/8/00	1. Holiday Inn 1395 Birch Road Pocatello, ID 83201	\$ 130 <sup>00</sup>	\$
Purpose of Above Expenditure: <i>Share of expenses for meeting of Pocatello area Democrats</i>			
1/11/00	2. Idaho Education Association P.O. Box 2638 Boise, ID 83701	\$ 40 <sup>00</sup>	\$
Purpose of Above Expenditure: <i>Contribution to IEA Children's Fund in memory of Jim Stoicheff</i>			
3/23/00	3. Secretary of State 700 W Jefferson, Room 203 Boise, ID 83720-0080	\$ 30 <sup>00</sup>	\$
Purpose of Above Expenditure: <i>Filing fee for re-election</i>			
/ /	4.	\$	\$
Purpose of Above Expenditure:			
/ /	5.	\$	\$
Purpose of Above Expenditure:			
/ /	6.	\$	\$
Purpose of Above Expenditure:			
/ /	7.	\$	\$
Purpose of Above Expenditure:			
/ /	8.	\$	\$
Purpose of Above Expenditure:			
/ /	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 200 <sup>00</sup>	\$ 0 <sup>00</sup>
Total This Page (add columns A & B)			\$ 200 <sup>00</sup>

**SCHEDULE C-2B  
EXPENDITURES INCURRED BUT NOT YET PAID**

Name of Candidate or Committee <i>Janna H. Bce</i>	Report Covering the Period From <u>1/1/00</u> to <u>5/7/00</u>
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**Directions:** Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service, but did not make payment before the end of the reporting period. Do not include these entries on Schedule B until you actually make payment.

<b>Line 1: Incurred Expenditures of Less Than \$25.00 This Period:</b>	Total Number <u>0</u>	Total Amount \$ <u>0<sup>00</sup></u>
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**Incurred Expenditures of \$25.00 or More This Period:**

Date Incurred	Full Name, Mailing Address and Zip Code of Recipient	Amount Incurred
<u>4/28/00</u>	1. <i>Litho Printing Co 146 S 4th Ave Pocatello, ID 83201</i>	<i>929<sup>88</sup></i>
<b>Purpose of Above Expenditure:</b> <i>Newsletter, stationery, envelopes</i>		
/ /	2.	
<b>Purpose of Above Expenditure:</b>		
/ /	3.	
<b>Purpose of Above Expenditure:</b>		
/ /	4.	
<b>Purpose of Above Expenditure:</b>		
/ /	5.	
<b>Purpose of Above Expenditure:</b>		
/ /	6.	
<b>Purpose of Above Expenditure:</b>		
/ /	7.	
<b>Purpose of Above Expenditure:</b>		
/ /	8.	
<b>Purpose of Above Expenditure:</b>		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more	\$ <u><i>929<sup>88</sup></i></u>
Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1)	\$ <u><i>0<sup>00</sup></i></u>
Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1.	\$ <u><i>929<sup>88</sup></i></u>