



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

Section I

Name of Candidate or Political Committee and Chairperson <u>No. 11 E. Wolff</u>		Office Sought (if candidate)	District (if any)
Mailing Address <input type="checkbox"/> Check if address change. <u>76 S. Washington St</u>	City and Zip <u>Montpelier 83204</u>	Home Phone <u>208 847 1979</u>	Work Phone <u>208 847 2878</u>
Name of Political Treasurer <u>Shannon Nelson</u>		STATE OF IDAHO	
Mailing Address <input type="checkbox"/> Check if address change. <u>104 N 3rd St</u>	City and Zip <u>Montpelier 83204</u>	Home Phone <u>208 847 1167</u>	Work Phone

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 2/29/00 through 5/1/00

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(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)
(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*	\$ <u>x x x x x x</u>	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ _____	\$ <u>x x x x x x</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ _____	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ _____	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>614 55</u>	\$ _____
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ _____	\$ _____

*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 Shannon Nelson (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.

Shannon Nelson
Signature of Political Treasurer

SCHEDULE A

ITEMIZED CONTRIBUTIONS

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

Name of Candidate or Committee

		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
! / /	1.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
/ / /		2.	\$ _____	\$ _____
<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
/ / /		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.	\$ _____	\$ _____
<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
/ / /		8.	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" 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			\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ _____

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee <i>NOGUE RUFF</i>

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
7/19/00	1. State of Idaho office of the Secretary of State 700 W. Jefferson Room 203 Boise, ID 83725	\$ 35.00	\$
Purpose of Above Expenditure: <i>for ...</i>			
3/18/00	2. <i>to ...</i>	\$ 584.55	\$
Purpose of Above Expenditure:			
/ /	3.	\$	\$
Purpose of Above Expenditure:			
/ /	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		\$ 614.55	\$
Total This Page (add columns A & B)			\$ 614.55/00