



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

Section I

| | | | |
|---|---|---|--------------------------------|
| Name of Candidate or Political Committee and Chairperson COMMITTEE TO ELECT HAL BUNDERSON | | Office Sought (if candidate) SENATE | District (if any) 14 |
| Mailing Address 532 RIVER HEIGHTS | <input type="checkbox"/> Check if address change. | City and Zip MERIDIAN, 83642 | Home Phone 888-7156 |
| Name of Political Treasurer REID OLSEN | | | |
| Mailing Address 131 SW 5th Ave Ste B | <input type="checkbox"/> Check if address change. | City and Zip MERIDIAN 83642 | Home Phone 888-8258 |
| | | Work Phone 888-1595 | |

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 11 / 16 / 02 through 12 / 31 / 02

- | | | |
|--|---|--|
| <input 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 checked="" 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* | \$ XXXXXX | \$ 7672.19 |
| Line 2: Enter Cash Balance at Close of Last Reporting Period** | \$ 10839.19 | \$ XXXXXX |
| Line 3: Total Contributions (Enter amount from page 2) | \$ 200.00 | \$ 14660.00 |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ 11039.19 | \$ 22332.19 |
| Line 5: Total Expenditures (Enter amount from page 2) | \$ 2024.13 | \$ 13317.13 |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ 9015.06 | \$ 9015.06 |

*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

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

Reid Olsen
Signature of Political Treasurer

DETAILED SUMMARY PAGE

| | |
|--------------------------------|---|
| Name of Candidate or Committee | Report Covering the Period From ___/___/___ to ___/___/___ |
|--------------------------------|---|

UNITEMIZED CONTRIBUTIONS

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

Total Number _____ Total Amount \$ 0

UNITEMIZED EXPENDITURES

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

Total Number 1 Total Amount \$ 14.25

| | Total This Period |
|--|-------------------|
| <u>1</u> Number of Schedule A pages Attached | |
| Contributions | |
| Unitemized Contributions (\$50 and less) from top of page | \$ <u>0</u> |
| Itemized Contributions (total all Schedule A sheets) | \$ <u>200.00</u> |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ <u>200.00</u> |
| | |
| <u>1</u> Number of Schedule B pages Attached | |
| Expenditures | |
| Unitemized Expenditures (less than \$25) from top of page | \$ <u>14.25</u> |
| Itemized Expenditures (total all Schedule B sheets) | \$ <u>2009.88</u> |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5) | \$ <u>2024.13</u> |

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

Name of Candidate or Committee
COMMITTEE TO ELECT HAL BUNDERSON

| | | 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>12/18/02</u> | 1. <u>JOHNSON + JOHNSON EMPLOYEES GOOD GOVERN FUND ONE JOHNSON + JOHNSON PLAZA NEWBRUNSWICK, NJ 08933</u> | \$ <u>100.00</u> | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date | \$ _____ Calendar Year To Date |
| <u>12/18/02</u> | 2. <u>EMPLOYERS RESOURCE 1301 S. VISTA STE 200 BOISE, ID 83701</u> | \$ <u>100.00</u> | \$ _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ 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>200.00</u> | \$ <u>0</u> | \$ <u>0</u> |
| Total This Page (add columns A, B & C) | | | | \$ <u>200.00</u> |

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

Name of Candidate or Committee
COMMITTEE TO ELECT HAL BUNDERSON

| | | Column A | Column B |
|---|---|----------------------|---------------------------|
| Date | Full Name, Mailing Address and Zip Code of Recipient | Cash or Check | In-Kind (non-monetary) |
| 11/20/02 | 1. IDAHO FACILITIES SVCS CAPITOL PARKING 502 N 4th St. BOISE, ID 83704 | \$ 75 ⁰⁰ | \$ _____ |
| Purpose of Above Expenditure: PARKING | | | |
| 12/9/02 | 2. REID OLSEN 131 SW 5th Ave Ste B MERIDIAN, ID 83642 | \$ 900 ⁰⁰ | \$ _____ |
| Purpose of Above Expenditure: TREASURY FEES | | | |
| 12/9/02 | 3. BRAD HOAGLUND 2436 W. ULSTICK MERIDIAN, ID 83642 | \$ 500 ⁰⁰ | \$ _____ |
| Purpose of Above Expenditure: SIGNS TAKEN DOWN + MATERIALS | | | |
| 2/12/02 | 4. OFFICE DEPOT FRANKLIN RD BOISE, ID | \$ 284.88 | \$ _____ |
| Purpose of Above Expenditure: OFFICE SUPPLIES | | | |
| 12/18/02 | 5. ERIC CAWLEY 1191 TRACY CRT MERIDIAN, ID 83642 | \$ 250.00 | \$ _____ |
| Purpose of Above Expenditure: CAMPAIGN FLYERS + MATERIALS | | | |
| ____/____/____ | 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 | | \$ 2009.88 | \$ _____ |
| Total This Page (add columns A & B) | | | \$ 2009.88 |

**SCHEDULE C-2A
CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED**

| | |
|---|---|
| Name of Candidate or Committee COMMITTEE TO ELECT HAL BUNDERSON | Report Covering the Period From <u>11/16/02</u> to <u>12/31/02</u> |
|---|---|

Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

| |
|---|
| Line 1: Pledged Contributions of \$50.00 or Less This Period: Total Number _____ Total Amount \$ _____ |
|---|

Pledged Contributions of More Than \$50.00 This Period:

| Pledge For | Date of Pledge | Full Name, Mailing Address and Zip Code of Contributor/Lender | Amount Pledged |
|--|----------------|---|----------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 1. | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 2. | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 3. | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 4. | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 5. | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 6. | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 7. | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 8. | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 9. | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 10. | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 11. | |

| | |
|---|---------------|
| Line 2: Total Amount of Pledged Contributions of More Than \$50.00 | \$ <u>000</u> |
| Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1) | \$ <u>000</u> |
| Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total in Section V, page 1. | \$ <u>000</u> |

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

| | |
|--|---|
| Name of Candidate or Committee COMMITTEE TO ELECT HAL BUNERSON | Report Covering the Period From <u>11 / 16 / 02</u> to <u>12 / 31 / 02</u> |
|--|---|

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.

| | | |
|--|--------------------|-----------------------|
| Line 1: Incurred Expenditures of Less Than \$25.00 This Period: | Total Number _____ | Total Amount \$ _____ |
|--|--------------------|-----------------------|

Incurred Expenditures of \$25.00 or More This Period:

| Date Incurred | Full Name, Mailing Address and Zip Code of Recipient | Amount Incurred |
|--------------------------------------|--|-----------------|
| / / | 1. | |
| Purpose of Above Expenditure: | | |
| / / | 2. | |
| 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: | | |

| | |
|---|-------------|
| Line 2: Total Amount of Incurred Expenditures \$25.00 or more | \$ <u>0</u> |
| Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1) | \$ <u>0</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>0</u> |