



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

03 JAN 31 PM 2:39
SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson Bill Anderson		Office (Print or candidate's title) (State if any) Senate	
Mailing Address 10100 King Arthur Dr.	Check if address change <input type="checkbox"/>	City and Zip Boise 83704	Home Phone 208-658-6181
Name of Political Treasurer Tami Anderson			
Mailing Address 10100 King Arthur Dr.	Check if address change <input type="checkbox"/>	City and Zip Boise 83704	Home Phone 208-658-6181

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 Nov / 16 / 2002 through Dec / 31 / 2002

- | | | |
|--|---|--|
| <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*	\$ <u>XXXXXX</u>	\$ <u>125.00</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>95.00</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>0.00</u>	\$ <u>125.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>95.00</u>	\$ <u>250.00</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>95.00</u>	\$ <u>250.00</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>0.00</u>	\$ <u>0.00</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)

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 Tami Anderson
(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.

Tami Anderson
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Bill Anderson	Report Covering the Period From <u>Nov / 16 / 2002</u> to <u>Dec / 31 / 2002</u>
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ <u>0.00</u>

UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>1</u>	Total Amount \$ <u>20.00</u>

	Total This Period
<u>0</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0.00
Itemized Contributions (total all Schedule A sheets)	\$ 0.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 0.00
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 20.00
Itemized Expenditures (total all Schedule B sheets)	\$ 75.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 95.00

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

Name of Candidate or Committee
 Bill Anderson

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
12 / 15 / 02	1. Immosys 10100 King Arthur Dr. Boise, ID 83704	\$ 75.00	\$ _____
Purpose of Above Expenditure: Database technical services			
/ /	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:			
Subtotals of Columns A & B		\$ 75.00	\$ 0.00
Total This Page (add columns A & B)			\$ 75.00