



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

Section I

Name of Candidate or Political Committee and Chairperson <i>Kimm Rhodes</i>		Office Sought (if candidate) <i>House JUN 26</i>	District (if any) <i>14 B</i>
Mailing Address <input type="checkbox"/> Check if address change.	City and Zip <i>Star</i>	Home Phone <i>286-9154</i>	Work Phone <i>344-11900</i>
Name of Political Treasurer <i>Melina Thibodeau</i>			
Mailing Address <input type="checkbox"/> Check if address change.	City and Zip <i>83642 Meridian</i>	Home Phone <i>288-2003</i>	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 5 / 13 / 02 through 6 / 7 / 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 checked="" 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, 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>	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>638.09</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>2134.50</u>	\$ <u>9829.50</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>2772.59</u>	\$ <u>9829.50</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>2710.21</u>	\$ <u>9767.12</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>62.38</u>	\$ <u>62.38</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 \$ 1919.20 (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 Melina Thibodeau, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Melina Thibodeau

Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <i>Kumm Rhoades</i>	Report Covering the Period From <i>5/13/02</i> to <i>6/7/02</i>
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UNITEMIZED CONTRIBUTIONS

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

Total Number <u> 2 </u>	Total Amount \$ <u> 30.00 </u>
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UNITEMIZED EXPENDITURES

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

Total Number <u> — </u>	Total Amount \$ <u> — </u>
------------------------------	---------------------------------

	Total This Period
<u> 1 </u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u> 30.00 </u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>2104.50</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>2134.50</u>
<u> 2 </u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u> — </u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>2710.21</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>2710.21</u>

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

Name of Candidate or Committee
Humn Rhoades

		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>5/13/02</u>	^{1.} <u>Avista Corp.</u> <u>PO Box 3121</u> <u>Spokane, WA</u> <u>99230-3121</u>	<u>Check</u> <u>\$ 350 -</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/13/02</u>	^{2.} <u>Building Contractors Assoc.</u> <u>of Northwest Idaho</u> <u>6206 N Discovery Way</u> <u>Suite A, Boise 83713</u>	<u>Check</u> <u>\$ 500 -</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/14/02</u>	^{3.} <u>IBWPA-PAC</u> <u>PO Box 863</u> <u>Boise, Id 83701</u>	<u>Check</u> <u>\$ 100 -</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/17/02</u>	^{4.} <u>Idaho Committee on</u> <u>Hospitality & Sports</u> <u>PO Box 328</u> <u>Boise, Id 83701</u>	<u>Check</u> <u>\$ 495 -</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>995 -</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/21/02</u>	^{5.} <u>Pamela Rust</u> <u>112 Stratford Cir #41</u> <u>Stockton, CA</u> <u>(stamps) 95207</u>	\$ _____	\$ <u>102.00</u>	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/21/02</u>	^{6.} <u>Keith Britton</u> <u>1939 N Sevenoaks Way</u> <u>Eagle, Id 83616</u>	<u>Check</u> <u>\$ 100.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/16/02</u>	^{7.} <u>DeBest inc.</u> <u>11477 W. President Dr.</u> <u>Boise, Id 83713</u>	<u>Check</u> <u>\$ 250.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/22/02</u>	^{8.} <u>Pamela Rust</u> <u>112 Stratford Cir #41</u> <u>Stockton, CA 95207</u>	\$ _____	\$ <u>57.50</u>	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ <u>159.50</u> Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/22/02</u>	^{9.} <u>RS Reynolds Tobacco Co.</u> <u>PO Box 2955</u> <u>Winston-Salem, N.C. 27102</u>	<u>Check</u> <u>\$ 250 -</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>1/1/</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>1945.00</u>	\$ <u>159.50</u>	\$ _____
Total This Page (add columns A, B & C)				\$ <u>2104.50</u>

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

Name of Candidate or Committee
Kimm Rhoades

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>5/20/02</u>	^{1.} <u>US Post Office Meridian, Id 83642</u>	<u>check #1008 \$ 340.00</u>	\$ _____
Purpose of Above Expenditure: <u>stamps</u>			
<u>5/21/02</u>	^{2.} <u>Kimm Rhoades</u>	<u>check #1009 \$ 147.00</u>	\$ _____
Purpose of Above Expenditure: <u>Reimbursement for fliers copied at Kinkos</u>			
<u>5/21/02</u>	^{3.} <u>Kimm Rhoades</u>	<u>check #1009 \$ 189.42</u>	\$ _____
Purpose of Above Expenditure: <u>Reimbursement for envelopes, ink, labels, & paper (Office Depot)</u>			
<u>5/21/02</u>	^{4.} <u>Kimm Rhoades</u>	<u>check #1009 \$ 30.00</u>	\$ _____
Purpose of Above Expenditure: <u>Reimbursement</u> <u>Sec. of state</u>			
<u>5/21/02</u>	^{5.} <u>Kimm Rhoades</u>	<u>check #1009 \$ 28.25</u>	\$ _____
Purpose of Above Expenditure: <u>Reimbursement for map & hardware (Star Merc)</u>			
<u>5/21/02</u>	^{6.} <u>Kimm Rhoades</u>	<u>check #1009 \$ 91.54</u>	\$ _____
Purpose of Above Expenditure: <u>Reimbursement for film developing @ Timeless Photo</u>			
<u>5/21/02</u>	^{7.} <u>US Post Office Meridian, Id 83642</u>	<u>check #1010 \$ 680.00</u>	\$ _____
Purpose of Above Expenditure:			
<u>5/21/02</u>	^{8.} <u>Signs By Smith</u>	<u>check #1011 \$ 560.00</u>	\$ _____
Purpose of Above Expenditure: <u>107 yard signs</u>			
<u>5/21/02</u>	^{9.} <u>Arlena Thibodeau 2219 N. Bonalack Ave. Meridian, Id 83642</u>	<u>check #1012 \$ 48.75</u>	\$ _____
Purpose of Above Expenditure: <u>Reimbursement for payment to signs by smith for campaign signs</u>			
Subtotals of Columns A & B		<u>\$ 2114.96</u>	\$ _____
Total This Page (add columns A & B)			<u>\$ 2114.96</u>

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

Name of Candidate or Committee
Kimm Rhoades

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>5/21/02</u>	^{1.} <u>US Post Office Meridian, Id 83642</u>	\$ _____	\$ <u>102.00</u>
Purpose of Above Expenditure: <u>Stamps paid in-kind by Pam Rust</u>			
<u>5/22/02</u>	^{2.} <u>US Post Office Boise, Id 83702</u>	\$ _____	\$ <u>57.50</u>
Purpose of Above Expenditure: <u>Stamps paid in-kind by Pam Rust</u>			
<u>5/27/02</u>	^{3.} <u>Kunko's 2717 Milwaukee st Boise, Id 83704</u>	check # <u>1013</u> \$ <u>435.75</u>	\$ _____
Purpose of Above Expenditure: <u>5,000 fliers</u>			
<u> / / </u>	^{4.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	^{5.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	^{6.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	^{7.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	^{8.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / / </u>	^{9.}	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ <u>435.75</u>	\$ <u>159.50</u>
Total This Page (add columns A & B)		\$ <u>595.25</u>	

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

Name of Candidate or Committee <i>Kimm Rhoades</i>	Report Covering the Period From <i>5 15 02</i> to <i>6 17 02</i>
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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.

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
<i>5.21.02</i>	^{1.} <i>Valley Times PO Box 1790 Eagle, Id 83616</i>	<i>146.00</i>
Purpose of Above Expenditure: <i>ad and inserts</i>		
<i>5.21.02</i>	^{2.} <i>Shorne Printing 623 - 12th Ave Rd Tampa, Id 83686</i>	<i>1773.20</i>
Purpose of Above Expenditure:		
<i> / /</i>	^{3.}	
Purpose of Above Expenditure:		
<i> / /</i>	^{4.}	
Purpose of Above Expenditure:		
<i> / /</i>	^{5.}	
Purpose of Above Expenditure:		
<i> / /</i>	^{6.}	
Purpose of Above Expenditure:		
<i> / /</i>	^{7.}	
Purpose of Above Expenditure:		
<i> / /</i>	^{8.}	
Purpose of Above Expenditure:		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more \$ _____
 Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1) \$ *1919.20*
 Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1. \$ *1919.20*