



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE
(Please Print or Type)

C-2
Rev. 10/07

11 JAN 25 AM 11:21

Section I

Name of Candidate or Political Committee and Chairperson: Lee Heider
Office Sought (if candidate): State Senate
District (if any): STATE
Mailing Address: 1631 Richmond Dr
City and Zip: Twin Falls 83301
Home Phone: 208-434-8864
Work Phone: 208-731-1631
Name of Political Treasurer: Robert A Norman
Mailing Address: PO Box 5399
City and Zip: Twin Falls 83303
Home Phone: 734-7932
Work Phone: 733-6581

Change of address for: Candidate or Political Committee [] Political Treasurer []

Section II

TYPE OF REPORT

This filing is an: [X] Original [] Amendment
This report is for the period from 11/13/10 through 12/31/10
[] 7 Day Pre-Primary Report [] 30 Day Post-Primary Report [] October 10 Pre-General Report
[] 7 Day Pre-General Report [] 30 Day Post-General Report [X] Annual Report
[] Semi-Annual Report (Statewide Candidates Only)
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 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.

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).

Table with 3 columns: Line Item, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt.

*This same figure should be entered on line 1 of all reports filed this calendar year.

**This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.

Note: The closing cash balance for the current reporting period appears on the next report as the beginning cash on hand.

Section V

Return This Report To: Ben Yursa, Secretary of State, PO Box 83720, Boise ID 83720-0080, Phone: (208) 334-2852, Fax: (208) 334-2282

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

Robert A Norman (Handwritten Signature)

Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Lee Heider

		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 0
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$ 0

Expenditures		
⑥	Unitemized Expenditures (\$25 and less) # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 257
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$
⑨	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$
⑩	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$ 53
⑪	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$ 310

Loans, Credit Cards and Debt		
⑫	Outstanding Balance from previous reporting period	+ \$
⑬	New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+ \$
⑭	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ \$ 53
⑮	Subtotal	= \$ 53
⑯	Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- \$
⑰	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- \$ 53
⑱	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$ 0

Pledged Contributions		none
⑲	Unitemized Pledged Contributions (\$50 and less) # of Pledges _____	+ \$
⑳	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$
㉑	Total Pledged Contributions this period	= \$

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee:	Lee Heider
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Purpose Codes

- | | |
|---|--|
| <p>A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)</p> <p>B Broadcast Advertising (Radio, TV & Internet)</p> <p>C Contributions to Candidates & PAC's</p> <p>D Donations & Gifts</p> <p>E Event Expenses</p> <p>F Food & Refreshments</p> <p>G General Operational Expenses</p> <p>L Literature, Brochures, Printing</p> <p>M Management Services</p> | <p>N Newspaper & Other Periodical Advertising</p> <p>O Other Advertising (Yard Signs, Buttons, etc.)</p> <p>P Postage</p> <p>S Surveys & Polls</p> <p>T Tickets (Events)</p> <p>U Utilities</p> <p>W Wages, Salaries, Benefits & Bonuses</p> <p>Y Petition Circulators</p> <p>Z Preparation & Production of Advertising</p> |
|---|--|

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
12 6 / 10	1. Michaels 1988 Bridgeview Blvd Twin Falls, Idaho 83301	G	\$ 32
/ /	2.		\$
12 19 10	3. Facilities Services 550 West State Street Boise, Idaho 83702	A	\$ 75
12 14 10	4. Legislative Dining Room 700 West Jefferson Street Boise, Idaho 833702	F	\$ 150
/ /	5.		\$
/ /	6.		\$
/ /	7.		\$
/ /	8.		\$
/ /	9.		\$
/ /	10.		\$
Total This Page:			\$ 257

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.

SCHEDULE E CREDIT CARDS and DEBT

Each incurred expense not yet paid (i.e. credit card purchases and debt) should be listed on a separate line. Each time you make purchases with a credit card or incur debt, it is considered to be a separate item. However, you will maintain a single item for each credit card and add purchases to that item. Each Creditor listed below with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where and when the debt was incurred.

Credit Cards are considered debt to the campaign. Regardless of whether the credit card is repaid when the statement is received, all credit card transactions will appear on Schedule E and E-1. However, only Repayments of Debt during this reporting period appear in the Expenditure Section of the Detailed Summary Page.

Any creditor(s) with a balance(s) appearing on the last report must be listed below with the amount in the Previous Balance column. Any new debt should be listed in the New Debt column, including any accrued interest. If a payment was made on the debt, list it in the Repayments column. **Note: Any debt that was repaid in full in a previous reporting period does not need to be listed.** The Outstanding Balance column is the Previous Balance plus New Debt less any Repayments of Debt.

Name, Mailing Address and Zip Code of Creditor (Candidate, Individual or Business)	Previous Balance of debt at the end of the last reporting period	New Debt amount incurred during this reporting period	Repayments of Debt during this reporting period	Balance outstanding at the end of this reporting period
1. US Bank PO Box 1800 St Paul, MN 55101-0800	0	Date: <u>12/6/10</u> Amount: \$ <u>53</u>	Date: <u>12/6/10</u> Amount: \$ <u>53</u>	0
2.		Date: ___/___/___ Amount: \$ _____	Date: ___/___/___ Amount: \$ _____	
3.		Date: ___/___/___ Amount: \$ _____	Date: ___/___/___ Amount: \$ _____	
4.		Date: ___/___/___ Amount: \$ _____	Date: ___/___/___ Amount: \$ _____	
5.		Date: ___/___/___ Amount: \$ _____	Date: ___/___/___ Amount: \$ _____	
6.		Date: ___/___/___ Amount: \$ _____	Date: ___/___/___ Amount: \$ _____	

	Previous	Incurred	Repayments	Ending Balance
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Previous Total: \$

Incurred Total:

(Transfer the combined total of all incurred debt to the Detailed Summary, page 2 line 14)

\$

Repayments Total:

(Transfer the combined total of all debt repayments to the Detailed Summary, page 2 line 10 & 17)

\$

Ending Balance Total: \$

0

SCHEDULE E-1 CREDIT CARD and DEBT ITEMIZATION

Name of Creditor from Schedule E:

Each Creditor listed on Schedule E with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where and when the debt was incurred.

Purpose Codes

- | | |
|---|---|
| <ul style="list-style-type: none"> A All Travel Expenses (Airfare, Fuel, Lodging & Mileage) B Broadcast Advertising (Radio, TV & Internet) C Contributions to Candidates & PAC's D Donations & Gifts E Event Expenses F Food & Refreshments G General Operational Expenses I Interest Accrued & Finance Charges L Literature, Brochures, Printing M Management Services | <ul style="list-style-type: none"> N Newspaper & Other Periodical Advertising O Other Advertising (Yard Signs, Buttons, etc.) P Postage S Surveys & Polls T Tickets (Events) U Utilities W Wages, Salaries, Benefits & Bonuses Y Petition Circulators Z Preparation & Production of Advertising |
|---|---|

Date Incurred	Full Name, Mailing Address and Zip Code of Expenditure	Purpose Code	Amount
12 6 /10	1. Michaels 1988 Bridgeview Blvd Twin Falls, Idaho 83301	G	\$ 32
12 6 /10	2. Office Max 1519 Blue Lakes Blvd N Twin Falls, Idaho 83301	G	\$ 21
_ / _ / _	3.		\$ _____
_ / _ / _	4.		\$ _____
_ / _ / _	5.		\$ _____
_ / _ / _	6.		\$ _____
_ / _ / _	7.		\$ _____
_ / _ / _	8.		\$ _____
_ / _ / _	9.		\$ _____
Total This Page:			\$ 53

The total of itemization for this creditor should equal the new loan amount listed on Schedule E for this creditor.