



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

C-2
Rev. 10/07

10 DEC -6 PM 1:01

Section I

Name of Candidate or Political Committee and Chairperson: Tim McGeehan for State Representative
Office Sought: State Rep.
Mailing Address: P.O. Box 50048, Idaho Falls
Name of Political Treasurer: Tim McGeehan
Mailing Address: 6121 N. 5th W., Idaho Falls, ID

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

Section II

This filing is an: [x] Original [] Amendment
This report is for the period from 10/18/10 through 11/12/10

- 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: Description, COLUMN I This Period, COLUMN II Calendar Year to Date. Includes entries for Cash on Hand, Contributions, Expenditures, and Ending Cash Balance.

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

Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee:

McGachin for State Representative

		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$ 0
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 1150.00 / 1050.00
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$ 251.10
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$ 0
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$ 1401.10 1301.10

Expenditures		
⑥	Unitemized Expenditures (less than \$25) # of Expenditures _____	+ \$ 0
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 335.00
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$ 251.10
⑨	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$ 0
⑩	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$ 0
⑪	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$ 586.10

Loans, Credit Cards and Debt		
⑫	Outstanding Balance from previous reporting period	+ \$ 0
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)	+ \$
⑮	Subtotal	= \$
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)	- \$
⑱	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$ 0

Pledged Contributions		
⑲	Unitemized Pledged Contributions (\$50 and less) # of Pledges _____	+ \$ 0
⑳	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$ 0
㉑	Total Pledged Contributions this period	= \$ 0

SCHEDULE A ITEMIZED CONTRIBUTIONS

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

Name of Candidate or Committee: McGeachin for State Representative

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
9/2/10	1. Primary Care P.O. Box 2601 Boise, ID 83701	\$ 100.00 \$ 700.00 Calendar Year-To-Date
9/18/10	2. Idaho Optometric Physicians P.O. Box 8 Hayden, Id. 83835	\$ 100.00 \$ 100.00 Calendar Year-To-Date
10/24/10	3. Benton & Assoc. 1216 Torrey Ln. Wampa, Idaho 83686	\$ 500.00 \$ 500.00 Calendar Year-To-Date
10/19/10	4. ICHA PTC P.O. Box 608 Burley, Idaho 83318	\$ 250.00 \$ 250.00 Calendar Year-To-Date
9/18/10	5. Idaho Petroleum Assoc. P.O. Box 984 Boise, Idaho 83701	\$ 100.00 \$ 100.00 Calendar Year-To-Date
10/19/10	6. Pfizer 11361 Elm Street, Suite 3 Helena, Mont. 59601	\$ 100.00 \$ 100.00 Calendar Year-To-Date
1/1/10	7.	\$ _____ \$ _____ Calendar Year-To-Date
1/1/10	8.	\$ _____ \$ _____ Calendar Year-To-Date
1/1/10	9.	\$ _____ \$ _____ Calendar Year-To-Date
1/1/10	10.	\$ _____ \$ _____ Calendar Year-To-Date
Total This Page:		\$ 1150.00 1050.00

per count
7/27/11

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

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee: McEachin for State Representative

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
10/28/10	1. <u>Mitah Tonyanski Senate</u> <u>P.O. Box 6903</u> <u>Boise, Id. 83707</u>	C	\$ <u>100.00</u>
10/28/10	2. <u>Trevor Grigg State Rep D</u> <u>4487 N. Dresden</u> <u>Boise, Id. 83714</u>	C	\$ <u>100.00</u>
10/28/10	3. <u>Julie Ellsworth State Rep.</u> <u>P.O. Box 668</u> <u>Boise, Id. 83701</u>	C	\$ <u>100.00</u>
10/28/10	4. <u>KIFI Local News 8</u> <u>1915 N. Yellowstone Hwy.</u> <u>Teton Falls, Id. 83401</u>	Z	\$ <u>35.00</u>
//_	5.		\$ _____
//_	6.		\$ _____
//_	7.		\$ _____
//_	8.		\$ _____
//_	9.		\$ _____
//_	10.		\$ _____
Total This Page:			\$ <u>335.00</u>

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

SCHEDULE C IN-KIND CONTRIBUTIONS and EXPENDITURES

Name of Candidate or Committee: McGeachin for State Representative

Purpose Codes

- 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
- L Literature, Brochures, Printing
- M Management Services
- 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

1.	<u>11/12/10</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code <u>Idaho Healthcare Assn.</u> <u>524 W. Cayuse Creek Dr.</u> <u>Meridian, Id. 83646</u>	\$ <u>251.10</u> \$ <u>251.10</u> <small>Calendar Year-To-Date</small>
		Expenditure Name, Mailing Address and Zip Code <u>Janice McGeachin - Assn. Annual meeting</u> <u>6121 N. 57th W.</u> <u>Idaho Falls, Id. 83401</u>	Purpose Code <u>A</u> \$ <u>251.10</u>
2.	<u> / / </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____ \$ _____ <small>Calendar Year-To-Date</small>
		Expenditure Name, Mailing Address and Zip Code	Purpose Code \$ _____
3.	<u> / / </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____ \$ _____ <small>Calendar Year-To-Date</small>
		Expenditure Name, Mailing Address and Zip Code	Purpose Code \$ _____
4.	<u> / / </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____ \$ _____ <small>Calendar Year-To-Date</small>
		Expenditure Name, Mailing Address and Zip Code	Purpose Code \$ _____
		Expenditure Total: (Transfer the combined total of all Expenditures on Schedule C pages to the Detailed Summary, page 2 line 8)	\$ <u>251.10</u>
		Contributor Total: (Transfer the combined total of all Contributors on Schedule C pages to the Detailed Summary, page 2 line 3)	\$ <u>251.10</u>