

CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I		(Please Print or Ty	pe)			
Name of Candidate or Political Co	ommittee and Chairperson			Office Sought (if c	andidate)	District (if any)
BRUCE NEWCOMB			00	SHANE REPA	ESEMA	TIVE 24
Mailing Address	☐ Check if address change.	City and Zip	ນ10 ວິເ	Home Phone	STATE	Work Phone
1626 MONR DE Name of Political Treasurer		BURLEY 833	318	STAPEOP/ID	AHO	N/A
CURTIS POPE						() * () • ≥
Mailing Address	☐ Check if address change.	City and Zip		Home Phone		Work Phone
P.O. BOX 608		BURLEY 833	318	654-220		678-3027
Section II		TYPE OF REPO	RT			
Directions: To indicate the instructional manual for rep	type of report being filed, orting periods and due date t is for the period from /	fill in the appropriates.	e dates and	d check the appr gh 12 / 3 1	•	ox(es). See the
This repor	t is for the period from <u>y</u>	UI / UI	unou,	gn <u>12 / 3</u> .	<u> </u>	<u> </u>
☐ 7 Day Pre-Primar	•	Day Pre-General Rep	_	Quarterly (A)(only filed by ba		ure committees)
Cl 30 Day Post-Prin	nary Report	O Day Post-General I		• I Quarterly (Ju	lv 30)	
Cl October 10 Pre-C	General Report	nnual Report				ure committees)
Is this Report a	in amendment? □•‡M•	⊠ No	Is this a 7	Termination Repo	ort?	Yes 🛛 No
Section III	STATEMENT OF N	O CONTRIBUTIO	NS OR EX	XPENDITURES	S	
Directions: If you had no c the appropriate dates and si Section IV. Cl I hereby certify	gn this report. Be sure to ca that I have received no con	arry forward the appr	ropriate "(made no e	Calendar Year to	Date" fi	gures in Column II,
Section IV To reach your Calendar Yea figures to the Column II fig				OLUMN I nis Period		COLUMN II dar Year to Date
Line 1: Cash on Hand Janua	ary 1. This Year*		\$ x x	XXXX	\$ 3	429. 04
Line 2: Enter Cash Balance	•	Period**		29. 04	\$	XXXXXX
Line 3: Total Contributions	(Enter amount from page 2	2)	\$ <u>1</u> 1	100. 00	\$ <u> </u>	1100. 00
Line 4: Subtotal (Add lines	1, 2 and 3)		\$ 4	529. 04	\$	4529. 04
Line 5: Total Expenditures	(Enter amount from page 2)	\$ <u>18</u>	894. 78	\$ 1	1894. 78
Line 6: Cash Balance at Clo	ose of Period (Subtract line	5 from line 4)**	\$ <u>20</u>	634. 26	\$_2	2634. 26
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both the beginn	ing of the reporting	period and	the close of the	reporting	g period
Section V	CONTRIBUTIONS	PLEDGED - INCUI	RRED EX	PENDITURES	3	ANIED
Contributions Pledged dur	ring this reporting period b	out not yet received:	□Non	e 🗖 🛮 1\$	(se	e attached Schedule C-2A)
Incurred Expenditures du	ring this reporting period	but not yet paid:	□Non	e 🗆 💲	(se	ee attached Schedule C-2B)
	Section VI	CFI	RTIFICAT	ΓΙΟΝ		
Return This Report To:	STORION 12	CET	ATTECA			
Pete T. Cenarrusa	Ι	CURTIS POPE		, hereb	y certify	that the information
Secretary of State	in this report	(name of Political Treasurer) is a true, complete ar	nd correct	Campaign Finan	cial Discl	osure Report as
PO Box 83720 Boise ID 83720-0080 fax: (208) 334-2282	required by la	•	ww	8 French		•
		Signature	of Politi	alTreasurer		

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period
BRUCE NEWCOMB	From 01 / 01 / 99 to 12 / 31 / 99

UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period				
Total Number	Total Amount \$			
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period				
Total Number	Total Amount \$			

	Т	Cotal This Period
Number of Schedule A pages Attached		1
Contributions		
Unitemized Contributions (\$50 and less) from top of page	\$	
Itemized Contributions (total all Schedule A sheets)	\$	1100. 00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$	1100.00
Number of Schedule B pages Attached		1
Expenditures		
Unitemized Expenditures (less than \$25) from top of page	\$	
Itemized Expenditures (total all Schedule B sheets)	\$	1894.78
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$	1894.78

SCHEDULE A ITEMIZED CONTRIBUTIONS

Page	of
	1
i	

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

Name of Candidate or Committee

BRUCE NEWCOMB

	DROCE NEWCOND	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
08/27 / 99	ALLSTATE INSURANCE 2775 SANDER RD SUITE A4 NORTHBROOK, IL 60062	<u>\$ 200.00</u>	\$	\$
☐ Primary ☐ General		\$ 200.00 Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
10 [/] -26 / 99	ANHEUSER Busch Park Pl. 277 N 6ST Suite 200	\$200.00	\$	\$
☑ General	PO BOX 2720 BOISE, ID 83701	\$ 200.00 Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
10/28 / 99	POB 50	\$250.00	\$	\$
☐ Primary ☑ General	Boise, Idaho 83728	\$Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
12/29/99	KRAFT FOODS THREE LAKES DR.	\$ 150.00	\$	\$
☐ Primary ☐ General	NORTHFIELD, IL 60093	\$ 150.00 Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
12/29/99	ATT, PAC MOUNTAIN STATES 1875 LAWRENCE ST RM 1575	\$ <u>300.00</u>	\$	\$
☐ Primary ☐ General	DENVER, CO 80202	\$ 300.00 Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
	5.	\$	\$	\$
☐ Primary ☐ General		\$Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
	·.	\$	\$	\$
☐ Primary ☐ General		\$ Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
/	3.	<u>\$</u>	\$	\$
☐ Primary ☐ General		\$ Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
/ /).	\$	\$	\$
☐ Primary ☐ General		\$ Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
/ /	0.	\$	\$	\$
☐ Primary ☐ General		\$ Calendar Year To Date	\$Calendar Year To Date	\$Calendar Year to Date
	Subtotals of Columns A, B & C	\$_1100.00_	\$	\$
	Total This Page (add columns A, B & C)			\$_ 1100.00

SCHEDULE B ITEMIZED EXPENDITURES

Page of

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

Name of Candidate or Committee			
Traine of Canadate of Committee			
	BRUCE NEWCOMB		

		Column A	Column B		
Date	Full Name. Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)		
I.	CASSIA HEALTH CARE FOUNDATION				
01/16 / 99	1501 HILAND Byrley, ID 83318	\$ <u>250.00</u>	\$		
Purpose of Above	e Expenditure: CHARITABLE DONATION				
02/24/99	HOUSE CAUCUS CLUB HOUSE OF REPRESENTATIVES BQISE, ID 83707	\$ 400.00	\$		
Purpose of Above					
3.	MASTER CARD				
04/27 / 99		\$ <u>426.72</u>	\$		
Purpose of Above	Expenditure: PENS & PENCILS SPEAKER MASTER CARD				
4.	SENATOR DEAN CAMERON				
08107 / 99	1101 RUBY DR. RUPERT, ID 83350	\$ <u>218.06</u>	\$		
Purpose of Above					
5.	IDAHO GOVENOR'S CHALLENGE				
09109 / 99	BOISE, IDAHO	\$ <u>600.00</u>	\$		
Purpose of Above	Expenditure: DONATION				
6.					
//		\$	\$		
Purpose of Above Expenditure:					
7					
		\$	<u>\$</u>		
Purpose of Above	Expenditure:				
8.					
/ /		\$	\$		
Purpose of Above	Expenditure:				
9.					
<u>/ /</u>		\$	\$		
Purpose of Above	Expenditure:				
	Subtotals of Columns A & B	\$ 1894.78	\$		
	Total This Page (add columns A & B)		\$ 1894.78		