



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

Section I

Name of Candidate or Political Commince and Chairperson Jack Riags		Office Sought (if candidate) Senate	District (if any) 4
Mailing Address P.O. Box 2146	City and Zip Cda, ID 83816	Home Phone 667-1 213	Work Phone 765-3326
Name of Political Treasurer Michael J. Bibin, CPA, P.A.			
Mailing Address 1620 NW Blvd., Ste. B205	City and Zip Cda, ID 83814	Home Phone 664-4967	Work Phone 664-6446

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 10/01/00 through 10/22/00

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 7 Day Pre-Primary Report | <input checked="" 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 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. till 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 10/01/00 through 10/22/00

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>2996.21</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>2132.20</u>	\$ <u>xxxxxx</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1700.00</u>	\$ <u>5375.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>3832.20</u>	\$ <u>8373.21</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1000.00</u>	\$ <u>5539.01</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>2832.20</u>	\$ <u>2832.20</u>

*This same figure should be entered on line 1 of all reports tiled 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. Cenerrusn
Secretary of State
PO Box 83720
Boise ID 83720-0080
far: (208) 334-2282

Section VI CERTIFICATION

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

Michael J. Bibin
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Jack Riggs	Report Covering the Period From <u>10/01/00</u> to <u>10/22/00</u>
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UNITEMIZED CONTRIBUTIONS
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number _____ Total Amount \$ 0

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

Total Number _____ Total Amount \$ 0

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0
Itemized Contributions (total all Schedule A sheets)	\$ 1700.00
Total Contributions (also enter this figure on page I, Section IV, line 3)	\$ 1700.00
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 0
Itemized Expenditures (total all Schedule B sheets)	\$ 1000.00
Total Expenditures (also enter this figure on page I, Section IV, line 5)	\$ 1000.00

**SCHEDULE A
ITEMIZED CONTRIBUTIONS**

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

Name of Candidate or Committee
Jack Riggs

Date/ Receipt For	Full Name, Mailing Address and Zip Cndc of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
<u>10/02/00</u>	^{1.} BNSF One Santa Fe Plaza P.O. Box 1738 Topeka, KS 66601	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Yw To Date	\$ _____ Calendar Year To Date
<u>10/02/00</u>	^{2.} Idaho Soft Drink PAC 600 E. Overland Meridian, ID 83642	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/05/00</u>	^{3.} Regence Blue Shield 960 Broadway, Suite 310 Boise, ID 83706	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/09/00</u>	^{4.} Crown PAC P.O. Box 5756 Boise, ID 83705	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/05/00</u>	^{5.} Idaho Truck PAC P.O. Box 4549 Boise, ID 83711	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/14/00</u>	^{6.} ID State Independent Auto Dealers Association 813 N. Mitchell Boise, ID 83704	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/16/00</u>	^{7.} L.D. McFarland Co. P.O. Box 1496 Tacoma, WA 98401-1496	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/16/00</u>	^{8.} ID Association of Realtors 1450 West Bannock Boise, ID 83702	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/20/00</u>	^{9.} Intermountain Industries P.O. Box 7608 Boise, ID 83707	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/20/00</u>	^{10.} JR Simplot Co P.O. Box 27 Boise, ID 83707	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>1700.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1700.00</u>

SCHEDULE B

ITEMIZED EXPENDITURES

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

1	1
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Name of Candidate or Committee
 Jack Riggs

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10/17/00	^{1.} Kris Ellis for Legislature 5000 Ezy Street Coeur d'Alene, ID 83815	\$ 500.00	\$
Purpose of Above Expenditure: Contribution			
10/17/00	^{2.} Ken Schueman for Legislature P.O. Box 808 Kelloaa, ID 83837	\$ 500.00	\$
Purpose of Above Expenditure: Contribution			
	^{3.}	\$	\$
Purpose of Above Expenditure:			
	^{4.}	\$	\$
Purpose of Above Expenditure:			
	^{5.}		
Purpose of Above Expenditure:			
	^{6.}	\$	\$
Purpose of Above Expenditure:			
	^{7.}	\$	\$
Purpose of Above Expenditure:			
	^{8.}	\$	\$
Purpose of Above Expenditure:			
	^{9.}	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 1000.00	\$
Total This Page (add columns A & B)			\$ 1000.00