



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

00 MAY 15 PM 3:29
STATE

Section I

Name of Candidate or Political Committee and Chairperson Sorensen for Senate		Office Sought (if candidate) Senate	District (if any) 13
Mailing Address <input type="checkbox"/> Check if address change. PO Box 1166	City and Zip Boise, ID 83701	Home Phone 345-8688	Work Phone
Name of Political Treasurer Linda Magstadt			
Mailing Address <input type="checkbox"/> Check if address change. PO Box 1166	City and Zip Boise, ID 83701	Home Phone 362-3030	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 1 / 1 / 2000 through 5 / 7 / 2000

- | | | |
|--|---|--|
| <input checked="" 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 type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> CI 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>	\$ <u>6,186.60</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>6,186.60</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>450.00</u>	\$ <u>450.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>6,636.60</u>	\$ <u>6,636.60</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1,236.50</u>	\$ <u>1,236.50</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>5,400.10</u>	\$ <u>5,400.10</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 \$ _____ (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, Sheila Sorensen, hereby certify that the information
(name of Political Treasurer)
in this report is a true, complete and correct Campaign Financial Disclosure Report as
required by law.

Sheila Sorensen
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Sorensen for Senate	Report Covering the Period From <u>1</u> / <u>1</u> / <u>00</u> to <u>5</u> / <u>7</u> / <u>00</u>
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>-0-</u>	Total Amount \$ <u>-0-</u>

UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>2</u>	Total Amount \$ <u>15.50</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0.00
Itemized Contributions (total all Schedule A sheets)	\$450.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 50.00
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 15.50
Itemized Expenditures (total all Schedule B sheets)	\$ 1,221.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$, 236.50

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

Name of Candidate or Committee	Sorensen for Senate
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		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
5/1/00 <input checked="" type="checkbox"/> Primary General	Idaho Medical PAC 305 W Jefferson Boise. ID 83702	\$ 350 _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
5/2/00 <input checked="" type="checkbox"/> Primary General	Les Bois Park 5610 Glenwood Road Boise, ID 83714	\$ 100 _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date

Subtotals of Columns A, B and C	\$ 450.00	\$	\$
Total This Page (add columns A, B and C)			\$ 450.00

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

Name of Candidate or Committee	Sorensen for Senate
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		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
1/14/00	AccessAir 4546 W Aeronca Boise, ID 83705	\$ 187	\$
Purpose of Above Expenditure Travel-Twiggs			
1/21/00	US Postmaster 750 W Bannock Boise, ID 83702	\$ 34	\$
Purpose of Above Expenditure PO Box & Keys			
1/21/00	Cawley Consulting 1911 W Tracy Court Meridian, ID 83642	\$ 1000	\$
Purpose of Above Expenditure 2000 Labor			

	Subtotals of Columns A and B	\$ 1,221.00		\$
	Total This Page (add columns A and B			\$ 1,221.00

**SCHEDULE C-2A
CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED**

Name of Candidate or Committee Sorensen for Senate	Report Covering the Period From <u>1 / 1 / 00</u> to <u>5 / 7 / 00</u>
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Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Line 1: Pledged Contributions of \$50.00 or Less This Period: Total Number -0- Total Amount \$ -0-

Pledged Contributions of More Than \$50.00 This Period:

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General		1.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		2.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Primary <input type="checkbox"/> General		10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		11.	

Line 2: Total Amount of Pledged Contributions of More Than \$50.00 \$ -0-
 Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1) \$ -0-
 Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total in Section V, page I. \$ -0-