

C-2
Rev. 7/97



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

Section I

Name of Candidate or Political Committee and Chairperson CARYL A. WHITLATCH		Office Sought (if candidate) STATE REPRESENTATIVE	District (if any) 9 (B)
Mailing Address <input checked="" type="checkbox"/> Check if address change. PO BOX 15	City and Zip CAMBRIDGE 83610	Home Phone 257-3393	Work Phone 257-3300
Name of Political Treasurer VICKIE WARREN			
Mailing Address <input type="checkbox"/> Check if address change. 2992 CEMETERY RD	City and Zip CAMBRIDGE 83610	Home Phone 257-3762	Work Phone 257-3300

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 / 2002 through 5 / 12 / 2002

- | | | |
|--|---|--|
| <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"/> 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*	\$ XXXXXX	\$ -0-
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ -0-	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 99.36	\$ 99.36
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 99.36	\$ 99.36
Line 5: Total Expenditures (Enter amount from page 2)	\$ 99.36	\$ 99.36
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ -0-	\$ -0-

*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)

Section VI

CERTIFICATION

Return This Report To:
Pete T. Cenarrusa
Secretary of State
PO Box 83720
Boise ID 83720-0080
fax: (208) 334-2282

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

Vickie Warren
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee CARYL A. WHITLATCH	Report Covering the Period From <u>1</u> / <u>1</u> / 200 <u>2</u> to <u>5</u> / <u>12</u> / 200 <u>2</u>
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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 \$ _____

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ 99.36
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 99.36
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 99.36
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 99.36

SCHEDULE A ITEMIZED CONTRIBUTIONS

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

Name of Candidate or Committee
CARYL A. WHITLATCH

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Leader	Cash or Check	In-Kind (non-monetary)	Loans
4 / 4 / 02	1. LIBERTARIAN PARTY OF IDAHO PO BOX 15582 BOISE, ID 83715	\$ _____	\$ 30.00	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ 30.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
5 / 8 / 02	2. CARYL A. WHITLATCH PO BOX 15 CAMBRIDGE, ID 83610	\$ _____	\$ 69.36	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ 69.36 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
/ /	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
/ /	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
/ /	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
/ /	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
/ /	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
/ /	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
/ /	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
/ /	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
Subtotals of Columns A, B & C		\$ _____	\$ 99.36	\$ _____
Total This Page (add columns A, B & C)				\$ 99.36

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

Name of Candidate or Committee
CARYL A. WHITLATCH

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
4 / 4 / 02	¹ SECRETARY OF STATE'S OFFICE PO BOX 83720 BOISE, ID 83720	\$ _____	\$ 30.00
Purpose of Above Expenditure: FILING FEE - PAID BY DONATION			
5 / 8 / 02	² CARYL A. WHITLATCH PO BOX 15 CAMBRIDGE, ID 83610	\$ _____	\$ 69.36
Purpose of Above Expenditure: OUT-OF-POCKET TRANSPORTATION EXPENSES			
/ /	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		\$ _____	\$ 99.36
Total This Page (add columns A & B)			\$ 99.36