



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

Section I

Name of Candidate or Political Committee and Chairperson Donna H Boe		Office Sought (if candidate) State Rep. District 30A	District (if any) 30A
Mailing Address <input type="checkbox"/> Check if address change. 226 S 16th Ave	City and Zip Pocatello 83201	Home Phone 233-5651	Work Phone 39
Name of Political Treasurer Michael Rowe		STATE OF IDAHO	
Mailing Address <input type="checkbox"/> Check if address change. 208 S 13th Ave	City and Zip Pocatello 83201	Home Phone 232-6906	Work Phone 236-6160

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 1/1/02 through 5/12/02

- | | | |
|--|---|--|
| <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	\$ 1011 ³⁴
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 1011 ³⁴	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 1737 ³³	\$ 1737 ³³
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 2748 ⁶⁷	\$ 2748 ⁶⁷
Line 5: Total Expenditures (Enter amount from page 2)	\$ 643 ⁸⁹	\$ 643 ⁸⁹
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 2104 ⁷⁸	\$ 2104 ⁷⁸

*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 \$ 2564⁸⁹ (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 Michael Rowe (name of Political Treasurer), hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Michael Rowe
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>Denna H. Boe</u>	Report Covering the Period From <u>1/1/02</u> to <u>5/12/02</u>
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UNITEMIZED CONTRIBUTIONS

Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number <u>101</u>	Total Amount \$ <u>337³³</u>
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UNITEMIZED EXPENDITURES

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

Total Number <u>2</u>	Total Amount \$ <u>27⁴⁹</u>
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	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>337³³</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>1400⁰⁰</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>1737³³</u>
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>27⁴⁹</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>616⁹⁰</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>643³⁹</u>

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

Name of Candidate or Committee
Donna H Boe

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
<u>4/29/02</u>	1. Idaho Medical Political Action Committee 305 W Jefferson P.O. Box 266 Boise, ID 83701	\$ <u>400⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>400⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/10/02</u>	2. Political Action Committee for Education P.O. Box 2638 Boise, ID 83701	\$ <u>1000⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>1000⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>1400⁰⁰</u>	\$ <u>0⁰⁰</u>	\$ <u>0⁰⁰</u>
Total This Page (add columns A, B & C)		\$ <u>1400⁰⁰</u>		

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

Name of Candidate or Committee
Donna H. Bee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
2/22/02	1. Democratic Womens Caucus P.O. Box 693 Boise, ID 83701	\$ 100 ⁰⁰	\$ _____
Purpose of Above Expenditure: <u>Contribution</u>			
3/4/02	2. Idaho State Democratic Party P.O. Box 445 Boise, ID 83702	\$ 75 ⁰⁰	\$ _____
Purpose of Above Expenditure: <u>Tickets for Frank Church Dinner Fundraiser</u>			
3/12/02	3. Re-elect Marilyn Howard Campaign 350 N 9th St, Ste 202 Boise, ID 83701	\$ 100 ⁰⁰	\$ _____
Purpose of Above Expenditure: <u>Reception expenses</u>			
4/1/02	4. Postmaster 730 E Clark St Pocatello, ID 83201	\$ 51 ³⁷	\$ _____
Purpose of Above Expenditure: <u>Postage costs</u>			
4/8/02	5. Kinko's Copies 650 S 5th Ave Pocatello, ID 83201	\$ 77 ⁵⁴	\$ _____
Purpose of Above Expenditure: <u>Fundraiser supplies</u>			
4/9/02	6. Postmaster 730 E Clark St Pocatello, ID 83201	\$ 117 ⁵⁰	\$ _____
Purpose of Above Expenditure: <u>Fundraiser mailings</u>			
4/21/02	7. Office Max 1134 Yellowstone Ave Pocatello, ID 83201	\$ 44 ⁸¹	\$ _____
Purpose of Above Expenditure: <u>Mailing labels</u>			
5/7/02	8. Kinko's Copies 650 S 5th Ave Pocatello, ID 83201	\$ 50 ²¹	\$ _____
Purpose of Above Expenditure: <u>Copies</u>			
1/1/	9.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 616 ⁴⁰	\$ 0 ⁰⁰
Total This Page (add columns A & B)			\$ 616 ⁴⁰