



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

Section I

Name of Candidate or Political Committee and Chairperson MARK A. SNODGRASS		Office Sought (if candidate) HOUSE REP.	District (if any) 20 A
Mailing Address <input type="checkbox"/> Check if address change. 405 WEST SEDGEWICK DR	City and Zip MERIDIAN 83642	Home Phone 887-4939	Work Phone 861-0728
Name of Political Treasurer ADAM COLLINS		SECRETARY OF STATE STATE OF IDAHO	
Mailing Address <input type="checkbox"/> Check if address change. 4843 MYSTIC COVE WAY	City and Zip GARDEN CITY 83714	Home Phone 672-9934	Work Phone 939-2189

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 05 / 13 / 02 through 06 / 07 / 02

- | | | |
|--|---|--|
| <input 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 checked="" 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	\$ 0.00
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 1236 84	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 2335 10	\$ 6075 10
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 3571 94	\$ 6075 10
Line 5: Total Expenditures (Enter amount from page 2)	\$ 2500 46	\$ 5,003 62
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 1071 48	\$ 1,071 48

*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 ADAM P. COLLINS, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee MARK A. SNODGRASS	Report Covering the Period From 05 / 13 / 02 to 06 / 07 / 02
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UNITEMIZED CONTRIBUTIONS

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

Total Number 19 Total Amount \$ 600⁰⁰

UNITEMIZED EXPENDITURES

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

Total Number 1 Total Amount \$ 12⁵⁷

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>600⁰⁰</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>1735¹⁰</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>2335¹⁰</u>
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>12⁵⁷</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>2,487⁸⁹</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>2500⁴⁶</u>

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

Name of Candidate or Committee
MARK A. SNODGRASS

		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
<u>5/14/02</u>	1. MARK A. SNODGRASS 405 WEST SEDGEWICK MERIDIAN, ID 83642	\$ <u>100⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>325⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/14/02</u>	2. MARK A. SNODGRASS 405 WEST SEDGEWICK MERIDIAN, ID 83642	\$ _____	\$ _____	\$ <u>900⁰⁰</u>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ <u>2650⁰⁰</u> Calendar Year To Date
<u>5/14/02</u>	3. MARK A. SNODGRASS / 100-VISA 405 WEST SEDGEWICK MERIDIAN, ID 83642	\$ _____	\$ <u>235¹⁰</u>	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ <u>235¹⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/20/02</u>	4. TERM LIMITS CAMPAIGN FUND. 1677 E. MILES #103 HAYDEN, ID 83835	\$ <u>500⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>500⁰⁰</u> 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>1600⁰⁰</u>	\$ <u>235¹⁰</u>	\$ <u>900⁰⁰</u>
Total This Page (add columns A, B & C)				\$ <u>1735¹⁰</u>

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

Name of Candidate or Committee
MARK A. SNODGRASS

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
5/14/02	1. ARTECH SCREEN PRINTING 520 E. FRANKLIN RD. MERIDIAN, ID 83642	\$ 1607 ⁹²	\$ _____
Purpose of Above Expenditure: SIGNS, FRAMES			
5/15/02	2. AUTO SORT P.O. Box 191025 BOISE, ID 83719-1025	\$ 644 ⁸⁷	\$ _____
Purpose of Above Expenditure: POLITICAL MAILER SERVICE & POSTAGE			
5/31/02	3. MARK A. SNODGRASS / IDAHO CENTRAL CREDIT UNION - VISA 405 WEST SEDGEWICK MERIDIAN, ID 83642	\$ _____	\$ 235 ¹⁰
Purpose of Above Expenditure: POSTS, TIES, DRIVER			
____/____/____	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		\$ 2252 ⁷⁹	\$ 235 ¹⁰
Total This Page (add columns A & B)		\$ 2487.89	