



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>TIMOTHY R. WILLIE</b>		Office Sought (if candidate) <b>STATE REPRESENTATIVE</b>	District (if any) <b>27A</b>
Mailing Address <b>3585 West Hwy 38</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>MALAD, 83252</b>	Home Phone <b>766-4927</b>
Name of Political Treasurer <b>CAROL DAWN WILLIE</b>		STATE OF IDAHO	
Mailing Address <b>P.O. Box 73</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>MALAD 83252</b>	Home Phone <b>766-4573</b>
			Work Phone <b>766-3273</b>

**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)<br>(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)<br>(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**	\$ 1801.49	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 576.00	\$ 3346.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 2377.49	\$ 3346.00
Line 5: Total Expenditures (Enter amount from page 2)	\$ 2255.38	\$ 3223.89
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 122.11	\$ 122.11

\*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**

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

Carol Dawn Willie  
Signature of Political Treasurer

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

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <b>TIMOTHY R. WILLIE</b>	Report Covering the Period From <b>05/13/02</b> to <b>06/07/02</b>
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### UNITEMIZED CONTRIBUTIONS

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

Total Number   4                        Total Amount \$   80.00  

### UNITEMIZED EXPENDITURES

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

Total Number   0                        Total Amount \$   0  

	Total This Period
<u>  1  </u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>80.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>496.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>576.00</u>
<u>  1  </u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>0.00</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>2255.38</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>2255.38</u>

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

Name of Candidate or Committee  
TIMOTHY R. WILLIE

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>5/20/02</u>	<u>1. ROLAND T. EVANS JR. 2215 SW 87th AVE PORTLAND, OREGON 97225</u>	\$ <u>100.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/28/02</u>	<u>2. TIM WILLIE 3585 WEST HWY 38 MALAD, IDAHO 83252</u>	\$ _____	\$ <u>396.00</u>	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ <u>666.00</u> 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>100.00</u>	\$ <u>396.00</u>	\$ <u>0</u>
Total This Page (add columns A, B & C)				\$ <u>496.00</u>

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

Name of Candidate or Committee  
TIMOTHY R. WILLIE

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>5/28/02</u>	<u>1. TIM WILLIE 3585 WEST HWY 38 MALAD, IDAHO 83252</u>	\$ _____	\$ <u>396.00</u>
Purpose of Above Expenditure: <u>MILEAGE - PERSONAL CAR - 1100 MILES @ \$ .36/MILE</u>			
<u>6/16/02</u>	<u>2. US BANK ST. LOUIS MISSOURI</u>	\$ <u>1859.38</u>	\$ _____
Purpose of Above Expenditure: <u>SIGN PRO-YAHS SIGNS</u>			
<u>   /   /   </u>	<u>3.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>4.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>5.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>6.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>7.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>8.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>9.</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ <u>1859.38</u>	\$ <u>396.00</u>
Total This Page (add columns A & B)		\$ <u>2255.38</u>	

953 N 700 N SUITE 104  
DURHAM NC 27621

CREDIT I.D. :  
DEBIT I.D. :


[REDACTED]  
[REDACTED]

[REDACTED]  
SALE  
BATCH: 000001  
DATE: MAY 03 02  
EMV: 3490598

[REDACTED]  
INVOICE: 021603  
TIME: 10:06  
AUTH NO: 013075

TOTAL \$1639.38

TIMOTHY SMILLIE

X 

THANK YOU & HAVE A NICE DAY

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)