



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

Section I

Name of Candidate or Political Committee and Chairperson Samuel C. McEvoy		Office Sought (if candidate) Senate	District (if any) 20
Mailing Address <input type="checkbox"/> Check if address change. 1439 Elm Place	City and Zip Meridian 83642	Home Phone 888-9721	Work Phone 888-1234
Name of Political Treasurer Samuel C. McEvoy			
Mailing Address <input type="checkbox"/> Check if address change. 1439 Elm Place	City and Zip Meridian 83642	Home Phone 888-9721	Work Phone 888-1234

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 11 / 13 / 04 through 12 / 31 / 04

- 7 Day Pre-Primary Report
 30 Day Post-Primary Report
 October 10 Pre-General Report
 7 Day Pre-General Report
 30 Day Post-General Report
 Annual Report
 Semi-Annual Report (Statewide Candidates Only)

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 11 / 13 / 04 through 12 / 31 / 04.

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>34.53</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>445.00</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>0</u>	\$ <u>950.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>445.00</u>	\$ <u>984.53</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>0</u>	\$ <u>539.53</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>445.00</u>	\$ <u>445.00</u>
Line 7: Outstanding Debt to Date	\$ _____	

*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

CERTIFICATION

Return This Report To:
Ren Ysaurea
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

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

Samuel C. McEvoy
Signature of Political Treasurer