



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

OCT 26 PM 5:19

STATE OF IDAHO

Section I

| | | | |
|--|--|---|-------------------------------------|
| Name of Candidate or Political Committee and Chairperson Kenton Travis | | Office Sought (if candidate) State Representative | District (if any) 20B |
| Mailing Address 3900 W. Big Creek Court | <input type="checkbox"/> Check if address change | City and Zip Meridian 83642 | Home Phone (208) 884-3321 |
| Name of Political Treasurer Christine Donnell | | | Work Phone (208) 362-3703 |
| Mailing Address 454 E. Tobago Court | <input type="checkbox"/> Check if address change | City and Zip Meridian 83642 | Home Phone (208) 884-5014 |
| | | | Work Phone (208) 855-4500 |

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 10 / 1 / 2004 through 10 / 17 / 2004

- | | |
|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input checked="" type="checkbox"/> 7 Day Pre-General Report |
| <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report |
| <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)** | \$ 1,294.70 | \$ XXXXXX |
| Line 3: Total Contributions (Enter amount from page 2) | \$ 1,039.00 | \$ 8,089.50 |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ 2,243.70 | \$ 8,089.50 |
| Line 5: Total Expenditures (Enter amount from page 2) | \$ 850.78 | \$ 6,708.58 |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ 1,392.94 | \$ 1,382.94 |

*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:
Ben Yursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
fax: (208) 334-2282

Section VI

CERTIFICATION

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

Christine Donnell
Signature of Political Treasurer

DETAILED SUMMARY PAGE

| | |
|--|--|
| Name of Candidate or Committee Kenton Travis | Report Covering the Period From <u>10 / 1 / 04</u> to <u>10 / 17 / 04</u> |
|--|--|

| | |
|---|-------------------------------|
| UNITEMIZED CONTRIBUTIONS | |
| Contributions of Fifty Dollars (\$50.00) or Less This Period | |
| Total Number <u>15</u> | Total Amount \$ <u>514.00</u> |
| UNITEMIZED EXPENDITURES | |
| Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period | |
| Total Number <u>2</u> | Total Amount \$ <u>37.97</u> |

| | Total This Period |
|---|--------------------|
| 1 Number of Schedule A pages Attached | |
| Contributions | |
| Unitemized Contributions (\$50 and less) from top of page | \$ 514.00 |
| Itemized Contributions (total all Schedule A sheets) | \$ 525.00 |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ 1,039.00 |
| 1 Number of Schedule B pages Attached | |
| Expenditures | |
| Unitemized Expenditures (less than \$25) from top of page | \$ 37.97 |
| Itemized Expenditures (total all Schedule B sheets) | \$ 812.79 |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5) | \$ 850.76 |

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

Name of Candidate or Committee
Kenton Travis

| Date/ Receipt For | Full Name, Mailing Address and Zip Code of Contributor/Leader | Column A | Column B | Column C |
|---|--|-----------------------|---------------------------|-----------------------|
| | | Cash or Check | In-Kind (non-monetary) | Loans |
| 10 / 12 / 04 | 1. Public Employees PAC 4696 Overland Rd. Boise, ID 83704 | \$ 75.00 | \$ | \$ |
| <input type="checkbox"/> Primary | | \$ 75.00 | \$ | \$ |
| <input checked="" type="checkbox"/> General | | Calendar Year To Date | Calendar Year To Date | Calendar Year To Date |
| 10 / 4 / 04 | 2. A. J. Balukoff 4621 Hillcrest View Dr. Boise, ID 83705 | \$ 100.00 | \$ | \$ |
| <input type="checkbox"/> Primary | | \$ 200.00 | \$ | \$ |
| <input checked="" type="checkbox"/> General | | Calendar Year To Date | Calendar Year To Date | Calendar Year To Date |
| 10 / 5 / 04 | 3. Dean Bingham 2712 N. 36th Boise, ID 83703 | \$ 100.00 | \$ | \$ |
| <input type="checkbox"/> Primary | | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> General | | Calendar Year To Date | Calendar Year To Date | Calendar Year To Date |
| 10 / 4 / 04 | 4. Restore Representative Government P. O. Box 526 Boise, ID 83701 | \$ 250.00 | \$ | \$ |
| <input type="checkbox"/> Primary | | \$ 250.00 | \$ | \$ |
| <input checked="" type="checkbox"/> General | | Calendar Year To Date | Calendar Year To Date | Calendar Year To Date |
| ____ / ____ / ____ | 5. | \$ | \$ | \$ |
| <input type="checkbox"/> Primary | | \$ | \$ | \$ |
| <input type="checkbox"/> General | | Calendar Year To Date | Calendar Year To Date | Calendar Year To Date |
| ____ / ____ / ____ | 6. | \$ | \$ | \$ |
| <input type="checkbox"/> Primary | | \$ | \$ | \$ |
| <input type="checkbox"/> General | | Calendar Year To Date | Calendar Year To Date | Calendar Year To Date |
| ____ / ____ / ____ | 7. | \$ | \$ | \$ |
| <input type="checkbox"/> Primary | | \$ | \$ | \$ |
| <input type="checkbox"/> General | | Calendar Year To Date | Calendar Year To Date | Calendar Year To Date |
| ____ / ____ / ____ | 8. | \$ | \$ | \$ |
| <input type="checkbox"/> Primary | | \$ | \$ | \$ |
| <input type="checkbox"/> General | | Calendar Year To Date | Calendar Year To Date | Calendar Year To Date |
| ____ / ____ / ____ | 9. | \$ | \$ | \$ |
| <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 | | \$ 525.00 | \$ 0.00 | \$ 0.00 |
| Total This Page (add columns A, B & C) | | | | \$ 525.00 |

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

Name of Candidate or Committee
Kenton Travis

| Date | Full Name, Mailing Address and Zip Code of Recipient | Column A | Column B |
|---|---|---------------|------------------------|
| | | Cash or Check | Is-Kind (non-monetary) |
| 10 / 8 / 04 | 1. Carnille Hanhardt 1080 Delmar Dr. Meridian, ID 83842 | \$ 400.00 | \$ _____ |
| Purpose of Above Expenditure: Administrative services | | | |
| 10 / 8 / 04 | 2. Printworks Co. 650 E. State St. Eagle, ID 83616 | \$ 311.00 | \$ _____ |
| Purpose of Above Expenditure: Brochure printing | | | |
| 10 / 11 / 04 | 3. Printworks Co. 650 E. State St. Eagle, ID 83616 | \$ 101.79 | \$ _____ |
| Purpose of Above Expenditure: Flyer and card printing | | | |
| / / | 4. | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| / / | 5. | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| / / | 6. | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| Subtotals of Columns A & B | | \$ 812.79 | \$ 0.00 |
| Total This Page (add columns A & B) | | | \$ 812.79 |