

C-2
Rcv. 7/97



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

Section I

Name of Candidate or Political Committee and Chairperson <u>McGeachin for State Representative</u>		Office Sought (if candidate) <u>State Representative</u>	District (if any) <u>32A</u>
Mailing Address <u>P.O. Box 50048</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Idaho Falls 83405</u>	Home Phone <u>524-5521</u>
Name of Political Treasurer <u>Jim McGeachin</u>		Work Phone <u>523-1718</u>	
Mailing Address <u>6121 N. 5th W.</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Idaho Falls 83405</u>	Home Phone <u>524-5521</u>
		Work Phone <u>523-1718</u>	

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 10/1/04 through 10/17/04

- 7 Day Pre-Primary Report
 - 7 Day Pre-General Report
 - Quarterly (April 30)
(only filed by ballot measure committees)
 - 30 Day Post-Primary Report
 - 30 Day Post-General Report
 - Quarterly (July 30)
(only filed by ballot measure committees)
 - October 10 Pre-General Report
 - 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*	\$ <u>XXXXXX</u>	\$ <u> </u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>3019.58</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>200.00</u>	\$ <u>5600.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>3219.58</u>	\$ <u>5600.00</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>0</u>	\$ <u>2380.42</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>3219.58</u>	\$ <u>3219.58</u>

*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 Jim McGeachin, 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 <u>McGeachin for State Representative</u>	Report Covering the Period From <u>10/1/04</u> to <u>10/17/04</u>
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UNITEMIZED CONTRIBUTIONS
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 0 Total Amount \$ 0

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	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ <u>200.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>200.00</u>
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ <u>0</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>0</u>

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

Name of Candidate or Committee
McGeachin for State Representative

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
10/15/04	1. Idaho Healthcare Assc. 802 W. Bannock Suite 304 Boise, Id. 83702 PAC	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
10/16/04	2. Associated General Contractors P.O. Box 4386 Boise, Id. 83707 PAC	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
/ /	3.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
/ /	4.	\$	\$	\$
<input type="checkbox"/> Primary <input 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
/ /	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		\$ 200.00	\$	\$
Total This Page (add columns A, B & C)				\$ 200.00

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

Name of Candidate or Committee
McGeachin for State Representative

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
1. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
2. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
3. / /		\$ _____	\$ _____
Purpose of Above Expenditure:			
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		\$ _____	\$ _____
Total This Page (add columns A & B)			\$ <i>111</i>