

C-2
Rev. 11/03



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

Section I

| | | | |
|---|---|---|-------------------------------|
| Name of Candidate or Political Committee and Chairperson MIKE P. MITCHELL | | Office Sought (if candidate) REPRESENTATIVE | District (if any) 7 |
| Mailing Address 1916 GATEWAY DRIVE | <input type="checkbox"/> Check if address change. | City and Zip LEWISTON 83501 | Home Phone 746-6313 |
| Name of Political Treasurer LESTER RAWLS | | Home Phone 743-3344 | Work Phone 743-3344 |
| Mailing Address 2320 5th ST. | <input type="checkbox"/> Check if address change. | City and Zip LEWISTON 83501 | Work Phone 743-3344 |

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 1/1/2004 through 5/9/2004

- 7 Day Pre-Primary Report
- 7 Day Pre-General Report
- 30 Day Post-Primary Report
- 30 Day Post-General Report
- 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* | \$ XXXXXX | \$ <u>1,074.71</u> |
| Line 2: Enter Cash Balance at Close of Last Reporting Period** | \$ <u>1,074.71</u> | \$ XXXXXX |
| Line 3: Total Contributions (Enter amount from page 2) | \$ <u>2,340.00</u> | \$ <u>2,340.00</u> |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ <u>3,414.71</u> | \$ <u>3,414.71</u> |
| Line 5: Total Expenditures (Enter amount from page 2) | \$ <u>607.03</u> | \$ <u>607.03</u> |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ <u>2,807.68</u> | \$ <u>2,807.68</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:
Ben Ysursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
fax: (208) 334-2282

Section VI

CERTIFICATION

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

Lester Rawls
Signature of Political Treasurer

DETAILED SUMMARY PAGE

| | |
|---|---|
| Name of Candidate or Committee <u>Mike P. Mitchell</u> | Report Covering the Period From <u>1/1/2004</u> to <u>5/9/2004</u> |
|---|---|

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

Total Number 13 Total Amount \$ 390.

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

Total Number 0 Total Amount \$ 0

| | Total This Period |
|--|-------------------|
| <u>2</u> Number of Schedule A pages Attached | |
| Contributions | |
| Unitemized Contributions (\$50 and less) from top of page | \$ 390.00 |
| Itemized Contributions (total all Schedule A sheets) | \$ 1950.00 |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ 2340.00 |
| <u>1</u> Number of Schedule B pages Attached | |
| Expenditures | |
| Unitemized Expenditures (less than \$25) from top of page | \$ 0 |
| Itemized Expenditures (total all Schedule B sheets) | \$ 607.00 |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5) | \$ 607.00 |

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

| | |
|------|----|
| Page | of |
| 1 | 2 |

Name of Candidate or Committee

Mike P. Mitchell

| | | 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 |
| 1/30/04 | 1. RAY C. FREI 929 STEWART LEWISTON, ID 83501 | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 100.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 2/5/04 | 2. Joseph Collins 402 5th ST. LEWISTON, ID 83501 | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 100.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 2/6/04 | 3. Owen Howard 709 N. ST. LEWISTON, ID 83501 | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 100.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 4/29/04 | 4. I T L A PAC P. O. Box 1772 Boise, ID 83701 | \$ 300.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 300.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 4/29/04 | 5. Owen Howard 709 5th ST. LEWISTON, ID 83501 | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 200.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 4/29/04 | 6. WILBERT HALL 1012 PROSPECT AVE. LEWISTON, ID 83501 | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 100.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 5/8/04 | 7. Idaho Medical ASSN. PAC PO Box 2668 Boise, ID 83501 | \$ 250.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 250.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 5/8/04 | 8. Harry Chinchinian 531 Silcott Rd. Clarkston, WA 99403 | \$ 300.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 300.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 5/8/04 | 9. Robert Wing 727 Airway Dr. LEWISTON, ID 83501 | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 100.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 5/8/04 | 10. MERL DALTON 2906 MAYFAIR DR. LEWISTON, ID 83501 | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 100.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| Subtotals of Columns A, B & C | | \$ 1,550.00 | \$ - - | \$ - - |
| Total This Page (add columns A, B & C) | | | | \$ 1,550.00 |

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

Name of Candidate or Committee
Mike P. Mitchell

| 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 |
| 5/8/04 | 1. BARBARA CANNON 925 Magnolia ST. LEWISTON, ID 83501 | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 100.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 5/8/04 | 2. DEAN Mahoney 123 15th AVE. LEWISTON, ID 83501 | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 100.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 5/8/04 | 3. JAY Ney 3024 Country Club DR. LEWISTON, ID 83501 | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 100.00 Calendar Year To Date | \$ Calendar Year To Date | \$ Calendar Year to Date |
| 5/8/04 | 4. Helen Wester 2415 5th ST. LEWISTON, ID 83501 | \$ 100.00 | \$ | \$ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 100.00 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 | | \$ 400.00 | \$ 0 | \$ 0 |
| Total This Page (add columns A, B & C) | | | | \$ 400.00 |

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

Name of Candidate or Committee
Mike P. Mitchell

| | | Column A | Column B |
|--|--|------------------|------------------------|
| Date | Full Name, Mailing Address and Zip Code of Recipient | Cash or Check | In-Kind (non-monetary) |
| <i>1/22/04</i> | <i>1. U.S. POSTAL Service 1613 IDAHO ST. LEWISTON ID 83501</i> | \$ <i>185.00</i> | \$ _____ |
| Purpose of Above Expenditure: <i>STAMPS</i> | | | |
| <i>1/26/04</i> | <i>2. Lewiston Morning Tribune 505 C ST. LEWISTON, ID 83501</i> | \$ <i>47.00</i> | \$ _____ |
| Purpose of Above Expenditure: <i>Ad</i> | | | |
| <i>2/6/04</i> | <i>3. PRINTCRAFT 1628 MAIN ST. LEWISTON, ID 83501</i> | \$ <i>153.00</i> | \$ _____ |
| Purpose of Above Expenditure: <i>Printing - Letterhead + envelopes</i> | | | |
| <i>2/9/04</i> | <i>4. Lewiston Morning Tribune 505 C ST. LEWISTON, ID 83501</i> | \$ <i>47.03</i> | \$ _____ |
| Purpose of Above Expenditure: <i>Ad</i> | | | |
| <i>2/25/04</i> | <i>5. Secretary of STATE PO Box 83720 Boise, ID 83720</i> | \$ <i>30.00</i> | \$ _____ |
| Purpose of Above Expenditure: <i>Filing Fee</i> | | | |
| <i>5/5/04</i> | <i>6. Nez Perce Co. Fair Board 1229 Burrell LEWISTON, ID 83501</i> | \$ <i>145.00</i> | \$ _____ |
| Purpose of Above Expenditure: <i>Fair Booth Space</i> | | | |
| <i>1/1</i> | <i>7.</i> | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| <i>1/1</i> | <i>8.</i> | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| <i>1/1</i> | <i>9.</i> | \$ _____ | \$ _____ |
| Purpose of Above Expenditure: | | | |
| Subtotals of Columns A & B | | \$ <i>607.03</i> | \$ <i>- 0 -</i> |
| Total This Page (add columns A & B) | | | \$ <i>607.03</i> |