



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

POSTED

Section I

Name of Candidate or Political Committee and Chairperson <i>Mike Noyle</i>		Office Sought (if candidate) <i>House</i>	District, (if any) <i>West 14</i>
Mailing Address <i>480 W. Plummer</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Star, 83669</i>	Home Phone <i>286-7842</i>
Name of Political Treasurer <i>Mary E. Harvey</i>		Home Phone <i>888-3250</i>	Work Phone <i>343-6767</i>
Mailing Address <i>1239 Maple St.</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>Meridian 83642</i>	Work Phone <i>343-6767</i>

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 / 19 / 04

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 1 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)
(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 \$ 1 / 1 / 2003 through 5 / 19 / 2003.

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>	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>7582.26</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ _____	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>7,582.26</u>	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>875.00</u>	\$ _____
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>6,707.26</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 Mary E. Harvey (name of Political Treasurer), hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Mary E. Harvey
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee _____	Report Covering the Period From ____/____/____ to ____/____/____
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UNITEMIZED CONTRIBUTIONS

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

Total Number _____ Total Amount \$ _____

UNITEMIZED EXPENDITURES

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

Total Number _____ Total Amount \$ _____

	Total This Period
____ Number of Schedule A pages Attached	
Contributions	✓
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$
____ Number of Schedule B pages Attached	
Expenditures	875.00
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$

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

Name of Candidate or Committee
Mick Moyle Dist 14 A House

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
<i>1/20/04</i>	<i>1. House Republican Caucus Capital Baird, Id. 83720</i>	\$ <i>75.00</i>	\$ _____
Purpose of Above Expenditure: <i>Lunch Room</i>			
<i>2/4/04</i>	<i>2. House Republican Caucus Capital Baird, Id. 83720</i>	\$ <i>100.00</i>	\$ _____
Purpose of Above Expenditure: <i>donation</i>			
<i>5/19/04</i>	<i>3. Gary Bauer 6280 Cherry Lane Meridian, Id. 83657</i>	\$ <i>250.00</i>	\$ _____
Purpose of Above Expenditure: <i>Contribution</i>			
<i>5/19/04</i>	<i>4. Scott Bedke P.O. Box 89 Oakley, Id. 83348</i>	\$ <i>250.00</i>	\$ _____
Purpose of Above Expenditure: <i>Contribution</i>			
<i>5/19/04</i>	<i>5. Jim Clark 5798 N. Clarkview Pl. Hayden Lake, Id. 83835</i>	\$ <i>200</i>	\$ _____
Purpose of Above Expenditure: <i>Contribution</i>			
<i>1/1/</i>	<i>6.</i>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<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>875.00</i>	\$ _____
Total This Page (add columns A & B)			\$ _____