

C-2  
Rev. 7/97



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Peter Nielsen</b>		Office Sought (if candidate) <b>04 Representative</b>	District (if any) <b>22-B</b>
Mailing Address <b>3955 S. 136 W.</b>	City and Zip <b>Mtn. Home 83619</b>	Home Phone <b>208 832 4382</b>	Work Phone <b>208 832 4382</b>
Name of Political Treasurer <b>Merleen Johns</b>		Home Phone <b>208 366 7734</b>	Work Phone <b>208 580 2814</b>
Mailing Address <b>48803 Hwy. 28</b>	City and Zip <b>Mtn. Home</b>	Home Phone <b>208 366 7734</b>	Work Phone <b>208 580 2814</b>

**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
- 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*	\$ XXXXXX	\$ 127.16
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 127.16	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 250.00	\$ 250.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 377.16	\$ 377.16
Line 5: Total Expenditures (Enter amount from page 2)	\$ 50.00	\$ 50.00
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 327.16	\$ 327.16

\*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)

**Section VI**

**CERTIFICATION**

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

Merleen Johns  
Signature of Political Treasurer

Return This Report To:  
Pete T. Cenarrusa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
fax: (208) 334-2282

### DETAILED SUMMARY PAGE

Name of Candidate or Committee <span style="font-size: 1.2em; font-family: cursive;">Peter Nielsen</span>	Report Covering the Period From <u>1/1/2004</u> to <u>5/9/2004</u>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$: <u>0</u>

<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$: <u>0</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>0</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>250.00</u>
<b>Total Contributions (also enter this figure on page 1, Section IV, line 3)</b>	<b>\$ <u>250.00</u></b>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>0</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>50.00</u>
<b>Total Expenditures (also enter this figure on page 1, Section IV, line 5)</b>	<b>\$ <u>50.00</u></b>

## SCHEDULE A ITEMIZED CONTRIBUTIONS

of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee  
Peter Nielsen

		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
5/4/2004	1. Idaho Medical Association 305 W. Jefferson Boise, ID 83702	\$ 250.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 250.00 <small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>
_ / _ / _	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>
_ / _ / _	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>
_ / _ / _	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>
_ / _ / _	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>
_ / _ / _	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>
_ / _ / _	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>
_ / _ / _	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>
_ / _ / _	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>
_ / _ / _	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>	<small>Calendar Year To Date</small>
Subtotals of Columns A, B & C		\$ 250.00	\$ 0	\$ 0
Total This Page (add columns A, B & C)				\$ 250.00

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

Page 1 of 1

Name of Candidate or Committee  
Peter Nielsen

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
<u>2/4/2004</u>	<u>1. Republican House Caucus Capital Building Boise, Idaho 83702</u>	<u>\$ 50.00</u>	<u>\$</u>
Purpose of Above Expenditure: <u>Donation for caucus use</u>			
<u> / /</u>	<u>2.</u>	<u>\$</u>	<u>\$</u>
Purpose of Above Expenditure:			
<u> / /</u>	<u>3.</u>	<u>\$</u>	<u>\$</u>
Purpose of Above Expenditure:			
<u> / /</u>	<u>4.</u>	<u>\$</u>	<u>\$</u>
Purpose of Above Expenditure:			
<u> / /</u>	<u>5.</u>	<u>\$</u>	<u>\$</u>
Purpose of Above Expenditure:			
<u> / /</u>	<u>6.</u>	<u>\$</u>	<u>\$</u>
Purpose of Above Expenditure:			
<u> / /</u>	<u>7.</u>	<u>\$</u>	<u>\$</u>
Purpose of Above Expenditure:			
<u> / /</u>	<u>8.</u>	<u>\$</u>	<u>\$</u>
Purpose of Above Expenditure:			
<u> / /</u>	<u>9.</u>	<u>\$</u>	<u>\$</u>
Purpose of Above Expenditure:			
Subtotals of Columns A & B		<u>\$ 50.00</u>	<u>\$ <del>0</del></u>
Total This Date (add columns A & B)			<u>\$ 50.00</u>