



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>MAX C BLICK</b>		Office Sought (if candidate) <b>HOUSE</b>	District (if any) <b>15 B</b>
Mailing Address <input type="checkbox"/> Check if address change.	City and Zip <b>BOISE 83704</b>	Home Phone <b>375-2635</b>	Work Phone <b>SAME</b>
Name of Political Treasurer <b>ROBERT E BAIN</b>		Home Phone <b>375-3685</b>	Work Phone <b>—</b>
Mailing Address <input type="checkbox"/> Check if address change.	City and Zip <b>BOISE 83704</b>	Home Phone <b>375-3685</b>	Work Phone <b>—</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 11 / 13 / 04 through 12 / 31 / 04

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report                       | <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> October 10 Pre-General Report |
| <input type="checkbox"/> 7 Day Pre-General Report                       | <input type="checkbox"/> 30 Day Post-General Report | <input checked="" type="checkbox"/> Annual Report      |
| <input type="checkbox"/> Semi-Annual Report (Statewide Candidates Only) |   |  |

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>1947.71</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>9624.11</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1130.21</u>	\$ <u>29400.21</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>10754.32</u>	\$ <u>31,347.92</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1238.59</u>	\$ <u>21,832.19</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>9515.73</u>	\$ <u>9515.73</u>
Line 7: Outstanding Debt to Date	\$ <u>0</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.

DATE: 12/31/04

**Return This Report To:**  
Ben Ysursa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
phone: (208) 334-2852  
fax: (208) 334-2282

**Section V**

**CERTIFICATION**

I ROBERT BAIN, (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.

*Robert Bain*  
Signature of Political Treasurer



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

Name of Candidate or Committee  
**MAX C BLACK**

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
11/16/04	1. IDAHO LAND TITLE ASSOC. 7154 W. STATE ST. #304 BOISE ID 83703	\$ 500.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 500.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
12/8/04	2. EMPLOYERS INSURANCE 9790 GATEWAY GROUP DRIVE RENO, NEVADA 89521	\$ 500.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 500.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
12/8/04	3. PAC OF IDAHO VETERINARY MEDICAL ASSOC. 346 W. 4th ST KUNA, ID 83634	\$ 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
____/____/____	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		\$ 1100.00	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ 1100.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee  
**MAX C BLACK**

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
11/18/04	<sup>1.</sup> MARCIA'S KITCHEN 3653 MANCHESTER BOISE ID 83764	\$ 300.00	\$
Purpose of Above Expenditure: CATERING ELECTION NIGHT HOST ROOM			
11/20/04	<sup>2.</sup> BOY SCOUTS OF AMERICA 8901 W. FRANKLIN RD BOISE ID 83709	\$ 100.00	\$
Purpose of Above Expenditure: DONATION			
11/28/04	<sup>3.</sup> QUEST P.O. BOX 2560 OMAHA NE 68103	\$ 44.95	\$
Purpose of Above Expenditure: TELEPHONE			
11/28/04	<sup>4.</sup> VERIZON WIRELESS P.O. BOX 96088 BELLEVUE, WA 98009	\$ 85.07	\$
Purpose of Above Expenditure: CELL PHONE			
11/30/04	<sup>5.</sup> DAWN HATCH 8214 DONNY BROOK BOISE, ID 83729	\$ 25.00	\$
Purpose of Above Expenditure: DONATION FOR BEN DOTY GIFT			
11/30/04	<sup>6.</sup> CRAFT WAREHOUSE <del>ST</del> 1160 N. EAGLE RD MERIDIAN ID 83642	\$ 81.55	\$
Purpose of Above Expenditure: <del>LEGISLATIVE NIGHT PARTY</del> CHUCKS DINNER SUPPLIES			
12/1/04	<sup>7.</sup> FACILITIES SERVICES STATE HOUSE BOISE 83720	\$ 75.00	\$
Purpose of Above Expenditure: LEGISLATIVE PARKING			
12/2/04	<sup>8.</sup> REPUBLICAN CAUCUS STATE HOUSE BOISE 83720	\$ 30.00	\$
Purpose of Above Expenditure: ORGANIZATION DINNER			
12/2/04	<sup>9.</sup> POSTMASTER COLE & USTICK BOISE ID 83704	\$ 74.00	\$
Purpose of Above Expenditure: POSTAGE			
Subtotals of Columns A & B		\$ 815.57	\$
Total This Page (add columns A & B)		\$ 815.57	\$

**SCHEDULE B  
ITEMIZED EXPENDITURES**

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee  
MAX C BLACK

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
12, 10, 04	1. CIRCUIT CITY 501 N ASH PARK BOISE ID 83704	\$ 52.98	\$ _____
Purpose of Above Expenditure: <u>FAX MACHINE SUPPLIES</u>			
12, 11, 04	2. COSTCO 2051 N. COLE BOISE ID 83709	\$ 83.36	\$ _____
Purpose of Above Expenditure: <u>CHRISTMAS GIFTS - CANDY</u>			
12, 20, 04	3. COSTCO 2051 N COLE BOISE 83709	\$ 44.85	\$ _____
Purpose of Above Expenditure: <u>CHRISTMAS GIFTS - GIFTS</u>			
12, 28, 04	4. QWEST P.O. BOX 2560 OMAHA NE 68103	\$ 44.95	\$ _____
Purpose of Above Expenditure: <u>TELEPHONE</u>			
12, 28, 04	5. VERIZON WIRELESS P.O. BOX 96058 BELLEVUE WA 98009	\$ 46.79	\$ _____
Purpose of Above Expenditure: <u>CELL PHONE</u>			
/ /	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		\$ 272.93	\$ _____
Total This Page (add columns A & B)			\$ 272.93

**SCHEDULE C-2A  
CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED**

Name of Candidate or Committee <b>MAX C BLACK</b>	Report Covering the Period From <b>1/13/04</b> to <b>12/31/04</b>
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**Directions:** Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

<b>Line 1: Pledged Contributions of \$50.00 or Less This Period:</b>	Total Number <u>0</u>	Total Amount \$ <u>0</u>
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**Pledged Contributions of More Than \$50.00 This Period:**

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	1.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	2.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	11.	

Line 2: Total Amount of Pledged Contributions of More Than \$50.00	\$ _____
Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1)	\$ _____
Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total on page 2.	\$ <u>0</u>

**SCHEDULE C-2B  
EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT**

Name of Candidate or Committee <b>Wax C Black</b>	Report Covering the Period From <b>11/13/04</b> to <b>12/31/04</b>
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**Directions:** Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service or made a payment on debt. Do not include these entries on Schedule B.

<b>Line 1: Incurred Expenditures of Less Than \$25.00 This Period:</b>	Total Number <b>0</b>	Total Amount \$ _____
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**Expenditures Incurred (Debts and Obligations) or Payment Made on Debt of \$25.00 or More This Period:**

Full Name, Mailing Address and Zip Code of Creditor	Purpose of Expenditure
1.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
2.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
3.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
4.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
5.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____

**Totals of this Page**

**Line 2: Amount Incurred This Period** (Carry forward to Page 2, under Incurred Expenditures) \$ **0**

**Line 3: Payment This Period** (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$ **0**