



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>MAX C BLACK</b>		Office Sought (if candidate) <b>HOUSE</b>	District (if any) <b>25 B</b>
Mailing Address <input type="checkbox"/> Check if address change.	City and Zip <b>BOISE 83704</b>	Home Phone <b>375-13410</b>	Work Phone <b>SAME</b>
Name of Political Treasurer <b>ROBERT E BAIN</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>NONE</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 10 / 18 / 04 through 11 / 12 / 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 checked="" type="checkbox"/> 30 Day Post-General Report | <input 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*	\$ XXXXXX	\$ 1947.71
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 13,704.01	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 500.00	\$ 28,270.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 14,204.01	\$ 30,217.71
Line 5: Total Expenditures (Enter amount from page 2)	\$ 4579.90	\$ 20,593.60
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 9624.11	\$ 9624.11
Line 7: Outstanding Debt to Date	\$ 300.00	

\*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**

**CERTIFICATION**

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

I ROBERT E BAIN, 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 <b>MAX C BLAKE</b>	Report Covering the Period From <b>10/18/04</b> to <b>11/12/04</b>
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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 5                      Total Amount \$ 81.01

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 0
Itemized Contributions (total all Schedule A sheets)	\$ 500.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 500.00
<u>2</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 81.01
Itemized Expenditures (total all Schedule B sheets)	\$ 4498.89
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ 0 <del>4498.89</del>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 4579.90
<u>1</u> Number of Schedule C-2B pages Attached	
<b>Incurred Expenditures</b>	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ 0
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ 300.00
Subtotal	= \$ 300.00
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ 0
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ 300.00
<u>1</u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ 0

**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
10/22/04	1. Johnson & Johnson SERVICES INC Box 16500 New Brunswick NJ 08906	\$ 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
10/28/04	2. IDAHO HEALTHCARE ASSOC 802 W. BANNOCK PAC BOISE ID 83702	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 450.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/27/04	3. INDEPENDENCE DAY SAFETY COUNCIL PAC 16526 SHORE DRIVE NE LAKE FOREST PARK, WA 98151	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 200.00 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		\$ 500.00	\$ 0	\$ 0
Total This Page (add columns A, B & C)				\$ 500.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee  
MAX C BLACK

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
<u>10/22/04</u>	<sup>1.</sup> <u>GARY BAUER 6280 CHERRY LANE NANPA, ID 83687</u>	<u>\$ 35.00</u>	<u>\$ _____</u>
Purpose of Above Expenditure: <u>JEFFERSON ELEMENTARY FUND RAISER</u>			
<u>10/24/04</u>	<sup>2.</sup> <u>VERIZONE WIRELESS P.O. BOX 96088 BELLEVUE WA 98009</u>	<u>\$ 32.08</u>	<u>\$ _____</u>
Purpose of Above Expenditure: <u>CELL PHONE</u>			
<u>10/24/04</u>	<sup>3.</sup> <u>QWEST P.O. BOX 2500 OMAHA, NE 68103</u>	<u>\$ 44.95</u>	<u>\$ _____</u>
Purpose of Above Expenditure: <u>PHONE &amp; FAX BILL</u>			
<u>10/24/04</u>	<sup>4.</sup> <u>IDAHO PUBLIC TV P.O. BOX 4 BOISE ID 83707</u>	<u>\$ 125.00</u>	<u>\$ _____</u>
Purpose of Above Expenditure: <u>DONATION</u>			
<u>10/30/04</u>	<sup>5.</sup> <u>ZURCHERS 1001 No. MILWAUKEE AVE BOISE ID 83704</u>	<u>\$ 71.67</u>	<u>\$ _____</u>
Purpose of Above Expenditure: <u>ELECTION NIGHT PARTY SUPPLIES</u>			
<u>11/2/04</u>	<sup>6.</sup> <u>FRED MEYERS 5425 CHINDEN BLVD. GARDEN CITY, ID 83714</u>	<u>\$ 48.74</u>	<u>\$ _____</u>
Purpose of Above Expenditure: <u>ELECTION NIGHT PARTY SUPPLIES &amp; FOOD</u>			
<u>11/3/04</u>	<sup>7.</sup> <u>AMERICAN RED CROSS 404 So. 8th STREET # 232 BOISE ID 83702</u>	<u>\$ 150.00</u>	<u>\$ _____</u>
Purpose of Above Expenditure: <u>DONATION</u>			
<u>11/3/04</u>	<sup>8.</sup> <u>JAMES DANIELS 219 MAIN BOISE 83735</u>	<u>JOB SERVICE DEPT LIBD.2 \$ 100.00</u>	<u>\$ _____</u>
Purpose of Above Expenditure: <u>SGN REMOVAL - NO PERMANENT ADDRESS</u>			
<u>11/6/04</u>	<sup>9.</sup> <u>J. B. MARKETING / J. B. LASERING 3355 NB. FIVE MILE RD #300 BOISE ID 83713</u>	<u>\$ 40.00</u>	<u>\$ _____</u>
Purpose of Above Expenditure: <u>LASER PRINTING ON GIFT BOXES</u>			
Subtotals of Columns A & B		<u>\$ 647.44</u>	<u>\$ 0</u>
Total This Page (add columns A & B)		<u>\$ 647.44</u>	

**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)
11/12/04	1. <b>JEFF BLACK 3731 BUCKINGHAM BOISE ID 83704</b>	\$ 100.00	\$ _____
Purpose of Above Expenditure: <b>REMOVAL &amp; STORAGE OF SIGNS</b>			
11/11/04	2. <b>JEFFERSON ELEMENTARY 700 SO. LATAH BOISE ID 83706</b>	\$ 105.00	\$ _____
Purpose of Above Expenditure: <b>DONATION FOR FUND RAISER</b>			
11/12/04	3. <b>ROUSE ADVERTISING 7337 NORTHVIEW BOISE ID 83704</b>	\$ 3646.45	\$ _____
Purpose of Above Expenditure: <b>CAMPAIGN MAILING &amp; BROCHURES</b>			
/ /	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		\$ 3851.45	\$ 0
Total This Page (add columns A & B)			\$ 3851.45

**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>10/18/04</b> to <b>11/12/04</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>          </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	\$ <u>  0  </u>
Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1)	\$ <u>  0  </u>
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>MAX C BLACK</b>	Report Covering the Period From <b>10/18/04</b> to <b>11/12/04</b>
------------------------------------------------------	-----------------------------------------------------------------------

**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 <u>0</u>	Total Amount \$ <u>          </u>
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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. <b>WANGIA'S KITCHEN 3653 MANCHESTER BOISE ID 83704</b>	<b>CATERING ELECTION NIGHT HOST ROOM</b>

Outstanding Balance beginning this period..... \$ <u>          </u>	Date Incurred <u>11/2/04</u> Date of Payment <u>11/18/04</u>
Amount Incurred this period..... \$ <u>300.00</u>	
Payment this period..... \$ <u>          </u>	
Outstanding Balance..... \$ <u>300.00</u>	

2. <u>          </u>	<u>          </u>
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Outstanding Balance beginning this period..... \$ <u>          </u>	Date Incurred <u>          </u> Date of Payment <u>          </u>
Amount Incurred this period..... \$ <u>          </u>	
Payment this period..... \$ <u>          </u>	
Outstanding Balance..... \$ <u>          </u>	

3. <u>          </u>	<u>          </u>
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Outstanding Balance beginning this period..... \$ <u>          </u>	Date Incurred <u>          </u> Date of Payment <u>          </u>
Amount Incurred this period..... \$ <u>          </u>	
Payment this period..... \$ <u>          </u>	
Outstanding Balance..... \$ <u>          </u>	

4. <u>          </u>	<u>          </u>
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Outstanding Balance beginning this period..... \$ <u>          </u>	Date Incurred <u>          </u> Date of Payment <u>          </u>
Amount Incurred this period..... \$ <u>          </u>	
Payment this period..... \$ <u>          </u>	
Outstanding Balance..... \$ <u>          </u>	

5. <u>          </u>	<u>          </u>
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Outstanding Balance beginning this period..... \$ <u>          </u>	Date Incurred <u>          </u> Date of Payment <u>          </u>
Amount Incurred this period..... \$ <u>          </u>	
Payment this period..... \$ <u>          </u>	
Outstanding Balance..... \$ <u>          </u>	

**Totals of this Page**

**Line 2: Amount Incurred This Period** (Carry forward to Page 2, under Incurred Expenditures) \$ 300.00

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