

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: McGeachin for State Representative; Office Sought: State Representative; District: 32A; Mailing Address: P.O. Box 50048; City and Zip: Idaho Falls 83405; Home Phone: 524-5521; Work Phone: 523-1718; Name of Political Treasurer: Jim McGeachin; Mailing Address: 6124 N. 5th W.; City and Zip: Idaho Falls 83405; Home Phone: 524-5521; Work Phone: 523-1718

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 5/10/04 through 6/04/04

- 7 Day Pre-Primary Report, 7 Day Pre-General Report, Quarterly (April 30), 50 Day Post-Primary Report, 30 Day Post-General Report, Quarterly (July 30), 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.

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).

Table with 3 columns: Line Item, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand, Cash Balance, Total Contributions, Subtotal, Total Expenditures, and Cash Balance at Close of Period.

*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.

Section V

CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES

Contributions Pledged during this reporting period but not yet received: None \$ Incurred Expenditures during this reporting period but not yet paid: None \$

Section VI

CERTIFICATION

I Jim McGeachin 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

Return This Report To: Pete T. Cenarrusa Secretary of State PO Box 83720 Boise ID 83720-0880 fax: (208) 334-2282

DETAILED SUMMARY PAGE

Name of Candidate or Committee <i>Mcbeachin for State Representative</i>	Report Covering the Period From <i>5/10/04</i> to <i>6/04/04</i>
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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
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ <i>250.00</i>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <i>250.00</i>
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ <i>224.00</i>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <i>224.00</i>

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

Name of Candidate or Committee
McBeachin for State Representative

		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
<u>5/10/04</u>	<u>1. Washington Group Intl. 2045 Crystal Dr. Suite 708 Arlington, Va. 22202</u>	\$ <u>250.00</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>2.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>3.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>4.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>5.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>6.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>7.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>8.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>9.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>10.</u>	\$ _____	\$ _____	\$ _____
<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		\$ <u>250.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>250.00</u>

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

Name of Candidate or Committee
McGeachin for State Representative

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
5, 10, 02	1. Probing the West 1190 E. Lincoln Rd. Idaho Falls, Id. 83401	\$ 224.00	\$
Purpose of Above Expenditure: radio advertising			
/ /	2.	\$	\$
Purpose of Above Expenditure:			
/ /	3.	\$	\$
Purpose of Above Expenditure:			
/ /	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		\$ 224.00	\$
Total This Page (add columns A & B)			\$ 224.00