

Posted by

C-2 Rev. 06/04



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

SCANNED

Section I

Form with fields for Name of Candidate (William K. Chismoun), Office Sought (Senate), District (23), Mailing Address (19073 E. Hwy 30), City and Zip (EVAL, ID 83316), Home Phone (543-4418), Work Phone (543-4418), Name of Political Treasurer (Richard Carlson), and Treasurer's Mailing Address (P.O. Box 21, Filer, ID 83316).

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 / 1 / 04 through 10 / 17 / 04

- 7 Day Pre-Primary Report, 30 Day Post-Primary Report, October 10 Pre-General Report, 7 Day Pre-General Report, 30 Day Post-General Report, Annual Report, 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.

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, COLUMN I This Period, and COLUMN II Calendar Year to Date. Rows include Cash on Hand, Cash Balance, Total Contributions, Subtotal, Total Expenditures, Cash Balance at Close of Period, and Outstanding Debt to Date.

*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.

Vertical stamp: OCT 25 11:59 AM 2004

Return This Report To: Ben Yursa, Secretary of State, PO Box 83720, Boise ID 83720-0080, phone: (208) 334-2852, fax: (208) 334-2282. Includes handwritten 'DONE 10.26.04' and 'RAC'.

Section V

CERTIFICATION

I, Richard Carlson, 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 WILLIAM K. CHISHOLM	Report Covering the Period From 10/1/04 to 10/17/04
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UNITEMIZED CONTRIBUTIONS
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 51 Total Amount \$ 1163

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

Total Number 4 Total Amount \$ 86.40

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 1163.
Itemized Contributions (total all Schedule A sheets)	\$ 1450.
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 2613.
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 86.40
Itemized Expenditures (total all Schedule B sheets)	\$ 1137.20
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 1223.60
____ Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$
____ Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

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

Page	of
/	/

Name of Candidate or Committee
WILLIAM K. CHISHOLM

		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
10/7/04	1. RUTH JORDAN 8637 E. VIA ESCUELA SCOTTSDALE, AZ 85258	\$ 100.00 CHK.	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 350.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/14/04	2. CHRIS/TONY MANNEN 3668 CEDAR DAWN LN. FILER, ID 83328	\$ 100.00 CHK.	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/16/04	3. RALPH/CAROLYN WALTERS 1850 E 4500 N BOHL, ID 83316	\$ 500.00 CHK.	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/7/04	4. KEITH BROGGIOTTI 2924 SKYLINE DR. TWIN FALLS, ID 83701-8125	\$ 200.00 CHK.	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/6/04	5. GERALD GLEBE 1611 CONNELLY DR. ELKO, NV 89801	\$ 100.00 CHK.	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/6/04	6. RESTORE REPRESENTATIVE COUNCIL P.O. BOX 526 BOISE, ID 83701	\$ 250.00 CHK.	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/6/04	7. BILL/JUDY STUDEBANK 2816 E. 400 N TWIN FALLS, ID 83301	\$ 100.00 CHK.	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/8/04	8. DONALD FULD 782 GREENWOOD DR. TWIN FALLS, ID 83301	\$ 100.00 CHK.	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" 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 checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 1450.00	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ _____

SCHEDULE B ITEMIZED EXPENDITURES

Page	of
/	/

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

Name of Candidate or Committee WILLIAM K. CHISHOLM
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		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10, 1, 04	1. TIMES NEWS 132 3RD ST. W. TWIN FALLS, ID 83301	\$ 329.	\$
Purpose of Above Expenditure: ADVERTISING			
10, 14, 04	2. TIMES NEWS 132 3RD ST. W. TWIN FALLS, ID 83301	\$ 379.	\$
Purpose of Above Expenditure: ADVERTISING			
10, 13-9, 04	3. BILL CHISHOLM 19073 E. HWY 30 Buhl, ID 83316	\$ 79.20	\$
Purpose of Above Expenditure: REIMBURSEMENT FOR TRAVEL ABOUT TRIP TO BUISE			
10, 12, 04	4. HEATHER RAE 6420 W. RANDOLPH DR. BUISE, ID 83709	\$ 350.	\$
Purpose of Above Expenditure: PAYMENT FOR FUNDRAISER FILM RENTAL			
/ / /	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		\$ 1137.20	\$
Total This Page (add columns A & B)			\$ 1137.20