



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

Section I

Name of Candidate or Political Committee and Chairperson Paul E Shepherd		Office Sought (if candidate) St. Representative	District (if any) 8
Mailing Address P.O. Box 277	<input type="checkbox"/> Check if address change.	City and Zip Riggins 83549	Home Phone 628 3695
Name of Political Treasurer Dawn E Shepherd		Home Phone 628 3563	Work Phone 628 3563
Mailing Address P.O. Box 277	<input type="checkbox"/> Check if address change.	City and Zip Riggins 83549	Home Phone 628 3695
		Work Phone 628 3563	

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 01/01/04 through 05/09/04

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> October 10 Pre-General Report | <input type="checkbox"/> 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	\$ <u>0</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>0</u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1202.50</u>	\$ <u>1202.50</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>1202.50</u>	\$ <u>1202.50</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>365.50</u>	\$ <u>365.50</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>837.00</u>	\$ <u>837.00</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.

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 \$ 2090.75 (see attached Schedule C-2B)

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

Section VI

CERTIFICATION

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

Dawn E Shepherd
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period From ___/___/___ to ___/___/___
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UNITEMIZED CONTRIBUTIONS

Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 10 Total Amount: \$ 179.²⁹

UNITEMIZED EXPENDITURES

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

Total Number 9 Total Amount \$ 159.²⁹

	Total This Period
___ Number of Schedule A pages Attached	1
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 179. ²⁹
Itemized Contributions (total all Schedule A sheets)	\$ 1023. ²¹
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 1202. ⁵⁰
___ Number of Schedule B pages Attached	
Expenditures	1
Unitemized Expenditures (less than \$25) from top of page	\$ 159. ²⁹
Itemized Expenditures (total all Schedule B sheets)	\$ 208. ²¹
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 367. ⁵⁰

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

Name of Candidate or Committee: Paul E Shepherd Representative Dist 8

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
3/11/04	1. IDAHO SECRETARY OF STATE P.O. Box 83720 Boise ID 83720-0270	\$ 30. ⁰⁰	\$
Purpose of Above Expenditure: <u>Siling fee for candidate</u>			
3/15/04	2. IDAHO county clerk 320 W. main Grangeville ID 83520	\$ 25. ⁰⁰	\$
Purpose of Above Expenditure: <u>Voters list</u>			
3/29/04	3. Boise center Guest Lodge 1314 Grove ST Boise, ID 83702	\$ 100. ⁸⁰	\$
Purpose of Above Expenditure: <u>motel for campaign school</u>			
3/17/04	4. Clear water co Replications 000-100-1A	\$ 30. ⁰⁰	\$
Purpose of Above Expenditure: <u>Donation (auction) item</u>			
4/7/04	5. Sterling Bank Riggins, ID 83519	\$ 22. ⁴¹	\$
Purpose of Above Expenditure: <u>Print check charge</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		\$ 208. ²¹	\$
Total This Page (add columns A & B)			\$ 208. ²¹

**SCHEDULE C-2B
EXPENDITURES INCURRED BUT NOT YET PAID**

Name of Candidate or Committee	Report Covering the Period From ___/___/___ to ___/___/___
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Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service, but did not make payment before the end of the reporting period. Do not include these entries on Schedule B until you actually make payment.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period: Total Number _____ Total Amount \$ _____

Incurred Expenditures of \$25.00 or More This Period:

Date Incurred	Full Name, Mailing Address and Zip Code of Recipient	Amount Incurred
5,4,04	1. Starmedia Promotions 199 Linder Meridian, ID 83642	1322. ³⁵
Purpose of Above Expenditure: campaign signs		
5,4,04	2. Starmedia Promotions 199 Linder Meridian, ID 83642	641. ³⁰
Purpose of Above Expenditure: shirts & hats		
4,15,04	3. alan hughes signs P.O. Box Riggins, ID 83549	187. ²⁰
Purpose of Above Expenditure: campaign signs		
___/___/___	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:		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more \$ 2090.⁸⁵
 Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1) \$ 0
 Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1. \$ 2090.⁸⁵