



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

POSTED

Section I

Name of Candidate or Political Committee and Chairperson: Joe Stegner
Mailing Address: 216 Prospect Blvd, Lewiston 83501
Office Sought: State Senate
District: 6
Home Phone: 743-3032
Work Phone: 798-8004

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 05 / 13 / 02 through 06 / 07 / 02

- 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
Quarterly (April 30)
Quarterly (July 30)

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. Includes rows for Cash on Hand, Contributions, Expenditures, and Cash Balance.

\*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

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

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

Signature of Eric K. Peterson
Signature of Political Treasurer

### DETAILED SUMMARY PAGE

Name of Candidate or Committee <b>Joe Stegner</b>	Report Covering the Period From <u>05</u> / <u>13</u> / <u>02</u> to <u>06</u> / <u>07</u> / <u>02</u>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ <u>0</u>

<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>0</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 0.00
Itemized Contributions (total all Schedule A sheets)	\$ 1,050.00
<b>Total Contributions (also enter this figure on page 1, Section IV, line 3)</b>	<b>\$ 1,050.00</b>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 0.00
Itemized Expenditures (total all Schedule B sheets)	\$ 0.00
<b>Total Expenditures (also enter this figure on page 1, Section IV, line 5)</b>	<b>\$ 0.00</b>

# SCHEDULE A

## ITEMIZED CONTRIBUTIONS

of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee  
**Joe Stegner**

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
05 / 15 / 02	1. Idaho Association of Realtors 1450 West Bannock Boise, Idaho 83702	\$ 400.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
05 / 23 / 02	2. Micron Technology, Inc. P.O. Box 6 Boise, Idaho 83707	\$ 300.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
05 / 23 / 02	3. American Insurance Association PAC - Idaho 980 9th Street, Suite 2060 Sacramento, CA 95814	\$ 150.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
05 / 25 / 02	4. Idaho Dental PAC 1220 West Hayes Boise, Idaho 83702	\$ 200.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
____ / ____ / ____	5.	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____	\$ _____	\$ _____
		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
____ / ____ / ____	6.	\$ _____	\$ _____	\$ _____
<input checked="" 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
<b>Subtotals of Columns A, B &amp; C</b>		\$ 1,050.00	\$ _____	\$ _____
<b>Total This Page (add columns A, B &amp; C)</b>				\$ 1,050.00

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

Name of Candidate or Committee  
 Joe Stegner

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
____/____/____		\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____/____/____	2. _____	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____/____/____	3. _____	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____/____/____	4. _____	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____/____/____	5. _____	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____/____/____	6. _____	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____/____/____	7. _____	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____/____/____	8. _____	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____/____/____	9. _____	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
Subtotals of Columns A & B		\$ _____	\$ _____
Total This Page (add columns A & B)			\$ _____

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

Name of Candidate or Committee <b>Joe Stegner</b>	Report Covering the Period From <u>05</u> / <u>13</u> / <u>02</u> to <u>06</u> / <u>07</u> / <u>02</u>
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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.

**Line 1: Pledged Contributions of \$50.00 or Less This Period:** Total Number \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

**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 in Section V, page 1. \$ \_\_\_\_\_

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

Name of Candidate or Committee <b>Joe Stegner</b>	Report Covering the Period From <u>05 / 13 / 02</u> to <u>06 / 07 / 02</u>
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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.

<b>Line 1: Incurred Expenditures of Less Than \$25.00 This Period:</b>	Total Number _____	Total Amount \$ _____
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**Incurred Expenditures of \$25.00 or More This Period:**

Date Incurred	Full Name, Mailing Address and Zip Code of Recipient	Amount Incurred
1. _____	_____	_____
<b>Purpose of Above Expenditure:</b>		
2. _____	_____	_____
<b>Purpose of Above Expenditure:</b>		
3. _____	_____	_____
<b>Purpose of Above Expenditure:</b>		
4. _____	_____	_____
<b>Purpose of Above Expenditure:</b>		
5. _____	_____	_____
<b>Purpose of Above Expenditure:</b>		
6. _____	_____	_____
<b>Purpose of Above Expenditure:</b>		
7. _____	_____	_____
<b>Purpose of Above Expenditure:</b>		
8. _____	_____	_____
<b>Purpose of Above Expenditure:</b>		

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