



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

Section I

Name of Candidate or Political Committee and Chairperson <u>John M Rusche</u>		Office Sought (if candidate) <u>State Rep</u>	District (if any) <u>7</u>
Mailing Address <u>1405 27th Ave</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Lewiston 83501</u>	Home Phone <u>208-743-1339</u>
Name of Political Treasurer <u>Richard R. Rogwas</u>		Home Phone <u>208-746-4564</u>	Work Phone <u>208-744-2109</u>
Mailing Address <u>2338 14th St</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Lewiston 83501</u>	Work Phone <u>208-746-4564</u>

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 03/11/04 through 05/12/04

- | | | |
|--|---|--|
| <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>4375.00</u>	\$ <u>4375.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>4375.00</u>	\$ <u>4375.00</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>523.36</u>	\$ <u>523.36</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>3851.64</u>	\$ <u>3851.64</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 \$ _____ (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 Richard R. Rogwas (name of Political Treasurer), hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Richard R. Rogwas
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 <u>7</u>	Total Amount \$ <u>325⁰⁰</u>
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UNITEMIZED EXPENDITURES

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

Total Number <u>0</u>	Total Amount \$ <u>0</u>
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	Total This Period
___ Number of Schedule A pages Attached	2
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 325 ⁰⁰
Itemized Contributions (total all Schedule A sheets)	\$ 405 ⁰⁰
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 4375 ⁰⁰
___ Number of Schedule B pages Attached	1
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 503 ³⁶
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$

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

Name of Candidate or Committee
John M. Ruscak

		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>	1. J. BART McMILLAN 812 SW Westwood Dr. Portland, OR 97239	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/11/04</u>	2. John & Donna STOLMON 1509 N Dragon Fly Pl Eagle, ID 83516	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>100.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	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		\$ <u>350.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>350.00</u>

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

Name of Candidate or Committee
John M. Rusche

		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>3/11/04</u>	1. John M. Rusche 1405 27th Ave LEWISTON, ID 83501	\$ _____	\$ _____	\$ <u>1000⁰⁰</u>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ <u>1000⁰⁰</u> Calendar Year To Date
<u>3/23/04</u>	2. Dawn + Colleen Mahoney 123 15th Ave LEWISTON, ID 83501	\$ <u>200⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>200⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>4/30/04</u>	3. Willheart Hall 1012 Prospect Ave LEWISTON, ID 83501	\$ <u>100⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>100⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>4/30/04</u>	4. Richard E. Rainey 4025 Old Oak Ave Boise, ID	\$ <u>200⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>200⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/4/04</u>	5. DAN MILLER 321 Skyline Dr. LEWISTON ID 83501	\$ <u>400⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>400⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/04/04</u>	6. MARY PRATT 1380 Manier Dr. #456 EAGEN, MN 55121	\$ <u>300⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>300⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>05/04/04</u>	7. Lois G. Miller 157 Eldridge Ave Mill Valley, CA 94941	\$ <u>500⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>500⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/06/04</u>	8. Idaho Medical PAC P.O. Box 2668 Boise, ID 83701	\$ <u>400⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>400⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>05/06/04</u>	9. Robert Blackey 601 23rd Ave Lewiston, ID 83501	\$ <u>100⁰⁰</u>	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>100⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>05/06/04</u>	10. Patricia Epperly 18 Brigham Rd FRAMINGHAM, MA 01702	\$ <u>500⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>500⁰⁰</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>2700⁰⁰</u>	\$ _____	\$ <u>1000⁰⁰</u>
Total This Page (add columns A, B & C)				\$ <u>3700⁰⁰</u>

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

Name of Candidate or Committee
John M Rusche

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>5/7/04</u>	1. <u>Steeley Printing</u> <u>201 C ST</u> <u>LEWISTON, MD 21758</u>	<u>\$ 503.36</u>	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	2.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	3.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	7.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	8.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u> / /</u>	9.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		<u>\$ 503.36</u>	\$ _____
Total This Page (add columns A & B)			<u>\$ 503.36</u>