

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

Section I

Name of candidate or Political Committee and Chairperson <i>CINDEE GREEN</i>		Office Sought (if candidate) <i>COMMISSIONER</i>	District (if any) <i>2</i>
Mailing Address <i>1929 TULIP LANE</i>	City and Zip <i>LEWISTON 83501</i>	Home Phone <i>208-743-8825</i>	Work Phone <i>509-758-2884</i>
Name of Political Treasurer <i>CINDEE GREEN</i>			
Mailing Address <i>SAME</i>	City and Zip <i>SAME</i>	Home Phone <i>SAME</i>	Work Phone <i>SAME</i>

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 / 13 / 02 through 6 / 7 / 02

- | | | |
|--|---|--|
| <input 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 checked="" 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 | <input type="checkbox"/> (Only filed by Ballot Measure Committees) |
- 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 have 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*	\$	\$
Line 2. Enter Cash Balance at Close of Last Reporting Period **	\$ <i>130.00</i>	\$
Line 3. Total Contributions (Enter amount from Page 2)	\$ <i>24.00</i>	\$ <i>1130.05</i>
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ <i>154.00</i>	\$
Line 5. Total Expenditures (Enter amount from Page 2)	\$ <i>440.00</i>	\$ <i>1416.05</i>
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ <i>(286.00)</i>	\$ <i>(286.00)</i>

* 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)

Submit This Report To:

COUNTY ELECTIONS DEPARTMENT
NEZ PERCE COUNTY
PATTY O. WEEKS
P.O. BOX 896
LEWISTON, IDAHO 83501

Section VI

CERTIFICATION

Cindee Green, hereby certify that the information in this report is a true, complete and correct Campaign Finance Disclosure Report as required by law

Cindee Green
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <i>Cindee Green</i>	Report Covering the Period From <i>5/13/02</i> to <i>6/7/02</i>
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <i>0</i>	Total Amount \$ <i>0</i>

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

	Total This Period
____ Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ <i>24.00</i>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <i>24.00</i>
____ Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ <i>440.00</i>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <i>440.00</i>

INST. NO. *676037*
 FILED FOR RECORD
 FEE *NC* REG. BY *Cindee Green*
 2002 JUN 27 P 4:09
 PATTY O. WEEKS
 RECORDER, NEZ PERCE CO ID
 BY *Statham* DEPUTY

SCHEDULE A
ITEMIZED CONTRIBUTIONS
 Of more than Fifty Dollars (\$50.00) This Period

Name of Candidate or Committee _____

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
5/21/02	1. Cindee Green 1929 Tulip Lane Lewiston, Id. 83501	\$ _____	\$ 24.00	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar year To Date	\$ 24.00 Calendar year To Date	\$ _____ Calendar year To Date
/ /	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar year To Date	\$ _____ Calendar year To Date	\$ _____ Calendar year To Date
/ /	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar year To Date	\$ _____ Calendar year To Date	\$ _____ Calendar year To Date
/ /	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar year To Date	\$ _____ Calendar year To Date	\$ _____ Calendar year To Date
/ /	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar year To Date	\$ _____ Calendar year To Date	\$ _____ Calendar year To Date
/ /	6.	\$ _____	\$ _____	\$ _____
<input 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
Subtotals of Columns A, B, & C		\$ _____	\$ 24.00	\$ _____
Total This Page (add columns A, B & C				\$ 24.00

SCHEDULE B
ITEMIZED EXPENDITURES
 Of Twenty-Five Dollars (\$25.00) or more This Period

Name of Candidate or Committee Cindee Green

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (Non-monetary)
5/21/02	1. Money SAVER 626 Thain Lewiston, Id 83501	\$ 130 ⁰⁰	\$ 130 ⁰⁰
Purpose of Expenditure: Adv.			
5/22/02	2. Money SAVER 626 Thain Lewiston, Id 83501	\$	\$ 24 ⁰⁰
Purpose of Expenditure:			
5/22/02	3. Tribune 505 C St. Lewiston, Id 83501	\$ 262 ⁰⁰	\$
Purpose of Expenditure: Advertising			
5/21/02	4. Cindee Green 1929 Tulip Lane Lewiston, Id 83501	\$ 24 ⁰⁰	\$
Purpose of Expenditure: Reimbursement			
/ /	5.	\$	\$
Purpose of Expenditure:			
/ /	6.	\$	\$
Purpose of Expenditure:			
/ /	7.	\$	\$
Purpose of Expenditure:			
/ /	8.	\$	\$
Purpose of Expenditure:			
/ /	9.	\$	\$
Purpose of Expenditure:			
Subtotals of Columns A & B		\$ 416.00	\$ 24.00
Total This Page (add columns A & B)			\$ 440.00