

MICROFILM NO.  
**657752**  
CAMPAIGN FINANCIAL DISCLOSURE REPORT  
SUMMARY PAGE  
(Please Print or Type)

INDEXED  
FILED  
DELIVERED  
MAILED  
file

**Section I**

Name of Candidate or Political Committee and Chairperson <b>JAMIE C. SHROPSHIRE</b>			Office Sought (if candidate) <b>PROSECUTOR</b>	
Mailing Address <b>3032 MAYFAIR DRIVE</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>LEWISTON 83501</b>	Home Phone <b>743-3121</b>	Work Phone
Name of Political Treasurer <b>THOMAS A. SHROPSHIRE</b>				
Mailing Address <b>3032 MAYFAIR DRIVE</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>LEWISTON 83501</b>	Home Phone <b>743-3121</b>	Work Phone <b>332-1090</b>

**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 6/3/2000 through 9/30/2000 OCT 1130

- |   |   |
|---|---|
| <input type="checkbox"/> 7 Day Pre-Primary Report                 | <input type="checkbox"/> 7 Day Pre-General Report   |
| <input type="checkbox"/> 30 Day Post-Primary Report               | <input type="checkbox"/> 30 Day Post-General Report |
| <input checked="" 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	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>196.00</u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>400.00</u>	\$ <u>10,462.48</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>596.00</u>	\$ <u>10,462.48</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>98.20</u>	\$ <u>9964.51</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>497.80</u>	\$ <u>497.96</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:  
**Nez Perce County Clerk  
P.O. Box 896  
Lewiston, ID 83501**

**Section VI**

**CERTIFICATION**

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

Thomas A. Shropshire  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

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

### UNITEMIZED CONTRIBUTIONS

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

Total Number 5      Total Amount \$ 200<sup>00</sup>

### UNITEMIZED EXPENDITURES

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

Total Number 0      Total Amount \$ 0

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>200<sup>00</sup></u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>200<sup>00</sup></u>
<b>Total Contributions (also enter this figure on page 1, Section IV, line 3)</b>	<b>\$ <u>400<sup>00</sup></u></b>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>0</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>98<sup>70</sup></u>
<b>Total Expenditures (also enter this figure on page 1, Section IV, line 5)</b>	<b>\$ <u>98<sup>70</sup></u></b>

INST. NO. 657752  
 FILED FOR RECORD  
 FILED NC REG BY Jamie Shropshire  
 2000 OCT 10 P 3:45  
 PATTY O. WEEKS  
 RECORDER, NEZ PERCE CO ID  
 BY Jathan DEPUTY

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

Name of Candidate or Committee  
JAMIE C. SHROPSHIRE

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Leader	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
<u>9.13.00</u>	<u>1. PEARL WESTPHAL</u> <u>227 WESTWOOD BLVD.</u> <u>NAMPA, IDAHO</u> <u>83501</u>	\$ <u>200<sup>00</sup></u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>400<sup>00</sup></u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / /</u>	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ 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>800<sup>00</sup></u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ <u>800<sup>00</sup></u>	\$ _____	\$ <u>800<sup>00</sup></u>

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

Name of Candidate or Committee  
JAMIE C. SHROPSHIRE

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
<u>9/15/2009</u>	<u>1. LEWISTON MORNING TRIBUNE 505 C STREET LEWISTON, IDAHO 83501</u>	<u>\$ 98.70</u>	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>2. _____</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>3. _____</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>4. _____</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>5. _____</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>6. _____</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>7. _____</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>8. _____</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<u>9. _____</u>	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		<u>\$ 98.70</u>	\$ _____
Total This Page (add columns A & B)		<u>\$ 98.70</u>	

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

Name of Candidate or Committee <b>JAMIE C. SHROPSHIRE</b>	Report Covering the Period From <b>6/3/2000</b> to <b>9/30/2000</b>
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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	\$ <u>0</u>
Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1)	\$ <u>0</u>
Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total in Section V, page 1.	\$ <u>0</u>

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

Name of Candidate or Committee <b>JAMIE C. SHROPSHIRE</b>	Report Covering the Period From <u>6/3/2000</u> to <u>9/30/2000</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.

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
1. / /		
Purpose of Above Expenditure:		
2. / /		
Purpose of Above Expenditure:		
3. / /		
Purpose of Above Expenditure:		
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 \$ 0

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. \$ 0

### INDEPENDENT EXPENDITURES

(Please note the definition of independent expenditure and Section 67-6611, Idaho Code - reverse side.)

### TOTALING MORE THAN \$100 MADE IN SUPPORT OF OR IN OPPOSITION TO ANY ONE CANDIDATE, POLITICAL COMMITTEE OR MEASURE

Full Name: N/A Telephone No.: \_\_\_\_\_

Mailing Address and Zip Code: \_\_\_\_\_

#### TYPE OF REPORT


- 7 Day Pre-Primary Statement     
  7 Day Pre-General Statement     
  30 Day Post-General Statement

Total Expenditure(s): \$ \_\_\_\_\_

#### ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS

Date	Full Name, Mailing Address and Zip Code of Recipient	Candidate or Measure Supported or Opposed	Amount of Expenditure
1. / /			\$ _____
Purpose of Above Expenditure:			
2. / /			\$ _____
Purpose of Above Expenditure:			
3. / /			\$ _____
Purpose of Above Expenditure:			
4. / /			\$ _____
Purpose of Above Expenditure:			
5. / /			\$ _____
Purpose of Above Expenditure:			

**RETURN THIS FORM TO:**  
 Nez Perce County Clerk  
 P.O. Box 896  
 Lewiston, ID 83501

I, THOMAS A. STROPSHIRE, hereby certify that the information contained herein is true, complete and correct.  
  
 Signature

## 48 HOUR NOTICE OF CONTRIBUTIONS / LOANS RECEIVED of One Thousand Dollars (\$1,000.00) or more

Directions: Use this form to report any contribution of one thousand dollars (\$1,000) or more, received after the sixteenth (16) day before, but more than forty-eight (48) hours before, any primary or general election. Notification must be made within forty-eight (48) hours after receipt of such contribution. (Sec. 67-6607(c), I.C.)

2000 Elections	
48 Hour Notice required for contributions received:	
Primary Election	May 8, 2000 through May 20, 2000
General Election	October 23, 2000 through November 4, 2000

This requirement applies to all types of contributions, including but not limited to:

- cash contributions
- in-kind contributions
- loans
- contributions or personal loans made by the candidate

Name of Candidate or Committee <div style="text-align: center; font-size: 2em; margin-top: 10px;">N/A</div>	District (if applicable)
Mailing Address	
City and Zip	

Date Received	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loan
____/____/____		\$ _____	\$ _____	\$ _____
____/____/____		\$ _____	\$ _____	\$ _____
____/____/____		\$ _____	\$ _____	\$ _____

**SUBMIT REPORT TO:**

**Nez Perce County Clerk**  
P.O. Box 896  
Lewiston, ID 83501

  
\_\_\_\_\_  
Signature of Political Treasurer

## STATEMENT BY A NONBUSINESS ENTITY

(Type or print clearly)  
See instructions at bottom of page

Name and Address of Nonbusiness Entity				
Name	Address	City	State	Zip
N/A				

Name and Address of Principal Officer or Directors				
Name	Address	City	State	Zip

List the name and address of each person whose fees, dues, payments or other consideration paid to the nonbusiness entity during either of the prior two (2) calendar years has exceeded \$500; or who is obligated to or has agreed to pay fees, dues, payments or other consideration exceeding \$500 to such entity during the current year.

Name	Address	City	State	Zip

INSTRUCTIONS	
<p><b>Who should file this form?</b> Any nonbusiness entity, domiciled in the State of Idaho, which makes expenditures in an amount exceeding one thousand dollars (\$1,000) in any calendar year for the purpose of supporting or opposing one (1) or more candidates or measures. (Please note the definition of nonbusiness entity and Section 67-6606, Idaho Code - reverse side.)</p> <p><b>Filing Deadline:</b> This statement shall be filed within thirty (30) days of exceeding the one thousand dollars (\$1,000) threshold.</p> <p><b>To Be Filed With:</b>     <i>Nez Perce County Clerk</i>                                   <i>P.O. Box 896</i>                                   <i>Lewiston, ID 83501</i></p>	<p><b>Certification:</b> I hereby certify that the information contained herein is a true, complete, and correct statement in accordance with Section 67-6624, Idaho Code.</p> <p>_____ <i>Signature</i></p> <p>_____ <i>Title</i></p> <p>_____ <i>Date</i></p>