



**679800**

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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Patty Weeks</b>		Office Sought (if candidate) <b>County Clerk</b>	District (if any)
Mailing Address <b>35222 Ruckman Rd</b>	Check if address change. <input type="checkbox"/> City and Zip <b>Reubens 83548</b>	Home Phone <b>208 924 6442</b>	Work Phone <b>799-3020</b>
Name of Political Treasurer <b>Carol Wallace</b>			
Mailing Address <b>1117 Alder Dr</b>	Check if address change. <input type="checkbox"/> City and Zip <b>Lewiston 83501</b>	Home Phone <b>746-9004</b>	Work Phone

**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 / 8 / 02 through 9 / 30 / 02

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report                 | <input type="checkbox"/> 7 Day Pre-General Report   | <input type="checkbox"/> Quarterly (April 30)<br>(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)<br>(only filed by ballot measure committees)  |
| <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).

	<b>COLUMN I This Period</b>	<b>COLUMN II Calendar Year to Date</b>
Line 1: Cash on Hand January 1, This Year*	\$ <u>XXXXXX</u>	\$ <u>0.00</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>100.00</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>2,519.25</u>	\$ <u>2,619.25</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>2,619.25</u>	\$ <u>2,619.25</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1,463.99</u>	\$ <u>1,463.99</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>1,155.26</u>	\$ <u>1,155.26</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)

**Section VI**

**CERTIFICATION**

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

*Carol Wallace*  
Signature of Political Treasurer

Return This Report To:  
**Patty O. Weeks**  
**Nez Perce County Clerk**  
**1230 Main St, PO Box 896**  
**Lewiston ID 83501**  
**fax: (208) 799-3070**

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <b>Patty Weeks</b>	Report Covering the Period From <u>6 / 8 / 02</u> to <u>9 / 30 / 02</u>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>22</u>	Total Amount \$ <u>694.25</u>
<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>2</u>	Total Amount \$ <u>27.19</u>

	Total This Period
<u>        </u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 694.25
Itemized Contributions (total all Schedule A sheets)	\$ 1,825.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 2,519.25
<u>        </u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 27.19
Itemized Expenditures (total all Schedule B sheets)	\$ 1,436.80
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 1,463.99

INST. NO. 679800  
 FILED FOR RECORD  
 FEE NC REG. BY Patty Weeks  
 2002 Oct -1 A 8:08  
 PATTY O. WEEKS  
 RECORDER, NEZ PERCE CO ID  
 BY Nathan DEPUTY

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

Name of Candidate or Committee  
**Patty Weeks**

		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
8 / 7 / 02	1. Patty Weeks 35222 Ruckman Rd Reubens ID 83548	\$ _____	\$ _____	\$ 1,500.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ 1,500.00 Calendar Year To Date
8 / 27 / 02	2. Leonard O'Brien 937A Stewart Ave Lewiston ID 83501	\$ 200.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 200.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
8 / 27 / 02	3. Carol Wallace 1117 Alder Dr Lewiston ID 83501	\$ _____	\$ 125.00	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ 159.25 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
Subtotals of Columns A, B & C		\$ 200.00	\$ 125.00	\$ 1,500.00
Total This Page (add columns A, B & C)				\$ 1,825.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

**of Twenty-Five Dollars (\$25.00) or more this period**

Name of Candidate or Committee  
Patty Weeks

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
8 / 8 / 02	1. Independents Service Co 2710 Market St Hannibal MO 63401	\$ 369.80	\$ _____
<b>Purpose of Above Expenditure: 4x8 Posters</b>			
8 / 23 / 02	2. Steeley Print 201 C St Lewiston ID 83501	\$ 399.54	\$ _____
<b>Purpose of Above Expenditure: Brochures</b>			
8 / 29 / 02	3. Preferred Labor Sign Association 2704 N Hogan #3 Spokane WA 99207	\$ 340.52	\$ _____
<b>Purpose of Above Expenditure: Yard Signs</b>			
9 / 12 / 02	4. Ziggys 1109 Warner Ave Lewiston ID 83501	\$ 171.94	\$ _____
<b>Purpose of Above Expenditure: 4x8 CDX Plywood &amp; Steel Posts</b>			
8 / 16 / 02	5. Carol Wallace 1117 Alder Dr Lewiston ID 83501	\$ _____	\$ 30.00
<b>Purpose of Above Expenditure: Postage</b>			
8 / 27 / 02	6. Carol Wallace 1117 Alder Dr Lewiston ID 83501	\$ _____	\$ 125.00
<b>Purpose of Above Expenditure: Food for Fund Raiser</b>			
Subtotals of Columns A & B		\$ 1,281.80	\$ 155.00
Total This Page (add columns A & B)			\$ 1,436.80