25020072995
25020072995

SECRETARY OF THE SENATE
05 FEB -4 AM 11:06

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

Mike Crapo for U.S. Senate

ADDRESS (number and street) ▼ P. O. Box 1948

Check if different than previously reported. (ACC)

Boise | ID | 83701

2. FEC IDENTIFICATION NUMBER ▼ — CITY ▲ — STATE ▲ — ZIP CODE ▲

C00330888

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

STATE ▼ DISTRICT: ID

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on in the State of

(c) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 11 23 2004 through 12 31 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William C. Corbett

Signature of Treasurer — Date 01 31 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							

FEC FORM 3
(Revised 02/2003)

25020072996

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Mike Crapo for U.S. Senate

Report Covering the Period: From: M M 11 D D 23 Y Y Y Y 2004 To: M M 12 D D 31 Y Y Y Y 2004

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	1250.00	7255.00
(b) Total Contribution Refunds (from Line 20(d)).....	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	250.00	6255.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	48449.76	69674.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	1200.12	4054.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47249.64	65620.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1315358.60	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Mike Crapo for U.S. Senate

Report Covering the Period: From: MM 11 DD 23 YYYY 2004 To: MM 12 DD 31 YYYY 2004

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1250.00	
(ii) Unitemized	0.00	
(iii) TOTAL of contributions from individuals ▶	1250.00	4005.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS)	0.00	3250.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1250.00	7255.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	100.00	100.00
13. LOANS		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1200.12	4054.25
15. OTHER RECEIPTS (Dividends, Interest, etc.)	2588.61	2588.61
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) [Carry Total to Line 24, page 4) ▶	5138.73	13997.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	48449.76	69674.59
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	1000.00	1000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▷	49449.76	70674.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	1359669.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	5138.73
25. SUBTOTAL (add Line 23 and Line 24)	1364808.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	49449.76
27 CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1315358.60

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 28
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Bruce Bradley
Mailing Address 174 North 400 West
City
State
Zip Code 83338-
FEC ID number of contributing federal political committee. C
Name of Employer Microbial-Vac Systems
Occupation Owner
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date 250.00

Date of Receipt M M / D D / Y Y Y Y 12 31 2004
Transaction ID: 50106.C22337
Amount of Each Receipt this Period 250.00
Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
R. E. Holding
Mailing Address Box 1529
City Cheyenne
State WY
Zip Code 82003-
FEC ID number of contributing federal political committee. C
Name of Employer Sinclair Oil
Occupation Owner
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt M M / D D / Y Y Y Y 12 09 2004
Transaction ID: 50106.C22335
Amount of Each Receipt this Period 1000.00
Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

TOTAL This Period (last page this line number only) ▶ 1250.00

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Crapo/Otter Victory Committee

Mailing Address PO Box 1948

City: Boise
State: ID
Zip Code: 83701-1948

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For: 2010
X Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
12 31 2004

Transaction ID: 50108.C22338

Amount of Each Receipt this Period
100.00

Transfers From Affil./Auth.

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

TOTAL This Period (last page this line number only) ▶ 100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Star Catering
Mailing Address 2000 Mount Vernon Avenue
City: Alexandria State: VA Zip Code: 22301-
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 943.91

Date of Receipt: 12 31 2004
Transaction ID: 50117.C22385
Amount of Each Receipt this Period: 943.91
Offsets to Operating Expenditu
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
US Senate Restaurant
Mailing Address 1st & C Sts., N.E.
City: Washington State: DC Zip Code: 20510-
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 218.71

Date of Receipt: 12 31 2004
Transaction ID: 50117.C22384
Amount of Each Receipt this Period: 218.71
Offsets to Operating Expenditu
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1162.62

TOTAL This Period (last page this line number only) ▶ 1162.62

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) | PAGE 8 / 28

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Farmers & Merchants State Bank
Mailing Address PO Box 9242

City	State	Zip Code
Boise	ID	83707-

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: 2010
X Primary General
Other (specify)

Election Cycle-to-Date 241.77

Date of Receipt: 11 30 2004
Transaction ID: 50106.C22340
Amount of Each Receipt this Period: 241.77
Other Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Farmers & Merchants State Bank
Mailing Address PO Box 9242

City	State	Zip Code
Boise	ID	83707-

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: 2010
X Primary General
Other (specify)

Election Cycle-to-Date 476.26

Date of Receipt: 12 31 2004
Transaction ID: 50116.C22358
Amount of Each Receipt this Period: 234.49
Other Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Syringa Bank
Mailing Address 1299 North Orchard Street

City	State	Zip Code
Boise	ID	83707-1557

FEC ID number of contributing federal political committee. C

Name of Employer | Occupation

Receipt For: 2010
X Primary General
Other (specify)

Election Cycle-to-Date 625.45

Date of Receipt: 12 31 2004
Transaction ID: 50116.C22360
Amount of Each Receipt this Period: 625.45
Other Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1101.71

TOTAL This Period (last page this line number only) ▶

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 9 / 28
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
US Bank
Mailing Address PO Box 1800
City: Saint Paul State: MN Zip Code: 55101-0800
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 45.58

Date of Receipt: 11 30 2004
Transaction ID: 50108.C22342
Amount of Each Receipt this Period: 45.58
Other Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
US Bank
Mailing Address PO Box 1800
City: Saint Paul State: MN Zip Code: 55101-0800
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 92.69

Date of Receipt: 12 31 2004
Transaction ID: 50116.C22361
Amount of Each Receipt this Period: 47.11
Other Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Washington Trust Bank
Mailing Address PO Box 2127
City: Spokane State: WA Zip Code: 99210-
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 531.30

Date of Receipt: 11 30 2004
Transaction ID: 50108.C22343
Amount of Each Receipt this Period: 531.30
Other Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 623.99

TOTAL This Period (last page this line number only) ▶

25020073004

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Washington Trust Bank
Mailing Address PO Box 2127
City: Spokane State: WA Zip Code: 99210-
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 1093.30

Date of Receipt: 12 31 2004
Transaction ID: 50116.C22362
Amount of Each Receipt this Period: 582.00
Other Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank Northwest, N.A.,
Mailing Address Capitol P. O. Box 6995
City: Portland State: OR Zip Code: 97228-6995
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 132.10

Date of Receipt: 11 30 2004
Transaction ID: 50108.C22341
Amount of Each Receipt this Period: 132.10
Other Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank Northwest, N.A.,
Mailing Address Capitol P. O. Box 6995
City: Portland State: OR Zip Code: 97228-6995
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
Primary X General
Other (specify)
Election Cycle-to-Date: 148.59

Date of Receipt: 11 30 2004
Transaction ID: 50108.C22339
Amount of Each Receipt this Period: 16.49
Other Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 710.59

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 11 / 28

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank Northwest, N.A.,
Mailing Address Capitol
P. O. Box 6995
City: Portland State: OR Zip Code: 97228-6995
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 164.30

Date of Receipt: 12 31 2004
Transaction ID: 50109.C22356
Amount of Each Receipt this Period: 15.71
Other Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank Northwest, N.A.,
Mailing Address Capitol
P. O. Box 6995
City: Portland State: OR Zip Code: 97228-6995
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: 2010
X Primary General
Other (specify)
Election Cycle-to-Date: 300.91

Date of Receipt: 12 31 2004
Transaction ID: 50116.C22359
Amount of Each Receipt this Period: 136.61
Other Receipt
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 152.32

TOTAL This Period (last page this line number only) ▶ 2588.61

25020073006

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Affordable Self
Mailing Address 450 S Maple Grove
City: Boise State: ID Zip Code: 83709-
Purpose of Disbursement: ANNUAL STORAGE FEE
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50109.E7261
Date of Disbursement: 12 / 01 / 2004
Amount of Each Disbursement this Period: 979.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
ANNUAL STORAGE FEE

B.
Full Name (Last, First, Middle Initial)
American Express Co.
Mailing Address P.O. Box 630001
City: Dallas State: TX Zip Code: 75363-0001
Purpose of Disbursement: MEALS
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50109.E7260
Date of Disbursement: 12 / 01 / 2004
Amount of Each Disbursement this Period: 172.10
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
MEALS

C.
Full Name (Last, First, Middle Initial)
American Express Co.
Mailing Address P.O. Box 630001
City: Dallas State: TX Zip Code: 75363-0001
Purpose of Disbursement: NATIONAL CAR RENTAL,MELROSE HOTEL
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50109.E7225
Date of Disbursement: 12 / 30 / 2004
Amount of Each Disbursement this Period: 977.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
NATIONAL CAR RENTAL,MELROSE HOTEL

SUBTOTAL of Disbursements This Page (optional) ▶ 2128.10

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
AmeriTel Inn-Boise Sprectrum
Mailing Address 7985 E Emerald Street
City: Boise State: ID Zip Code: 83704-
Purpose of Disbursement
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50109.E7240
Date of Disbursement: 12 / 13 / 2004
Amount of Each Disbursement this Period: 10.59
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
AOL Online
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50108.E7212
Date of Disbursement: 11 / 29 / 2004
Amount of Each Disbursement this Period: 23.90
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
AOL Online
Mailing Address
City State Zip Code
Purpose of Disbursement
INTERNET
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50109.E7278
Date of Disbursement: 12 / 29 / 2004
Amount of Each Disbursement this Period: 23.90
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
INTERNET

SUBTOTAL of Disbursements This Page (optional) ▶ 58.39

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Armands Chicago Pizza
Mailing Address 226 Mass. Ave
City: Arvada State: CO Zip Code: 80002-
Purpose of Disbursement: MEALS
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type

Transaction ID: 50109.E7275
Date of Disbursement: 12 / 17 / 2004
Amount of Each Disbursement this Period: 150.15
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
MEALS

B.
Full Name (Last, First, Middle Initial)
Sandra Bachman
Mailing Address 4444 E Amity Rd
City: Boise State: ID Zip Code: 83716-
Purpose of Disbursement: PAYROLL
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type

Transaction ID: 50108.E7185
Date of Disbursement: 11 / 30 / 2004
Amount of Each Disbursement this Period: 1987.44
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

C.
Full Name (Last, First, Middle Initial)
Sandra Bachman
Mailing Address 4444 E Amity Rd
City: Boise State: ID Zip Code: 83716-
Purpose of Disbursement: PAYROLL
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type

Transaction ID: 50109.E7234
Date of Disbursement: 12 / 13 / 2004
Amount of Each Disbursement this Period: 1987.45
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ 4125.04

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Sandra Bachman
Mailing Address 4444 E Amity Rd
City Boise State ID Zip Code 83715-
Purpose of Disbursement
PAYROLL
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type

Transaction ID: 50109.E7217
Date of Disbursement 12 31 2004
Amount of Each Disbursement this Period
878.92
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

B.
Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address PO Box 53139
City Phoenix State AZ Zip Code 85072-3139
Purpose of Disbursement
DELTA AIRLINES
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type

Transaction ID: 50109.E7239
Date of Disbursement 12 13 2004
Amount of Each Disbursement this Period
389.40
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
DELTA AIRLINES

C.
Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address PO Box 53139
City Phoenix State AZ Zip Code 85072-3139
Purpose of Disbursement
DELTA AIRLINES
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type

Transaction ID: 50109.E7226
Date of Disbursement 12 20 2004
Amount of Each Disbursement this Period
127.97
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
DELTA AIRLINES

SUBTOTAL of Disbursements This Page (optional) ▶ 1376.29

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Cable One
Mailing Address 8400 Westpark Street
City Boise State ID Zip Code 83704-
Purpose of Disbursement
INTERNET
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type
Transaction ID: 50109.E7259
Date of Disbursement 12 / 01 / 2004
Amount of Each Disbursement this Period 60.69
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
INTERNET

B.
Full Name (Last, First, Middle Initial)
Cable One
Mailing Address 8400 Westpark Street
City Boise State ID Zip Code 83704-
Purpose of Disbursement
INTERNET
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type
Transaction ID: 50109.E7237
Date of Disbursement 12 / 13 / 2004
Amount of Each Disbursement this Period 97.21
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
INTERNET

C.
Full Name (Last, First, Middle Initial)
Cable One
Mailing Address 8400 Westpark Street
City Boise State ID Zip Code 83704-
Purpose of Disbursement
INTERNET
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type
Transaction ID: 50109.E7224
Date of Disbursement 12 / 30 / 2004
Amount of Each Disbursement this Period 65.91
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
INTERNET

SUBTOTAL of Disbursements This Page (optional) ▶ 223.81

TOTAL This Period (last page this line number only) ▶

25020073011

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Comcast Cable

Mailing Address PO Box 17689

City: Baltimore State: MD Zip Code: 21297-1689

Purpose of Disbursement: INTERNET

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type: INTERNET

Transaction ID: 50109.E7246
Date of Disbursement: 12/09/2004

Amount of Each Disbursement this Period: 49.26

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Comcast Cable

Mailing Address PO Box 17689

City: Baltimore State: MD Zip Code: 21297-1689

Purpose of Disbursement: INTERNET

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type: INTERNET

Transaction ID: 50109.E7227
Date of Disbursement: 12/20/2004

Amount of Each Disbursement this Period: 51.85

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Susan Crapo

Mailing Address 2005 Charlotte

City: Idaho Falls State: ID Zip Code: 83402-

Purpose of Disbursement: PAYROLL

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type: PAYROLL

Transaction ID: 50108.E7184
Date of Disbursement: 11/30/2004

Amount of Each Disbursement this Period: 923.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1024.51

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Susan Crapo
Mailing Address 2005 Charlotte
City: Idaho Falls State: ID Zip Code: 83402-
Purpose of Disbursement: PAYROLL
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50109.E7251
Date of Disbursement: 12 05 2004
Amount of Each Disbursement this Period: 2856.50
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

B.
Full Name (Last, First, Middle Initial)
Susan Crapo
Mailing Address 2005 Charlotte
City: Idaho Falls State: ID Zip Code: 83402-
Purpose of Disbursement: PAYROLL
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50109.E7233
Date of Disbursement: 12 15 2004
Amount of Each Disbursement this Period: 923.50
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

C.
Full Name (Last, First, Middle Initial)
Susan Crapo
Mailing Address 2005 Charlotte
City: Idaho Falls State: ID Zip Code: 83402-
Purpose of Disbursement: PAYROLL
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50109.E7218
Date of Disbursement: 12 31 2004
Amount of Each Disbursement this Period: 923.50
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶ **4503.50**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Dell Catalog Sales
Mailing Address PO Box 226555
City Dallas State TX Zip Code 75222-6555
Purpose of Disbursement
COMPUTER SYSTEM
Candidate Name
Category/Type
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:

Transaction ID: 50109.E7289
Date of Disbursement 12 / 10 / 2004
Amount of Each Disbursement this Period 1504.55
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
COMPUTER SYSTEM

B.
Full Name (Last, First, Middle Initial)
Delta Airlines
Mailing Address 1600 Aviation Blvd.
City Atlanta State GA Zip Code 30320-
Purpose of Disbursement
TRAVEL
Candidate Name
Category/Type
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:

Transaction ID: 50108.E7211
Date of Disbursement 11 / 23 / 2004
Amount of Each Disbursement this Period 10.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TRAVEL

C.
Full Name (Last, First, Middle Initial)
Delta Airlines
Mailing Address 1600 Aviation Blvd.
City Atlanta State GA Zip Code 30320-
Purpose of Disbursement
TRAVEL
Candidate Name
Category/Type
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:

Transaction ID: 50109.E7267
Date of Disbursement 12 / 09 / 2004
Amount of Each Disbursement this Period 25.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶ 1539.55

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Delta Airlines
Mailing Address 1600 Aviation Blvd.
City: Atlanta State: GA Zip Code: 30320-
Purpose of Disbursement: TRAVEL
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type: TRAVEL
Transaction ID: 50109.E7268
Date of Disbursement: 12 / 09 / 2004
Amount of Each Disbursement this Period: 10.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial)
Matthew Ellsworth
Mailing Address 2744 Gemstone
City: Meridian State: ID Zip Code: 83642-
Purpose of Disbursement: PAYROLL
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type: PAYROLL
Transaction ID: 50108.E7183
Date of Disbursement: 11 / 30 / 2004
Amount of Each Disbursement this Period: 2220.23
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial)
Matthew Ellsworth
Mailing Address 2744 Gemstone
City: Meridian State: ID Zip Code: 83642-
Purpose of Disbursement: PAYROLL
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type: PAYROLL
Transaction ID: 50109.E7252
Date of Disbursement: 12 / 05 / 2004
Amount of Each Disbursement this Period: 3850.75
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 6280.98

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial): Federal Express Corp.
Mailing Address: P. O. Box 1140
City: Memphis State: TN Zip Code: 38101-1140
Purpose of Disbursement: SHIPPING
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 50109.E7258
Date of Disbursement: 12/01/2004
Amount of Each Disbursement this Period: 154.59
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type: SHIPPING

B.
Full Name (Last, First, Middle Initial): Federal Express Corp.
Mailing Address: P. O. Box 1140
City: Memphis State: TN Zip Code: 38101-1140
Purpose of Disbursement: SHIPPING
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 50109.E7229
Date of Disbursement: 12/20/2004
Amount of Each Disbursement this Period: 6.20
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type: SHIPPING

C.
Full Name (Last, First, Middle Initial): Federal Express Corp.
Mailing Address: P. O. Box 1140
City: Memphis State: TN Zip Code: 38101-1140
Purpose of Disbursement: SHIPPING
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 50109.E7223
Date of Disbursement: 12/30/2004
Amount of Each Disbursement this Period: 157.92
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type: SHIPPING

SUBTOTAL of Disbursements This Page (optional) ▶ 318.71

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Joseph Feider

Transaction ID: 50109.E7230
Date of Disbursement
12 / 20 / 2004

Mailing Address 504 Avenue E

City: Boise State: ID Zip Code: 83712-

Amount of Each Disbursement this Period: 77.38

Purpose of Disbursement
AUCTION DONATION

Candidate Name

Category/Type: Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

AUCTION DONATION

B. Full Name (Last, First, Middle Initial)
Kris Fischer

Transaction ID: 50109.E7257
Date of Disbursement
12 / 01 / 2004

Mailing Address 2107 Parkside Dr.

City: Boise State: ID Zip Code: 83712-

Amount of Each Disbursement this Period: 11.85

Purpose of Disbursement
MEALS

Candidate Name

Category/Type: Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

MEALS

C. Full Name (Last, First, Middle Initial)
Kris Fischer

Transaction ID: 50109.E7222
Date of Disbursement
12 / 30 / 2004

Mailing Address 2107 Parkside Dr.

City: Boise State: ID Zip Code: 83712-

Amount of Each Disbursement this Period: 16.00

Purpose of Disbursement
TRAVEL

Candidate Name

Category/Type: Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

TRAVEL

SUBTOTAL of Disbursements This Page (optional) 105.23

TOTAL This Period (last page this line number only) .....

25020073017

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Meghan Flanz

Mailing Address 6204 Cardinal Brook Court

City Springfield State VA Zip Code 22152-

Purpose of Disbursement
MEALS

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: 50109.E7244
Date of Disbursement 12 / 09 / 2004

Amount of Each Disbursement this Period 75.09

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type MEALS

B. Full Name (Last, First, Middle Initial)
Meghan Flanz

Mailing Address 6204 Cardinal Brook Court

City Springfield State VA Zip Code 22152-

Purpose of Disbursement
MEALS

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: 50109.E7221
Date of Disbursement 12 / 30 / 2004

Amount of Each Disbursement this Period 125.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type MEALS

C. Full Name (Last, First, Middle Initial)
Idaho Camera

Mailing Address 170 N. 6th

City Boise State ID Zip Code 83702-

Purpose of Disbursement
PHOTOS

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: 50109.E7245
Date of Disbursement 12 / 09 / 2004

Amount of Each Disbursement this Period 50.58

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type PHOTOS

SUBTOTAL of Disbursements This Page (optional) ▶ 250.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Idaho State Tax Commission

Mailing Address P. O. Box 76

City: Boise State: ID Zip Code: 83707-0076

Purpose of Disbursement: PAYROLL TAX WITHOLDING

Candidate Name

Office Sought: House / Senate / President

Disbursement For: Primary / General / Other (specify)

State: District:

Category/Type

Transaction ID: 50108.E7187
Date of Disbursement: 11/30/2004

Amount of Each Disbursement this Period: 232.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL TAX WITHOLDING

B. Full Name (Last, First, Middle Initial)
Idaho State Tax Commission

Mailing Address P. O. Box 76

City: Boise State: ID Zip Code: 83707-0076

Purpose of Disbursement: PAYROLL TAX WITHOLDING

Candidate Name

Office Sought: House / Senate / President

Disbursement For: Primary / General / Other (specify)

State: District:

Category/Type

Transaction ID: 50109.E7216
Date of Disbursement: 12/31/2004

Amount of Each Disbursement this Period: 476.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL TAX WITHOLDING

C. Full Name (Last, First, Middle Initial)
Intuit

Mailing Address P. O. Box 28886

City: Tucson State: AZ Zip Code: 85775-7618

Purpose of Disbursement: PAYROLL SOFTWARE

Candidate Name

Office Sought: House / Senate / President

Disbursement For: Primary / General / Other (specify)

State: District:

Category/Type

Transaction ID: 50109.E7271
Date of Disbursement: 12/13/2004

Amount of Each Disbursement this Period: 210.94

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL SOFTWARE

SUBTOTAL of Disbursements This Page (optional) ▶ 918.94

TOTAL This Period (last page this line number only) ▶

25020073019

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Bruce Klappa

Mailing Address 1008 Atlantic Drive

City Stafford | State VA | Zip Code 22554-

Purpose of Disbursement
MEALS,POSTAGE,TRAVEL

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: 50109.E7238
Date of Disbursement 12 / 13 / 2004

Amount of Each Disbursement this Period
159.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MEALS,POSTAGE,TRAVEL

B. Full Name (Last, First, Middle Initial)
Linda E Daniel & Associates, Inc.

Mailing Address 128 North Columbus Street

City Alexandria | State VA | Zip Code 22314-

Purpose of Disbursement
FUND RAISING CONSULTANT

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: 50109.E7249
Date of Disbursement 12 / 05 / 2004

Amount of Each Disbursement this Period
11129.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FUND RAISING CONSULTANT

C. Full Name (Last, First, Middle Initial)
Linda E Daniel & Associates, Inc.

Mailing Address 128 North Columbus Street

City Alexandria | State VA | Zip Code 22314-

Purpose of Disbursement
FUND RAISING CONSULTING

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: 50109.E7220
Date of Disbursement 12 / 30 / 2004

Amount of Each Disbursement this Period
4870.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FUND RAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶ 16159.80

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Michaels

Mailing Address 8633 W Franklin

City: Boise State: ID Zip Code: 83709-

Purpose of Disbursement: EVENT EXPENSE

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: 50109.E7266
Date of Disbursement: 12 / 06 / 2004

Amount of Each Disbursement this Period: 58.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

EVENT EXPENSE

B. Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 2509 S. Broadway

City: Boise State: ID Zip Code: 83706-

Purpose of Disbursement: OFFICE SUPPLIES

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: 50109.E7265
Date of Disbursement: 12 / 03 / 2004

Amount of Each Disbursement this Period: 79.45

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE SUPPLIES

C. Full Name (Last, First, Middle Initial)
Qwest

Mailing Address

City: Salt Lake City State: UT Zip Code: 84135-

Purpose of Disbursement: TELEPHONE

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: 50109.E7256
Date of Disbursement: 12 / 01 / 2004

Amount of Each Disbursement this Period: 21.09

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 168.98

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Qwest
Mailing Address
City: Salt Lake City State: UT Zip Code: 84135-
Purpose of Disbursement: TELEPHONE
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type

Transaction ID: 50109.E7243
Date of Disbursement: 12 / 09 / 2004
Amount of Each Disbursement this Period: 37.30
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TELEPHONE

B.
Full Name (Last, First, Middle Initial)
Qwest
Mailing Address
City: Salt Lake City State: UT Zip Code: 84135-
Purpose of Disbursement: TELEPHONE
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type

Transaction ID: 50109.E7236
Date of Disbursement: 12 / 13 / 2004
Amount of Each Disbursement this Period: 282.08
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TELEPHONE

C.
Full Name (Last, First, Middle Initial)
Safeway Store
Mailing Address 415 14th Street SE
City: Washington State: DC Zip Code: 20003-
Purpose of Disbursement: MEALS
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type

Transaction ID: 50109.E7274
Date of Disbursement: 12 / 16 / 2004
Amount of Each Disbursement this Period: 145.01
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
MEALS

SUBTOTAL of Disbursements This Page (optional) ▶ 464.39

TOTAL This Period (last page this line number only) ▶

25020073022

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Senate Gift Shop
Mailing Address Russell Senate Office
First & C St.,NE
City: Washington State: DC Zip Code: 20510-
Purpose of Disbursement: GIFT
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50109.E7272
Date of Disbursement: 12 / 15 / 2004
Amount of Each Disbursement this Period: 73.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
GIFT

B.
Full Name (Last, First, Middle Initial)
State of Idaho Department of Labor
Mailing Address Employer Accounts Bureau
317 Main St.
City: Boise State: ID Zip Code: 83735-
Purpose of Disbursement: P/R TAX
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50108.E7186
Date of Disbursement: 11 / 30 / 2004
Amount of Each Disbursement this Period: 2.00
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
P/R TAX

C.
Full Name (Last, First, Middle Initial)
State of Idaho Department of Labor
Mailing Address Employer Accounts Bureau
317 Main St.
City: Boise State: ID Zip Code: 83735-
Purpose of Disbursement: P/R TAX
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type
Transaction ID: 50109.E7215
Date of Disbursement: 12 / 31 / 2004
Amount of Each Disbursement this Period: 9.20
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
P/R TAX

SUBTOTAL of Disbursements This Page (optional) ▶ 84.20

TOTAL This Period (last page this line number only) ▶

25020073023

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Symantec
Mailing Address 10201 Torre Ave
City Cupertino State CA Zip Code 95014-
Purpose of Disbursement
VIRUS SOFTWARE
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type
Transaction ID: 50109.E7276
Date of Disbursement 12 / 17 / 2004
Amount of Each Disbursement this Period 36.94
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
VIRUS SOFTWARE

B.
Full Name (Last, First, Middle Initial)
US Senate Restaurant
Mailing Address 1st & C Sts., N.E.
City Washington State DC Zip Code 20510-
Purpose of Disbursement
MEALS
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type
Transaction ID: 50109.E7255
Date of Disbursement 12 / 01 / 2004
Amount of Each Disbursement this Period 19.73
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
MEALS

C.
Full Name (Last, First, Middle Initial)
US Senate Restaurant
Mailing Address 1st & C Sts., N.E.
City Washington State DC Zip Code 20510-
Purpose of Disbursement
MEALS
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type
Transaction ID: 50109.E7273
Date of Disbursement 12 / 15 / 2004
Amount of Each Disbursement this Period 19.73
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
MEALS

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 76.40

TOTAL This Period (last page this line number only) ..... ▶

25020073024

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial): USPS
Mailing Address: Bannock Station
City: Boise State: ID Zip Code: 83702-
Purpose of Disbursement: POSTAGE
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type:
Transaction ID: 50109.E7254
Date of Disbursement: 12/02/2004
Amount of Each Disbursement this Period: 87.16
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
POSTAGE

B.
Full Name (Last, First, Middle Initial): Verizon
Mailing Address: PO Box 17577
City: Baltimore State: MD Zip Code: 21297-0513
Purpose of Disbursement: TELEPHONE
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type:
Transaction ID: 50109.E7254
Date of Disbursement: 12/01/2004
Amount of Each Disbursement this Period: 83.45
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TELEPHONE

C.
Full Name (Last, First, Middle Initial): Verizon
Mailing Address: PO Box 17577
City: Baltimore State: MD Zip Code: 21297-0513
Purpose of Disbursement: TELEPHONE
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Category/Type:
Transaction ID: 50109.E7248
Date of Disbursement: 12/05/2004
Amount of Each Disbursement this Period: 236.54
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 407.15

TOTAL This Period (last page this line number only) ▶

25020073025

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address PO Box 17577
City Baltimore State MD Zip Code 21297-0513
Purpose of Disbursement
TELEPHONE
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type
Transaction ID: 50109.E7247
Date of Disbursement 12 / 08 / 2004
Amount of Each Disbursement this Period 251.90
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TELEPHONE

B.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address PO Box 17577
City Baltimore State MD Zip Code 21297-0513
Purpose of Disbursement
TELEPHONE,INTERNET
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type
Transaction ID: 50109.E7241
Date of Disbursement 12 / 09 / 2004
Amount of Each Disbursement this Period 62.36
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TELEPHONE,INTERNET

C.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address PO Box 17577
City Baltimore State MD Zip Code 21297-0513
Purpose of Disbursement
TELEPHONE
Candidate Name
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Category/Type
Transaction ID: 50109.E7235
Date of Disbursement 12 / 13 / 2004
Amount of Each Disbursement this Period 86.64
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 400.90

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: 50109.E7232
Date of Disbursement 12 / 20 / 2004

Amount of Each Disbursement this Period
150.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type
TELEPHONE

B. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address PO Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: 50109.E7219
Date of Disbursement 12 / 30 / 2004

Amount of Each Disbursement this Period
243.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type
TELEPHONE

C. Full Name (Last, First, Middle Initial)
Wells Fargo Bank Northwest, N.A.,

Mailing Address Capitol P. O. Box 6995

City Portland State OR Zip Code 97228-6995

Purpose of Disbursement
P/R TAX W/H,P/R TAX

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: 50108.E7188
Date of Disbursement 11 / 30 / 2004

Amount of Each Disbursement this Period
1401.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Category/Type
P/R TAX W/H,P/R TAX

SUBTOTAL of Disbursements This Page (optional) ► 1795.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank Northwest, N.A.,

Mailing Address Capitol
P. O. Box 6995

City: Portland | State: OR | Zip Code: 97228-6995

Purpose of Disbursement
MERCHANT CARD FEE

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: 50109.E7262
Date of Disbursement: 12 / 10 / 2004

Amount of Each Disbursement this Period: 107.71

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MERCHANT CARD FEE

B.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank Northwest, N.A.,

Mailing Address Capitol
P. O. Box 6995

City: Portland | State: OR | Zip Code: 97228-6995

Purpose of Disbursement
MERCHANT CARD DISCOUNT

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: 50109.E7283
Date of Disbursement: 12 / 10 / 2004

Amount of Each Disbursement this Period: 5.73

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MERCHANT CARD DISCOUNT

C.
Full Name (Last, First, Middle Initial)
Wells Fargo Bank Northwest, N.A.,

Mailing Address Capitol
P. O. Box 6995

City: Portland | State: OR | Zip Code: 97228-6995

Purpose of Disbursement
P/R TAX W/H,P/R TAX

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: 50109.E7214
Date of Disbursement: 12 / 31 / 2004

Amount of Each Disbursement this Period: 3339.76

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

P/R TAX W/H,P/R TAX

SUBTOTAL of Disbursements This Page (optional) ▶ 3453.20

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

A. Full Name (Last, First, Middle Initial)
Daniel Wheeler

Transaction ID: 50109.E7250
Date of Disbursement
M M / D D / Y Y Y Y
12 / 05 / 2004

Mailing Address 805 DeSale Street SW

City: Vienna | State: VA | Zip Code: 22180-5943

Amount of Each Disbursement this Period
446.22

Purpose of Disbursement
TRAVEL

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

TRAVEL

B. Full Name (Last, First, Middle Initial)
Ryan M. White

Transaction ID: 50109.E7253
Date of Disbursement
M M / D D / Y Y Y Y
12 / 05 / 2004

Mailing Address 113 E Mallard, Ste. 286

City: Boise | State: ID | Zip Code: 83706-

Amount of Each Disbursement this Period
2301.50

Purpose of Disbursement
PAYROLL

Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2747.72
TOTAL This Period (last page this line number only) ▶	48210.56

25020073029

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use seperate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☒ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Mike Crapo for U.S. Senate

Full Name (Last, First, Middle Initial)
A. American Gas Assoc PAC

Transaction ID: 50109.E7213
Date of Disbursement
M 12 M D 31 D Y 2004 Y

Mailing Address 400 N Capital Street West

City Washington
State DC
Zip Code 20001-

Amount of Each Disbursement this Period
1000.00

Purpose of Disbursement
Refund of Contribution contributor reque

Candidate Name

010
Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House / Senate / President
State: District:

Disbursement For: 2004
X Primary General
Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 1000.00

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83701-1948

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POST OFFICE

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First Class Mail

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

✓ **REGISTERED/CERTIFIED MAIL** 01-31-05
Postmarked

_____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION** _____
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
_____ **PRIORITY MAIL /WITH CONFIRMATION SHEET**
_____ **EXPRESS MAIL**
_____ **FEDERAL EXPRESS**
_____ **UPS**
_____ **DHL**
_____ **AIRBORNE EXPRESS** _____
Postmark

_____ **PRIORITY MAIL (NO CONFIRMATION)** _____
Date of Receipt

_____ **FIRST CLASS MAIL** _____
Date of Receipt

_____ **FAX** _____
Date of Receipt

_____ **NO POSTMARK** _____ **POSTMARK ILLEGIBLE**

_____ **OTHER** _____
Date of Receipt

RD 02-04-05
Preparer **Date Prepared**

25020073032
25020073032