



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

POSTED

Section I

Name of Candidate or Political Committee and Chairperson <b>Robert 'Bob' Ring</b>		Office Sought (if candidate) <b>House Seat A</b>	District (if any) <b>10</b>
Mailing Address <b>406 Spruce St</b>	<input checked="" type="checkbox"/> Check if address change. City and Zip <b>Caldwell 83605</b>	Home Phone <b>459-8079</b>	Work Phone <b>-</b>
Name of Political Treasurer <b>Richard T. Roberge MD</b>			
Mailing Address <b>2021 Farmway</b>	<input type="checkbox"/> Check if address change. City and Zip <b>Caldwell 83607</b>	Home Phone <b>459-1911</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 10/18/09 through 11/12/09

- 7 Day Pre-Primary Report
- 7 Day Pre-General Report
- Quarterly (April 30)  
(only filed by ballot measure committees)
- 30 Day Post-Primary Report
- 30 Day Post-General Report
- Quarterly (July 30)  
(only filed by ballot measure committees)
- October 10 Pre-General Report
- 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	\$ 1256.18
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 5903.11	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 1600.00	\$ 11435.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 7503.11	\$ 12691.18
Line 5: Total Expenditures (Enter amount from page 2)	\$ 109.15	\$ 5297.22
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 7393.96	\$ 7393.96

\*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-2E)

Return This Report To:  
Pete T. Cenarrusa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
fax: (208) 334-2282

Section VI

CERTIFICATION

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

Richard Roberge  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>Robert 'Bob' Ring</u>	Report Covering the Period From <u>10/18/04</u> to <u>11/12/04</u>
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### UNITEMIZED CONTRIBUTIONS

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

Total Number <u>—</u>	Total Amount \$ <u>—</u>
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### UNITEMIZED EXPENDITURES

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

Total Number <u>2</u>	Total Amount \$ <u>47.15</u>
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	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>—</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>1,600.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>1,600.00</u>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>47.15</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>62.00</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>109.15</u>

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

Name of Candidate or Committee  
Robert 'Bob' Ring

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
<u>10/20/04</u>	1. Idaho Dental PAC 1220 W. Hays St Boise ID 83702	\$ <u>250.-</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>500.-</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/27/04</u>	2. Idaho Healthcare Assoc. PAC 802 W. Bannock Boise 83702	\$ <u>100.-</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>350.-</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/28/04</u>	3. Moneytree, Inc. 6720 Fort Dent Way Seattle, WA 98188	\$ <u>250.-</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>10/28/04</u>	4. Independence Day Safety Council PAC 16526 Shore Dr. NE Lake Forest Park, WA 98155	\$ <u>200.-</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>11/1/04</u>	5. Id. Podiatric Med. Assoc PAC 270 N. 27th St Boise 83702	\$ <u>100.-</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>11/1/04</u>	6. Micron Technology Inc. 8000 S. Federal Way Boise 83707	\$ <u>400.-</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>11/3/04</u>	7. Employers Resource 1301 So. Vista Ave Boise, ID 83705	\$ <u>200.-</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>11/29/04</u>	8. Johnson & Johnson PO Box 16500 New Brunswick, N.J. 08906	\$ <u>100.-</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>1/1/</u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>1/1/</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>1,600.<sup>00</sup></u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1,600.<sup>00</sup></u>

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

Name of Candidate or Committee  
Robert 'Bob' Ring

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>10/26/04</u>	<sup>1.</sup> USPS Caldwell Post Office Caldwell, ID 83605	\$ <u>37.00</u>	\$ _____
Purpose of Above Expenditure: <u>stamps</u>			
<u>11/11/04</u>	<sup>2.</sup> CHS Grad Night Fund 605 E Newey Lane Caldwell 83605	\$ <u>25.00</u>	\$ _____
Purpose of Above Expenditure: <u>CHS Graduation Night Fund - Alcohol-free Party</u>			
<u>   /   /   </u>	<sup>3.</sup>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<sup>4.</sup>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<sup>5.</sup>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<sup>6.</sup>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<sup>7.</sup>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<sup>8.</sup>	\$ _____	\$ _____
Purpose of Above Expenditure:			
<u>   /   /   </u>	<sup>9.</sup>	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ <u>62.00</u>	\$ _____
Total This Page (add columns A & B)			\$ <u>62.00</u>