



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

SCANNED

2005 JUN 22 AM 8:48

Section I

Name of Candidate or Political Committee and Chairperson Peter Rickards		Office Sought (if candidate) State Rep	District (if any) 23A
Mailing Address 2672 E 4000 N	<input type="checkbox"/> Check if address change.	City and Zip Twin Falls 83306	Home Phone 734-7941
Name of Political Treasurer Carol Sperry		Home Phone 731-2999	Work Phone 734-3338
Mailing Address P.O. Box 5022	<input type="checkbox"/> Check if address change.	City and Zip Twin falls 83303	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 5/16/06 through 6/22/06

- | | | |
|-------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input checked="" type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> October 10 Pre-General Report |
| <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> Semi-Annual Report (Statewide Candidates Only) | | |

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 _____.

POSTED

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**	\$ 119.5	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	360.00 \$ 25	\$ 1585
Line 4: Subtotal (Add lines 1, 2 and 3)	1,555.00 \$ 1220	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	910.00 \$ 575.40	\$ 940.40
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	645.00 644.60	\$ _____
Line 7: Outstanding Debt to Date	\$ 542.80	

*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.

Return This Report To:
Ben Ysursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V

CERTIFICATION

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

Carol Sperry
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Peter Rickards	Report Covering the Period From 5/16/06 to 6/22/06
---------------------------------------------------------	---------------------------------------------------------------------

UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>1</u>	Total Amount \$ <u>25</u>

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

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>25.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>335 in kind</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>360.00</u>
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ <u>910.00 575.40</u>
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>910.00 575.40</u>
<u>1</u> Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ <u> </u>
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ <u>542.80 owed</u>
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ <u>335</u>
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ <u>542,80 owed</u>
<u>0</u> Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$ <u> </u>

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

Name of Candidate or Committee
Peter Rickards

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
6/16/06	1. Peter Rickards 2672 E 400N Twin Falls ID 83301	\$ _____	\$ 335 ⁰⁰	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 70 Calendar Year To Date	\$ 365 Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 70	\$ 335	\$ _____
Total This Page (add columns A, B & C)				\$ 435

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

Name of Candidate or Committee
Peter Rickards

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
5/18/06	1. Signs Now 1110 Blue Lakes Blvd N 83301	\$ 575	\$ _____
Purpose of Above Expenditure: <u>Signs</u>			
6/16/06	2. paid to Signs Now by Peter Rickards bal due \$572.80	\$ _____	\$ 335 ⁰⁰
Purpose of Above Expenditure: <u>brochures & bumper stickers</u>			
___/___/___	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:			
___/___/___	9.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 575	\$ 335
Total This Page (add columns A & B)			\$ 910

**SCHEDULE C-2B
EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT**

Name of Candidate or Committee Peter Rickards	Report Covering the Period From 5/16/06 to 6/22/06
---------------------------------------------------------	---------------------------------------------------------------------

Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service or made a payment on debt. Do not include these entries on Schedule B.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period:	Total Number _____	Total Amount \$ _____
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Expenditures Incurred (Debts and Obligations) or Payment Made on Debt of \$25.00 or More This Period:

Full Name, Mailing Address and Zip Code of Creditor	Purpose of Expenditure
1. Signs Now 1110 Blue Lakes Blvd N Twin Falls, ID 83301	tumper stickers & brochures
Outstanding Balance beginning this period..... \$ _____	
Amount Incurred this period..... \$ <u>542.80</u>	Date Incurred <u>6-16-06</u>
Payment this period..... \$ <u>335 in Rend</u>	Date of Payment <u>6-16-06</u>
Outstanding Balance..... \$ <u>542.80</u>	
2.	
Outstanding Balance beginning this period..... \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	
3.	
Outstanding Balance beginning this period..... \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	
4.	
Outstanding Balance beginning this period..... \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	
5.	
Outstanding Balance beginning this period..... \$ _____	
Amount Incurred this period..... \$ _____	Date Incurred _____
Payment this period..... \$ _____	Date of Payment _____
Outstanding Balance..... \$ _____	

Totals of this Page

Line 2: Amount Incurred This Period (Carry forward to Page 2, under Incurred Expenditures) \$ 542.80

Line 3: Payment This Period (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$ 335