



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>RESTORE REPRESENTATIVE GOVERNMENT</b>		Office Sought (if candidate) <b>05 JUN 22</b>	District (if any) <b>AM 7:37</b>
Mailing Address <input type="checkbox"/> Check if address change	City and Zip	Home Phone	Work Phone
Name of Political Treasurer		SECRETARY OF STATE STATE OF IDAHO	
Mailing Address <input type="checkbox"/> Check if address change	City and Zip	Home Phone	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 5/8/06 through 6/2/06

- |   |  |  |
|---|--|--|
| <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 \_\_\_\_\_.

**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	\$ <u>6836.32</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>18276.49</u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>2776.00</u>	\$ <u>24,545.50</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>21,052.49</u>	\$ <u>31,381.82</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>9276.00</u>	\$ <u>19,605.33</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>11,776.49</u>	\$ <u>11,776.49</u>
Line 7: Outstanding Debt to Date	\$ <u>359.95</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.

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

**Section V**

**CERTIFICATION**

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

*Diane Cordes*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <b>RESTORE REPRESENTATIVE GOVERNMENT</b>	Report Covering the Period From <b>5/8/06</b> to <b>6/2/06</b>
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### UNITEMIZED CONTRIBUTIONS

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

Total Number <b>52</b>	Total Amount \$ <b>1306.00</b>
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### UNITEMIZED EXPENDITURES

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

Total Number _____	Total Amount \$ <b>0</b>
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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	\$ <b>1306.00</b>
Itemized Contributions (total all Schedule A sheets)	\$ <b>1470.00</b>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <b>2776.00</b>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <b>0</b>
Itemized Expenditures (total all Schedule B sheets)	\$ <b>8890.81</b>
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ <b>385.19</b>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <b>9276.00</b>
<u>1</u> Number of Schedule C-2B pages Attached	
<b>Incurred Expenditures</b>	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ <b>745.14</b>
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ <b>0</b>
Subtotal	= \$ <b>745.14</b>
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ <b>385.19</b>
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ <b>359.95</b>
____ Number of Schedule C 2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ _____

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

Name of Candidate or Committee  
RESTORE REPRESENTATIVE GOVERNMENT

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
<u>5.9.06</u>	<u>1. CARTER PAYNE</u> <u>PO BOX 543</u> <u>DOVER, ID 83825</u>	\$ <u>70</u> <sup>-</sup>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>70</u> <sup>-</sup> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5.9.06</u>	<u>2. GARY ALLEN</u> <u>1001 GARFIELD ST.</u> <u>BOISE, ID 83704</u>	\$ <u>100</u> <sup>-</sup>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100</u> <sup>-</sup> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>6.1.06</u>	<u>3. MICHAEL FERGUSON</u> <u>315 MONROE ST.</u> <u>AMERICAN FALLS, ID 83211</u>	\$ <u>100</u> <sup>-</sup>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100</u> <sup>-</sup> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5.16.06</u>	<u>4. ANN + PHILIP PUCHNER</u> <u>PO BOX 866</u> <u>BELLEUE, ID 83313</u>	\$ <u>100</u> <sup>-</sup>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100</u> <sup>-</sup> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5.23.06</u>	<u>5. MARY REESE</u> <u>308 S VAN BUREN ST</u> <u>MOSCOW, ID 83843</u>	\$ <u>100</u> <sup>-</sup>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100</u> <sup>-</sup> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5.24.06</u>	<u>6. ANHEUSER-BUSCH COS</u> <u>C/O GIVENS PURSLEY</u> <u>PO BOX 2720</u> <u>BOISE, ID 83701</u>	\$ <u>1000</u> <sup>-</sup>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>1000</u> <sup>-</sup> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>    </u>	<u>7.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>    </u>	<u>8.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>    </u>	<u>9.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>    </u>	<u>10.</u>	\$ _____	\$ _____	\$ _____
<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>1470</u> <sup>-</sup>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1470</u> <sup>-</sup>

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee  
**RESTORE REPRESENTATIVE GOVERN.**

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
5/20/06	1. IDAHO DEMOCRATIC PARTY PO BOX 445 BOISE, ID 83701	\$ 7500	\$
Purpose of Above Expenditure: <b>DONATION</b>			
5/31/06	2. BREMER BANK PO BOX 847 ST CLOUD, MN 56302.	\$ 35.60	\$
Purpose of Above Expenditure: <b>BANK FEES</b>			
5/8/06	3. MEYER ASSOCIATES 14 N. 7TH AVE ST CLOUD, MN 56303	\$ 968.20	\$
Purpose of Above Expenditure: <b>FUNDRAISING SERVICES</b>			
5/23/06	4. MEYER ASSOCIATES 14 N 7TH AVE ST CLOUD, MN 56303	\$ 387.01	\$
Purpose of Above Expenditure: <b>FUNDRAISING SERVICES</b>			
5/31/06	5. MEYER ASSOC. 14 N 7TH AVE ST CLOUD	\$ 385.79	\$
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		\$ 8890.81	\$
Total This Page (add columns A & B)		\$ 8890.81	\$

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

Name of Candidate or Committee <b>RESTORE REP GOVERN</b>	Report Covering the Period From <b>5/18/06</b> to <b>6/2/06</b>
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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 \$ <u>      </u>
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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.	<b>MEYER ASSOC. 14 N 7TH AVE ST CLOUD, MN 56303</b>	
	Outstanding Balance beginning this period..... \$ <u>745.14</u>	
	Amount Incurred this period..... \$ _____	Date Incurred _____
	Payment this period..... \$ <u>&lt;385.19&gt;</u>	Date of Payment _____
	Outstanding Balance..... \$ <u>359.95</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) \$ \_\_\_\_\_

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