



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Peter Rickards</b>		Office Sought (if candidate) <b>State Rep</b>	District (if any) <b>23A</b>
Mailing Address <b>2672 E 4000 N</b>	City and Zip <b>Twin Falls 83301</b>	Home Phone <b>734-7949</b>	Work Phone <b>734-3338</b>
Name of Political Treasurer <b>Carol Sperry</b>		SECRETARY OF STATE STATE OF IDAHO	
Mailing Address <b>P.O. Box 5022</b>	City and Zip <b>Twin Falls 83303</b>	Home Phone <b>731-2999</b>	Work Phone <b>---</b>

**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 9/22/06 through 10/22/06

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 7 Day Pre-Primary Report                       | <input type="checkbox"/> 30 Day Post-Primary Report | <input checked="" 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	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 64460	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 0	\$ 2,127.80
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 64460	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ 341	\$ 1,693.80
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 403.60	\$ _____
Line 7: Outstanding Debt to Date	\$ _____	

\*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 Yursa  
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

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

Name of Candidate or Committee  
Peter Rie Kard's

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or <u>Check</u>	In-Kind (non-monetary)
10/4/06	1. Marsing Senior Center P.O. Box 481 Marsing, ID 83639	\$ <u>42.00</u>	\$ _____
Purpose of Above Expenditure: <u>admit speaker to fundraiser</u>			
10/18/06	2. Owyhee Avalanche P.O. Box 97 Homedale, ID 83628	\$ <u>199.00</u>	\$ _____
Purpose of Above Expenditure: <u>place political ad</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		\$ _____	\$ _____
Total This Page (add columns A & B)			\$ <u>241.00</u>