



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

SCANNED

POSTED

Section I

Name of Candidate or Political Committee and Chairperson <b>FOAIB PAC</b>		Office Sought (if candidate) <b>OFFICE OF STATE CLERK</b>	District (if any) <b>13</b>
Mailing Address <b>POB 953</b>	City and Zip <b>BOISE 83701</b>	Home Phone <b>STATE OF IDAHO</b>	Work Phone <b>342-8900</b>
Name of Political Treasurer <b>ROGER SEIBER</b>			
Mailing Address <b>POB 953</b>	City and Zip <b>BOISE 83701</b>	Home Phone <b>-</b>	Work Phone <b>342-8900</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 5 / 10 / 06 through 6 / 1 / 06

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report              | <input type="checkbox"/> 7 Day Pre-General Report   | <input type="checkbox"/> Quarterly (April 30)<br>(only filed by ballot measure committees) |
| <input checked="" type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)<br>(only filed by ballot measure committees)  |
| <input type="checkbox"/> October 10 Pre-General Report         | <input type="checkbox"/> 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	\$ 6445.79
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 6445.79	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 900.-	\$ 9000.-
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 15445.79	\$ 15445.79
Line 5: Total Expenditures (Enter amount from page 2)	\$ 4000.-	\$ 4000.-
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 11445.79	\$ 11445.79

\*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-2B)

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 ROGER SEIBER  
(name of Political Treasurer) hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Roger Seiber  
Signature of Political Treasurer

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

Name of Candidate or Committee  
Idaho PAC

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>5/8/06</u>	1. <u>NATIONWIDE Political Participation Committee ONE NATIONWIDE PLAN Columbus, OH 43215</u>	\$ <u>4000.-</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>5/11/06</u>	2. <u>SWISHER INTERNATIONAL P.O. Box 2230 JACKSONVILLE, FL 32203</u>	\$ <u>5000.-</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>   /   /   </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>9000.-</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>9000.-</u>

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

Name of Candidate or Committee  
FOA 116 PAC

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
5/20/06	1. <u>offer for Fdn La</u> <u>P.O. Box 1456</u> <u>Boise, Id. 83701</u>	\$ <u>2000.-</u>	\$ _____
Purpose of Above Expenditure: <u>CAMPAIGN CONTRIBUTION</u>			
5/20/06	2. <u>Chig brow for Contraven</u> <u>PO Box 7807</u> <u>Boise, ID 83707</u>	\$ <u>1000.-</u>	\$ _____
Purpose of Above Expenditure: <u>CAMPAIGN CONTRIBUTION</u>			
5/20/06	3. <u>USARSA FOR S.O.S.</u> <u>PO Box 192</u> <u>Boise ID 83701</u>	\$ <u>500.-</u>	\$ _____
Purpose of Above Expenditure: <u>CAMPAIGN CONTRIBUTION</u>			
5/30/06	4. <u>USARSA FOR S.O.S.</u> <u>PO Box 192</u> <u>Boise, ID 83701</u>	\$ <u>500.-</u>	\$ _____
Purpose of Above Expenditure: <u>CAMPAIGN CONTRIBUTION</u>			
____/____/____	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		\$ <u>4000.-</u>	\$ _____
Total This Page (add columns A & B)		\$ <u>4000.-</u>	\$ _____