

C-8
04/05



PM 5:08

SECRETARY OF STATE
STATE OF IDAHO

REPORT OF ELECTIONEERING COMMUNICATION

For use by a person who has expended \$100 or more per year on electioneering communications.
Any person incurring costs of \$1,000 or more must file within 48 hours of incurring costs.

Name of person/entity REPUBLICAN GOVERNORS ASSOCIATION
1747 PENNSYLVANIA AVE NW
Address (Physical) #250 City WASHINGTON State DC Zip 20006
Mailing Address SAME City _____ State _____ Zip _____
Telephone 202-662-4140

Type of Report:

- 7-day Pre-Primary
- 30-day Post-Primary
- 48-hour Report
- 7-day Pre-General
- 30-day Post General

Is this an amended report? No Yes

This amends a previous report filed on _____

Date of Public Distribution(s) 10/31/06

Total Expenditures this Statement	\$ <u>62,300</u>
Total Itemized Contributions of \$50 or More this statement	\$ <u>24,315,740.90</u>
Total Contributions this statement	\$ <u>24,315,740.90</u>

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

Print Name of Person Completing Form CHARLES R. SPIES

Signature [Signature] Date 10/31/06

Submit Report to:
 Ben Ysursa
 Secretary of State
 PO Box 83720
 Boise, ID 83720-0080
 208-334-2852
 fax: 208-334-2282

Itemized Expenditures for Electioneering Communications

Name of person/entity REPUBLICAN GOVERNORS ASSOCIATION

1. Date Expended <u>10/31/06</u>	3. Name (last, first) <u>NATIONAL MEDIA RESEARCH, LLC</u>
2. Amount <u>\$ 62,300-</u> cash <input checked="" type="checkbox"/> in-kind <input type="checkbox"/>	4. Address <u>815 SUTTERS LN</u>
	5. City/State/Zip <u>ALEXANDRIA, VA 22314</u>
	6. Method of Communication(s) <u>TV</u>
	7. Name of Candidate(s) referred to <u>JERRY BRADY</u>
	8. Support _____ Oppose <input checked="" type="checkbox"/>
	9. Purpose of Expenditure <u>MEDIA BUY</u>

1. Date Expended ____/____/____	3. Name (last, first) _____
2. Amount \$ _____ cash <input type="checkbox"/> in-kind <input type="checkbox"/>	4. Address _____
	5. City/State/Zip _____
	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support _____ Oppose _____
	9. Purpose of Expenditure _____

1. Date Expended ____/____/____	3. Name (last, first) _____
2. Amount \$ _____ cash <input type="checkbox"/> in-kind <input type="checkbox"/>	4. Address _____
	5. City/State/Zip _____
	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support _____ Oppose _____
	9. Purpose of Expenditure _____

1. Date Expended ____/____/____	3. Name (last, first) _____
2. Amount \$ _____ cash <input type="checkbox"/> in-kind <input type="checkbox"/>	4. Address _____
	5. City/State/Zip _____
	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support _____ Oppose _____
	9. Purpose of Expenditure _____