



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

Section I

Name of Candidate or Political Committee and Chairperson KEN ROBERTS		Office Sought (if candidate) PROSPECT 10	District (if any) AM 27
Mailing Address 12765 HWY 55	<input type="checkbox"/> Check if address change.	City and Zip DONNELLY 83615	Home Phone 325-8351
Name of Political Treasurer MARY JO ROBERTS		Work Phone 325-8351	
Mailing Address 12765 HWY 55	<input type="checkbox"/> Check if address change.	City and Zip DONNELLY 83615	Home Phone 325-8351
		Work Phone 325-8351	

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 6 / 3 / 06 through 9 / 30 / 06

- 7 Day Pre-Primary Report
 30 Day Post-Primary Report
 October 10 Pre-General Report
 7 Day Pre-General Report
 30 Day Post-General Report
 Annual Report
 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*	\$ <u>XXXXXX</u>	\$ <u>7,000¹⁴</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>8,220¹⁴</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>5,450⁰⁰</u>	\$ <u>7,450⁰⁰</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>13,670¹⁴</u>	\$ <u>14,450¹⁴</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>6,076⁹⁶</u>	\$ <u>6,856⁹⁶</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>7,593¹⁸</u>	\$ <u>7,593¹⁸</u>
Line 7: Outstanding Debt to Date	\$ <u>0</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.

Section V

CERTIFICATION

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

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

Mary Jo Roberts
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee KEN ROBERTS	Report Covering the Period From <u>6 / 3 / 06</u> to <u>9 / 30 / 06</u>
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ <u>0</u>

UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>3</u>	Total Amount \$ <u>40.00</u>

	Total This Period
<u>2</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>0</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>5,450.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>5,450.00</u>
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>40.00</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>6,036.96</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>6,076.96</u>
Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$
Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

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

Name of Candidate or Committee
KEN ROBERTS

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
<u>8, 4, 06</u>	1. <u>AGRA - PAC</u> <u>P.O. BOX 4848</u> <u>PCATELLO, ID. 83205</u>	\$ <u>600.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>1,200.⁰⁰</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>8, 7, 06</u>	2. <u>IDAHO TRUCK PAC</u> <u>5171 W OVERLAND RD.</u> <u>BOISE, ID. 83705</u>	\$ <u>500.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
<u>8, 7, 06</u>	3. <u>COEUR D'ALENE MINES</u> <u>505 FRONT AVE.</u> <u>COEUR D'ALENE ID. 83814</u>	\$ <u>250.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
<u>8, 14, 06</u>	4. <u>HOUSE REPUBLICAN CAUCUS</u> <u>BOISE, ID</u>	\$ <u>1,000.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
<u>8, 14, 06</u>	5. <u>HOUSE VICTORY FUND</u> <u>3181 WATERBURY LAKE.</u> <u>BOISE, ID. 83706</u>	\$ <u>1,000.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
<u>8, 14, 06</u>	6. <u>BLUE CROSS OF IDAHO</u> <u>BOX 7408</u> <u>BOISE, ID. 83707</u>	\$ <u>300.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
<u>8, 14, 06</u>	7. <u>ALTRIA</u> <u>120 PARK AVENUE.</u> <u>NEW YORK, NY 10017</u>	\$ <u>250.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
<u>8, 14, 06</u>	8. <u>IDAHO DENTAL PAC</u> <u>1220 W. HAYES</u> <u>BOISE ID. 83702</u>	\$ <u>250.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
<u>8, 14, 06</u>	9. <u>IBWDA - PAC</u> <u>P.O. BOX 863</u> <u>BOISE ID. 83701</u>	\$ <u>200.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
<u>9, 26, 06</u>	10. <u>EDWARD GALLOWAY</u> <u>4301 FREEMAN CREEK RD.</u> <u>LENORE, ID. 83541</u>	\$ <u>100.⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
Subtotals of Columns A, B & C		\$ <u>4,450.⁰⁰</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ <u>4,450.⁰⁰</u>	\$ _____	\$ <u>4,450.⁰⁰</u>

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

Name of Candidate or Committee
KEN ROBERTS

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>9, 26, 06</u>	<u>1. MIKE MOYLE</u> <u>1239 MAPLE ST,</u> <u>MERIDIAN, IA 53642</u>	\$ <u>1,000⁰⁰</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>2.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>3.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>4.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>5.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u> / / </u>	<u>6.</u>	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ 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>1,000⁰⁰</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>1,000⁰⁰</u>

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

Name of Candidate or Committee
KEN ROBERTS

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
8,28,06	1. VALLEY COUNTY 4-H MARKET ANIMAL SALE CASCADE ID. 83611	\$ 446 ⁸⁰	\$ _____
Purpose of Above Expenditure: 4-H CLUB SUPPORT			
8,30,06	2. BANK OF AMERICA (VISA) P.O. BOX 60069 CITY OF INDUSTRY CA. 91716-0609	\$ 4,399 ⁹⁶	\$ _____
Purpose of Above Expenditure: SIGNS 3824 + 1390 MILES @.44 575 ⁹⁶			
9,11,06	3. NIGHT OWL PROMOTIONS. BOX 1195 McCALL, ID. 83638	\$ 275 ⁹²	\$ _____
Purpose of Above Expenditure: SHIRTS + MISC.			
9,15,06	4. PAULS MARKET McCALL ID. 83638	\$ 45 ⁶⁴	\$ _____
Purpose of Above Expenditure: CANDY FOR PARADE.			
9,23,06	5. OUR HARDWARE. P.O. BOX 1229 RIGGINS ID. 83549	\$ 75 ⁵⁶	\$ _____
Purpose of Above Expenditure: ZIP TIES			
9,23,06	6. SUPER EIGHT MOTEL ERANGE VILLE, ID. 83530	\$ 79 ⁶⁵	\$ _____
Purpose of Above Expenditure: LODGING.			
9,23,06	7. SUMMIT ACADEMY COTTONWOOD ID. 8	\$ 100 ⁰⁰	\$ _____
Purpose of Above Expenditure: FUND RAISER			
9,23,06	8. HOFFMAN MEDIA 1379 FLORA ST. NAMPA, ID. 83687	\$ 500 ⁰⁰	\$ _____
Purpose of Above Expenditure: ADVERTISING.			
9,30,06	9. FRANKLIN BUILDING SUPPLY P.O. Box 1007 McCALL ID. 83638	\$ 114 ⁰³	\$ _____
Purpose of Above Expenditure: REBAR			
Subtotals of Columns A & B		\$ 6,036 ⁹⁶	\$ _____
Total This Page (add columns A & B)			\$ 6,036 ⁹⁶