



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

06 DEC -5 PM 1:5
SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson MICHAEL JORGENSON		Office Sought (if candidate) SENATE	District (if any) 3
Mailing Address <input type="checkbox"/> Check if address change. 2953 E POINT HAYDEN DR	City and Zip HAYDEN LAKE 83835	Home Phone 208.762.4514	Work Phone 208.762.4514
Name of Political Treasurer DANA M ROBSON			
Mailing Address <input type="checkbox"/> Check if address change. 503 E SUNRISE	City and Zip COEUR D ALENE 83815	Home Phone 208.667.2701	Work Phone 208.772.6460

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 10 / 23 / 06 through 11 / 17 / 06

- | | | |
|-------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> October 10 Pre-General Report |
| <input type="checkbox"/> 7 Day Pre-General Report | <input checked="" 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*	\$ <u>XXXXXX</u>	\$ <u>13,114.00</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>3,426.74</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1,350.24</u>	\$ <u>18,828.93</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>4,776.98</u>	\$ <u>31,942.93</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1,160.00</u>	\$ <u>28,325.95</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>3,616.98</u>	\$ <u>3,616.98</u>
Line 7: Outstanding Debt to Date	\$ <u>5,804.30</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 Ysursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V CERTIFICATION

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

[Signature]
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee MICHAEL JORGENSON	Report Covering the Period From <u>10 / 23 / 06</u> to <u>11 / 17 / 06</u>
------------------------------------------------------------	-------------------------------------------------------------------------------

UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>1</u>	Total Amount \$ <u>0.24</u>
UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>0.00</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0.24
Itemized Contributions (total all Schedule A sheets)	\$ 1,350.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 1,350.24
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 0.00
Itemized Expenditures (total all Schedule B sheets)	\$ 1,160.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ 0.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 1,160.00
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
MICHAEL JORGENSON

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
10 / 26 / 06	1. THE AMALGAMATED SUGAR CO LLC 3184 ELDER ST BOISE ID 83705	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 250.00 <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>
10 / 27 / 06	2. RISCH FOR LT GOVERNOR 407 W JEFFERSON ST BOISE ID 83702	\$ 300.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 300.00 <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>
11 / 01 / 06	3. IDAHO AUTOMOBILE DEALERS ASSN 4980 W STATE ST BOISE ID 83703-3326	\$ 500.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 500.00 <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>
11 / 03 / 06	4. PHARMACEUTICAL RESEARCH MFRS 950 F STREET NW WASHINGTON DC 20004	\$ 200.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 200.00 <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>
11 / 03 / 06	5. TIM GRESBECK 614 S ADAMS ST MOSCOW ID 83843-3018	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>
/ /	6.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>
/ /	7.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>
/ /	8.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>	\$ <small>Calendar Year To Date</small>
/ /	9.	\$	\$	\$
<input type="checkbox"/> Primary <input 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		\$ 1,350.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,350.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
MICHAEL JORGENSON

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
10 / 24 / 06	1. CDA PRESS 201 N 2ND ST COEUR D ALENE ID 83814	\$ 1,000.00	\$
Purpose of Above Expenditure: ADVERTISING			
11 / 17 / 06	2. RATHDRUM STAR PO BOX 1374 RATHDRUM ID 83858	\$ 160.00	\$
Purpose of Above Expenditure: ADVERTISING			
/ /	3.	\$	\$
Purpose of Above Expenditure:			
/ /	4.	\$	\$
Purpose of Above Expenditure:			
/ /	5.	\$	\$
Purpose of Above Expenditure:			
/ /	6.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 1,160.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,160.00