



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Peter Nielsen</b>		Office Sought (if candidate) <b>Representative</b>	District (if any) <b>22 B</b>
Mailing Address <b>3455 S. 136 W.</b>	City and Zip <b>Mountain Home AR 83647</b>	Home Phone <b>208-832-4382</b>	Work Phone <b>208-832-1882</b>
Name of Political Treasurer <b>Merleen Johns</b>		STATE OF IDAHO	
Mailing Address <b>45503 Hwy 78</b>	City and Zip <b>Mountain Home 83647</b>	Home Phone <b>208 366-7234</b>	Work Phone <b>208-580-2814</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 10 / 1 / 2006 through 10 / 22 / 2006

- |   |   |  |
|---|---|--|
| <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 checked="" 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	\$ 3,362.66
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 5353.16	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 3785.00	\$ 8785.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 9638.16	\$ 12,147.66
Line 5: Total Expenditures (Enter amount from page 2)	\$ 4325.47	\$ 6,834.97
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 5312.69	\$ 5,312.69
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.

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

**Section V**

**CERTIFICATION**

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

Merleen Johns  
Signature of Political Treasurer

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee <u>Peter Nielsen</u>	Report Covering the Period From <u>10/1/06</u> to <u>10/22/06</u>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>10</u>	Total Amount \$ <u>265.00</u>

<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>4</u>	Total Amount \$ <u>30.00</u>

	Total This Period
<u>2</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>265.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>3520.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>3785.00</u>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>30.00</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>4295.47</u>
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ <u>0</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>4325.47</u>
<u>0</u> Number of Schedule C-2B pages Attached	
<b>Incurred Expenditures</b>	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ <u>0</u>
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ <u>0</u>
Subtotal	= \$ <u>0</u>
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ <u>0</u>
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ <u>0</u>
<u>0</u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ <u>0</u>

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

Name of Candidate or Committee  
Peter Nielsen

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>10/4/06</u>	<sup>1</sup> Idaho Milk PAC P.O. Box 2751 Boise, ID 83701	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/04/06</u>	<sup>2</sup> IHA PAC P.O. Box 1278 Boise, ID 83701	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/4/06</u>	<sup>3</sup> Rocky Mtn. Surgery Center LLC 33 <sup>rd</sup> N 18 <sup>th</sup> Bldg. C Pocatello, ID 83201	\$ <u>120.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>120.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/6/06</u>	<sup>4</sup> The Idaho PAC P.O. Box 953 Boise, ID 83701	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/6/06</u>	<sup>5</sup> NFIB Idaho State Trust 1201 F Street N.W. St. 200 Washington, D.C. 20004	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>200.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/6/06</u>	<sup>6</sup> Idaho Committee on Hosp. & Sports Box 323 Boise, ID 83701	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/6/06</u>	<sup>7</sup> D+SG Inc. P.O. Box 1898 Hayden, ID 83838	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/6/06</u>	<sup>8</sup> Coeur D Alene Racing LP 5100 Riverbend Ave. Post Falls, ID 83854	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/6/06</u>	<sup>9</sup> Amusement+Music Owners of ID P.O. Box 140173 Garden City, ID 83714	\$ <u>300.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>300.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>10/16/06</u>	<sup>10</sup> Avista Corp 802 W. Bannock St. 306 Boise, ID 83702	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>2420.00</u>	\$ <u>0</u>	\$ <u>0</u>

2420.00

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

Name of Candidate or Committee  
Peter Nielsen

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>10/16/06</u>	1. <u>K-12 SouthPoint II</u> <u>2300 Corporate PK Dr.</u> <u>Herndon, VA 20121</u>	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>10/16/06</u>	2. <u>Tax Fairness PAC</u> <u>1275 Shoreline Lane</u> <u>Boise, ID 83702</u>	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>10/16/06</u>	3. <u>Wells Fargo Idaho PAC</u> <u>877 W. Main St.</u> <u>Boise, ID 83702</u>	\$ <u>100.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>100.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>10/16/06</u>	4. <u>Idaho Chooses Life</u> <u>P.O. Box 8172</u> <u>Boise, ID 83707</u>	\$ <u>250.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>250.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>10/18/06</u>	5. <u>Sawtooth Surgery Center</u> <u>115 Falls Ave. W.</u> <u>Twin Falls, ID 83301</u>	\$ <u>240.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>240.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>10/18/06</u>	6. <u>Boise Endoscopy Center LLC</u> <u>425 W. Banrock St.</u> <u>Boise, ID 83702</u>	\$ <u>160.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ <u>160.00</u> <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>    /    /    </u>	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>
<u>    /    /    </u>	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>
<u>    /    /    </u>	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>
<u>    /    /    </u>	10.	\$ _____	\$ _____	\$ _____
<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		\$ <u>1100.00</u>	\$ <u>0</u>	\$ <u>0</u>

# 1100.00

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

Name of Candidate or Committee  
Peter Nielsen

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10/12/06	1. ESP Mailer Advertising P.O. Box 140657 Boise, ID 83714	\$ 2760.63	\$
Purpose of Above Expenditure: advertising			
10/14/06	2. Ideal Advertising + Publishing 335 W. Jackson Mtn. Home, ID 83647	\$ 275.00	\$
Purpose of Above Expenditure: advertising			
10/16/06	3. Treasurecraft Decals 807 Dearborn St. Caldwell, ID 83605	\$ 1000.00	\$
Purpose of Above Expenditure: signs			
10/17/06	4. Pauls Market 215 E. Jackson Mtn. Home, ID 83647	\$ 120.84	\$
Purpose of Above Expenditure: Potatoes to donate to Senior Center			
10/18/06	5. Mtn. Home Arts Council P.O. Box 974 Mtn. Home, ID 83647	\$ 100.00	\$
Purpose of Above Expenditure: Donation			
10/18/06	6. Postmaster Mtn. Home Post Office Mtn. Home, ID 83647	\$ 39.00	\$
Purpose of Above Expenditure: Stamps			
___/___/___	7.	\$	\$
Purpose of Above Expenditure:			
___/___/___	8.	\$	\$
Purpose of Above Expenditure:			
___/___/___	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 4295.47	\$ 0
Total This Page (add columns A & B)			\$ 4295.47