



REPORT OF ELECTIONEERING COMMUNICATION

06 NOV -5 PM 1:30
SECRETARY OF STATE
STATE OF IDAHO

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
Address (Physical) 1747 PENNSYLVANIA AVE NW City WASHINGTON State DC Zip 20006
Mailing Address SUITE 250 City SAME State _____ Zip _____
Telephone 202-662-4146

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) 11/3/06

Total Expenditures this Statement	\$ 9,247.63
Total Itemized Contributions of \$50 or More this statement	\$ 24,315,740.90
Total Contributions this statement	\$ 24,315,740.90

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 MELINDA ANDERSON

Signature Melinda Anderson Date 11/5/06

Submit Report to:
 Ben Yearsa
 Secretary of State
 PO Box 83720
 Boise, ID 83720-0880
 208-334-2852
 fax: 208-334-2282

Itemized Expenditures for Electioneering Communications

Name of person/entity REPUBLICAN GOVERNORS ASSOCIATION

1. Date Expended <u>11/6/06</u>	3. Name (last, first) <u>DIRECT STRATEGIES</u>
2. Amount <u>\$ 9,247.63</u>	4. Address <u>106 E. COLLEGE AVE, STE 1100</u>
cash <input checked="" type="checkbox"/>	5. City/State/Zip <u>TALLAHASSEE, FL 32301</u>
in-kind <input type="checkbox"/>	6. Method of Communication(s) <u>TELEMARKETING</u>
	7. Name of Candidate(s) referred to <u>BUTCH OTTER</u>
	8. Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure <u>TELEMARKETING</u>

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