



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

**Section I**

Name of Candidate or Political Committee and Chairperson <u>TWIN FALLS COUNTY REP. CENTRAL COMM.</u> <u>MIKE MATHEWS</u>		Office Sought (if candidate)	District (if any) <u>8:13</u>
Mailing Address <u>305 GEM DR.</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>KIMBERLY 83341</u>	Home Phone <u>208-423-4516</u>
Name of Political Treasurer <u>JOHNNY C. ANDREW</u>		Work Phone <u>STATE</u>	<u>208-737-6325</u>
Mailing Address <u>305 GEM DR</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>KIMBERLY 83341</u>	Home Phone <u>208-423-4516</u>
		Work Phone <u>208-737-6315</u>	

**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 1 / 1 / 2006 through 5 / 7 / 2006

- |   |   |  |
|---|---|--|
| <input checked="" 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 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>6,707.97</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>6,707.97</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>10,495.00</u>	\$ <u>10,495.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>17,202.97</u>	\$ <u>17,202.97</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>5,417.76</u>	\$ <u>5,417.76</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>11,785.21</u>	\$ <u>11,785.21</u>
Line 7: Outstanding Debt to Date	\$ <u>  /  /  </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 Yursa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0880  
phone: (208) 334-2852  
fax: (208) 334-2282

**Section V CERTIFICATION**

I JOHNNY C. ANDREW (name of Political Treasurer), hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Johnny C. Andrew  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>TWIN FALLS COUNTY REP. CENTRAL COMM.</u>	Report Covering the Period From <u>1/1/06</u> to <u>5/7/06</u>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>450</u>	Total Amount \$ <u>4,415</u>
<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>0</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>4,415.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>6,000.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>10,415.00</u>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>—</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>5,417.76</u>
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ <u>—</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>5,417.76</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)	\$
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)	= \$ <u>0.00</u>
<u>0</u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$

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

Name of Candidate or Committee  
TWIN FALLS COUNTY REP CENTRAL Comm

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>2/24/06</u>	<u>1. SCOTT TWEDY</u> <u>P.O. BOX 630</u> <u>CASTLEFORD, ID 8321</u>	<u>\$ 360.<sup>00</sup></u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>2/24/06</u>	<u>2. SHARON BLOCK</u> <u>1093 LAKEWOOD DR</u> <u>TWIN FALLS, ID 83301</u>	<u>\$ 270.<sup>00</sup></u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>2/24/06</u>	<u>3. KENNETH COHNER</u> <u>1214 PARKWAY DR</u> <u>TWIN FALLS, ID 83301</u>	<u>\$ 130.<sup>00</sup></u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>2/24/06</u>	<u>4. LINDA CULVER</u> <u>615 ALTURAS DR</u> <u>TWIN FALLS, ID. 83301</u>	<u>\$ 160.<sup>00</sup></u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>2/24/06</u>	<u>5. CHRISTOPHER HARRIMAN</u> <u>526 BALLINGRUE DR</u> <u>TWIN FALLS, ID 83301</u>	<u>\$ 555.<sup>00</sup></u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>2/24/06</u>	<u>6. DEBBIE KAUFMAN</u> <u>3741 N 2100E</u> <u>FILER, ID 83328</u>	<u>\$ 260.<sup>00</sup></u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>2/24/06</u>	<u>7. JOSEPH TUBAW</u> <u>3227 WOODRIDGE DR</u> <u>TWIN FALLS, ID 83301</u>	<u>\$ 290.<sup>00</sup></u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>2/24/06</u>	<u>8. ANNE DISSON LOZBS</u> <u>3373 WILLOW WAY</u> <u>TWIN FALLS, ID 83301</u>	<u>\$ 160.<sup>00</sup></u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>2/24/06</u>	<u>9. JUDY A LUNA</u> <u>32 N BORAH WAY</u> <u>HAMPA, ID 83651</u>	<u>\$ 500.<sup>00</sup></u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>2/24/06</u>	<u>10. LANCE W CLOW</u> <u>2170 BITTERROOT DR</u> <u>TWIN FALLS, ID. 83301</u>	<u>\$ 410.<sup>00</sup></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>\$ 3145.<sup>00</sup></u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				<u>\$ 3145.<sup>00</sup></u>

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

Name of Candidate or Committee  
TWIN FALLS COUNTY REP. CENTRAL COMM.

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>2/24/06</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	1. PAULA BRACKETT 48331 THREE CREEK HWY ROGERSON, ID 83302	\$ <u>360.<sup>00</sup></u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>2/24/06</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	2. TOM LUNA END STATE SUPERINTENDANT 3116 GARRITY BLVD NAMPA, ID 83657	\$ <u>280.<sup>00</sup></u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>2/24/06</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	3. WESTERN DAIRY BUSINESS SOLUTIONS 139 GISTA PLACE -102 TWIN FALLS, ID 83301	\$ <u>170.<sup>00</sup></u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>2/24/06</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JOHN L DEAH 1722 TARGHEE DR TWIN FALLS, ID 83301	\$ <u>170.<sup>00</sup></u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>2/24/06</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	5. RUTH M ADAMSON 12288 N. HILWEE RD POCATELLO, ID 83202	\$ <u>180.<sup>00</sup></u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>2/24/06</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	6. CLEAR SPRINGS TROUT CO. P.O. BOX 172 BURLI, ID 83316	\$ <u>185.<sup>00</sup></u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>2/24/06</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	7. KATHLEEN HOH 3442 ADDISON AVE E. TWIN FALLS, ID 83301	\$ <u>120.<sup>00</sup></u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>2/24/06</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	8. CANCE CORNER FOR SENATE 1572 PRINCETON DR TWIN FALLS, ID 83301	\$ <u>165.<sup>00</sup></u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>2/24/06</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	9. CHARLES R DRUMMAN PO BOX 62 FILER, ID 83328	\$ <u>470.<sup>00</sup></u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
<u>4/16/06</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JACOB LAYAL 3798 N 280 E TWIN FALLS, ID 83301	\$ <u>1,000.<sup>00</sup></u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ <u>2,935.<sup>00</sup></u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ <u>2,935.<sup>00</sup></u>	\$ _____	\$ <u>2,935.<sup>00</sup></u>

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

Name of Candidate or Committee  
TWIN FALLS COUNTY REP. CENTRAL COMM.

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
<u>1/19/06</u>	<u>1. MIKE MATHEWS 1428 MAPLE AVE TWIN FALLS, ID. 83301</u>	<u>\$50.<sup>00</sup></u>	\$ _____
Purpose of Above Expenditure: <u>FLOWER FAIR D. SINCLAIR</u>			
<u>2/19/06</u>	<u>2. AMERICAN LEGION AUXILIARY POST 7 TWIN FALLS, ID. 83301</u>	<u>\$250.<sup>00</sup></u>	\$ _____
Purpose of Above Expenditure: <u>GIRLS STATE SPONSOR</u>			
<u>2/15/06</u>	<u>3. ORIBTTA SINCLAIR 262 LINCOLN ST. TWIN FALLS, ID 83301</u>	<u>\$100.<sup>00</sup></u>	\$ _____
Purpose of Above Expenditure: <u>POSTAGE AND OFFICE SUPPLIES</u>			
<u>3/10/06</u>	<u>4. SORAN RESTAURANTS, INC PO BOX 907 TWIN FALLS, ID 83301</u>	<u>\$3,294.20</u>	\$ _____
Purpose of Above Expenditure: <u>LINCOLN DAY DINNER</u>			
<u>3/10/06</u>	<u>5. KRISTINA CLASCOCK 2765 SAGEBRUSH DR TWIN FALLS, ID 83301</u>	<u>\$195.56</u>	\$ _____
Purpose of Above Expenditure: <u>REIMBURSE LINCOLN DAY DONATIONS</u>			
<u>3/10/06</u>	<u>6. RED'S TRADING POST TWIN FALLS, ID 83301</u>	<u>\$400.<sup>00</sup></u>	\$ _____
Purpose of Above Expenditure: <u>AUCTION ITEMS</u>			
<u>3/17/06</u>	<u>7. TWIN FALLS REPUBLICAN WOMEN TWIN FALLS, ID 83301</u>	<u>\$210.<sup>00</sup></u>	\$ _____
Purpose of Above Expenditure: <u>DONATION</u>			
<u>4/12/06</u>	<u>8. TWIN FALLS COUNT FAIR BOARD FILER, ID 83328</u>	<u>\$272.<sup>00</sup></u>	\$ _____
Purpose of Above Expenditure: <u>BOOTH RENTAL, COUNTY FAIR</u>			
<u>4/12/06</u>	<u>9. MARVIN HEMPLEMAN TWIN FALLS, ID 83301</u>	<u>\$146.<sup>00</sup></u>	\$ _____
Purpose of Above Expenditure: <u>FAIR LANDY RENTAL-REIMBURSEMENT</u>			
Subtotals of Columns A & B		<u>\$5,417.76</u>	\$ _____
Total This Page (add columns A & B)			<u>\$5,417.76</u>