



**CAMPAIGN FINANCIAL DISCLOSURE REPORT**

SUMMARY PAGE  
(Please Print or Type)

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Idaho Medical Political Action Committee</b>		Office Sought (if candidate)	District
Mailing Address P. O. Box 2668	<input type="checkbox"/> Check if address change.	City and Zip Boise 83701	Home Phone 208-344-7888
Name of Political Treasurer <b>Robert K. Seehusen</b>		Home Phone 208-344-7888	Work Phone 208-344-7888
Mailing Address P. O. Box 2668	<input type="checkbox"/> Check if address change.	City and Zip Boise 83701	Work Phone 208-344-7888

**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

- |  |   |
|--|---|
| <input type="checkbox"/> 7 Day Pre-Primary Report      | <input type="checkbox"/> 7 Day Pre-General Report   |
| <input type="checkbox"/> 30 Day Post-Primary Report    | <input type="checkbox"/> 30 Day Post-General Report |
| <input type="checkbox"/> October 10 Pre-General Report | <input checked="" type="checkbox"/> Annual Report   |

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).

	<b>COLUMN I This Period</b>	<b>COLUMN II Calendar Year to Date</b>
Line 1: Cash on Hand January 1, This Year*	\$ XXXXXX	\$ 20,121.73
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 23,987.60	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 10,475.49	\$ 20,923.36
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 34,463.09	\$ 41,045.09
Line 5: Total Expenditures (Enter amount from page 2)	\$ 13,074.00	\$ 19,656.00
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 21,389.09	\$ 21,389.09

\*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**

**CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES**

Contributions Pledged during this reporting period but not yet received:  None  \$ \_\_\_\_\_ (see attached Schedule C-2A)  
 Incurred Expenditures during this reporting period but not yet paid:  None  \$ \_\_\_\_\_ (see attached Schedule C-2B)

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

**Section VI**

**CERTIFICATION**

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

*(Signature of Robert K. Seehusen)*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <b>Idaho Medical Political Action Committee</b>	Report Covering the Period From <u>1 / 1 / 05</u> to <u>12 / 30 / 05</u>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
<b>Contributions of Fifty Dollars (\$50.00) or Less This Period</b>	
Total Number <u>14</u>	Total Amount \$ <u>111.08</u>
<b>UNITEMIZED EXPENDITURES</b>	
<b>Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period</b>	
Total Number <u>7</u>	Total Amount \$ <u>83.16</u>

	Total This Period
<u>10</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 111.08
Itemized Contributions (total all Schedule A sheets)	\$ 16,575.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 16,686.08
<u>2</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 83.16
Itemized Expenditures (total all Schedule B sheets)	\$ 14,900.00
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)	\$ 14,983.16
<u>      </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>      </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  
Idaho Medical Political Action Committee

		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
1 / 28 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. Michael Callaghan, M.D. PO Box 4908 Pocatello, ID 83205	\$ 100.00 \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
1 / 28 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. L. Tad Cowley, MD 250 Bobwhite Ct. #340 Boise, ID 83706	\$ 100.00 \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
3 / 4 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. Robert K. Seehusen P.O. Box 2668 Boise, ID 83701	\$ 150.00 \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
3 / 4 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. W.E. Watkins, MD 1613 12th Ave Rd. #B Nampa, ID 83686	\$ 500.00 \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
5 / 13 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. C. Peter Groom, MD PO Box 880 Pocatello, ID 83204	\$ 100.00 \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
6 / 9 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. John Anderson, DO 8611 W Eagle Rdg. Road Coeur d'Alene, Id 83814	\$ 250.00 \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8 / 2 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. Matt Brown, MD 315 E ELM #100 Caldwell, ID 83605	\$ 150.00 \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8 / 2 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. O. Daniel Smith, M.D. 3360 WASHINGTON PWY Idaho Falls, ID 83404	\$ 150.00 \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8 / 2 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. Robert McFarland, M.D. 700 IRONWOOD DR #101 Coeur d'Alene, ID 83814	\$ 250.00 \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 1,750.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,750.00

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

Name of Candidate or Committee  
Idaho Medical Political Action Committee

		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
8 / 2 / 05	1. Richard Thurston, M.D. 229 S 8TH ST St. Maries, Id 83861	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 2 / 05	2. Stephen Schutz, M.D. 6259 W EMERALD ST Boise, ID 83704	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 2 / 05	3. Sara Johnson, M.D. 496 SHOUP AVE W #E Twin Falls, Id 83301	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 2 / 05	4. Barbara Nelson, M.D. 2327 CORONADO ST Idaho Falls, ID 83404	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 23 / 05	5. Glen Bothwell, M.D. 250 BOBWHITE CT #340 Boise, ID 83706	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 23 / 05	6. Marilyn Righetti, M.D. 706 N COLLEGE RD #C Twin Falls, ID 83301	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 23 / 05	7. Rod Kack, M.D. 706 N COLLEGE RD #C Twin Falls, ID 83301	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 23 / 05	8. Mickey Myhre, M.D. 1151 MILLER ST Boise, ID 83702	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 23 / 05	9. Julie Foote, M.D. 900 N LIBERTY #201 Boise, ID 83704	\$ 150.00	\$	\$
<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		\$ 1,750.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,750.00

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

Name of Candidate or Committee Idaho Medical Political Action Committee
--

		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
8 / 23 / 05	1. Donald Dyer, M.D. 500 S 11TH AVE #4F Pocatello, ID 83201	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 23 / 05	2. Kraig McGee, M.D. 755 HOSPITAL WAY #B-3 Pocatello, ID 83201	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 23 / 05	3. John Werdel, M.D. 100 E IDAHO ST #400 Boise, Id 83704	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 23 / 05	4. Jacob DeLaRosa, M.D. 777 HOSPITAL WAY Pocatello, Id 83201	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8 / 23 / 05	5. A.C. Jones, III, M.D. 900 N LIBERTY #400 Boise, Id 83704	\$ 500.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 9 / 05	6. James Spafford, M.D. 3614 N 3600 E Kimberly, Id 83341	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 9 / 05	7. Judith Woods, M.D. 2235 GALA Meridian, ID 83642	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 13 / 05	8. James Dzur, M.D. 215 E HAWAII AVE Nampa, ID 83686	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 13 / 05	9. Lee Self, M.D. PO BOX 759 Eagle, ID 83616	\$ 150.00	\$ _____	\$ _____
<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		\$ 1,900.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,900.00

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of more than Fifty Dollars (\$50.00) this period

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		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
9 / 20 / 05	1. John Howar, M.D. 562 SHOUP AVE W BOX 1808 Twin Falls, Id 83304	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
9 / 20 / 05	2. James Swartley, M.D. 222 N 2ND ST #215 Boise, ID 83702	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
9 / 20 / 05	3. Julie Bouchard, M.D. 6140 W CURTISIAN AVE #100 Boise, Id 83704	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
9 / 20 / 05	4. Glenn Loveless, M.D. 333 N 1ST ST #260 Boise, ID 83702	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
9 / 20 / 06	5. Dwayne Hansen PO BOX 185 Rexburg, Id 83440	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
9 / 20 / 05	6. R.K. Arbon, M.D. 2860 CHANNING WAY #216 Idaho Falls, ID 83404	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
9 / 20 / 05	7. Miers Johnson, M.D. 2860 CHANNING WAY #216 Nampa, ID 83686	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
9 / 20 / 05	8. Terry Buccambuso, M.D. 260 FALLS AVE #D Twin Falls, ID 83303	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
9 / 20 / 05	9. John Barclay Brown III MD 213 N MAIN ST MOSCOW ID 83843	\$ 150.00	\$	\$
<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		\$ 1,350.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,350.00

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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
9 / 23 / 05	1. Mark Boerner, MD 111 W MAIN ST #200 BOISE ID 83702-7261	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 27 / 05	2. Alex Homaechegarria MD 600 N ROBBINS RD #401 BOISE ID 83702	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 27 / 05	3. Glenn Jefferson Jr. MD 2315 8TH ST LEWISTON ID 83501	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 27 / 05	4. David Kent MD 413 N ALLUMBAUGH ST #101 BOISE ID 83704	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 27 / 05	5. Mark Savarise MD 502 N 2ND AVE SANDPOINT ID 83864	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 30 / 05	6. Robert Friedman MD PO BOX 1128 BOISE ID 83701	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 30 / 05	7. Keith Hewel MD 700 IRONWOOD DR #110 COEUR D ALENE ID 83814	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 30 / 05	8. Robert McFarland MD 700 IRONWOOD DR #101 COEUR D ALENE ID 83814	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ <u>300.00</u> Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9 / 30 / 05	9. Mark Petersen MD 1945 E 17TH ST IDAHO FALLS ID 83404	\$ 150.00	\$	\$
<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		\$ 1,450.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,450.00

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

Name of Candidate or Committee  
Idaho Medical Political Action Committee

		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
9 / 30 / 05	1. Robin Rodrick Shaw MD PO BOX 2318 COEUR D ALENE ID 83816	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
9 / 30 / 05	2. Kevin Shea MD 600 N ROBBINS RD #100 BOISE ID 83702	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
9 / 30 / 05	3. John Logan Shuss MD 660 SHOSHONE ST E #140 TWIN FALLS ID 83301	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
9 / 30 / 05	4. Timothy West MD 100 E IDAHO ST #400 BOISE ID 83712	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
9 / 30 / 05	5. Mark Wigod MD 8756 W EMERALD ST #186 BOISE ID 83704	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 7 / 05	6. Joseph Johns MD 2860 CHANNING WAY #100 IDAHO FALLS ID 83404	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 7 / 05	7. Gregory Kent MD 901 N CURTIS RD #302 BOISE ID 83706	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 7 / 05	8. Stanley Moss MD 520 S EAGLE RD #1201 MERIDIAN ID 83642	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 7 / 05	9. Don Schmitt MD 1110 IRONWOOD DR COEUR D ALENE ID 83814	\$ 150.00	\$	\$
<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		\$ 1,350.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,350.00



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

Name of Candidate or Committee  
Idaho Medical Political Action Committee

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 / 11 / 05	1. C Paul Brooke MD 2860 CHANNING WAY #121 IDAHO FALLS ID 83404	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
/ /	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 14 / 05	3. Randil Lee Clark, M.D. 2177 IRONWOOD CTR DR COEUR D ALENE ID 83814	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 14 / 05	4. Elizabeth White, M.D. 1425 W RIVER ST BOISE ID 83702	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 14 / 05	5. Vernon Esplin, M.D. 560 MEMORIAL DR POCATELLO ID 83201	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 14 / 05	6. Charles Graves, M.D. 1705 GOVERNMENT WAY COEUR D ALENE ID 83814	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 14 / 05	7. Casey Huntsman, M.D. 3300 WASHINGTON PKWY IDAHO FALLS ID 83404	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 18 / 05	8. James Irwin, M.D. 112 W 5TH AVE JEROME ID 83338	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 28 / 05	9. Richard Thurston MD 229 S 8TH ST ST MARIES ID 83861	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 500.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 1,100.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,100.00

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

Name of Candidate or Committee  
Idaho Medical Political Action Committee

		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
10 / 28 / 05	1. Ronald Dorn III MD 100 E IDAHO ST BOISE ID 83712	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 28 / 05	2. John Kloss MD 1075 N CURTIS RD #300 BOISE ID 83706	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
11 / 4 / 05	3. Philip Klader, M.D. 700 IRONWOOD DR #304 COEUR D ALENE ID 83814	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
11 / 15 / 05	4. Joseph Crowley MD 1075 N CURTIS RD #200 BOISE ID 83706	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
11 / 15 / 05	5. Stephen Iacoboni MD 700 IRONWOOD DR #103 COEUR D ALENE ID 83814-2656	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
11 / 15 / 05	6. Charles Schneider MD 206 E ELM ST CALDWELL ID 83605	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
11 / 15 / 05	7. James Wolf F.A.C.S. MD 341 E BANNOCK ST BOISE ID 83712	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
11 / 18 / 05	8. Troy Watkins MD 125 E IDAHO #104 BOISE ID 83712	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
11 / 18 / 05	9. David Yanoff MD 805 MAIN ST SALMON ID 83467	\$ 150.00	\$ _____	\$ _____
<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		\$ 1,450.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,450.00

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

Name of Candidate or Committee Idaho Medical Political Action Committee
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Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
12 / 9 / 05	1. Matthew Schwarz MD 900 N LIBERTY #400 BOISE ID 83704	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
12 / 9 / 05	2. Kenneth Brait MD PO BOX 5568 KETCHUM ID 83340	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
12 / 9 / 05	3. Ronald Cornwell MD 404 E ELM ST CALDWELL ID 83605	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
12 / 9 / 05	4. Richard Henry MD 800 FALLS AVE #2 TWIN FALLS ID 83301	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
12 / 9 / 05	5. Cary Jackson MD 500 S 11TH AVE #305 POCATELLO ID 83201	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
12 / 9 / 05	6. Nancy Karpinski MD 1055 N CURTIS RD BOISE ID 83706	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
12 / 9 / 05	7. Sheri Malakhova MD 8000 S FEDERAL WAY MS706 BOISE ID 83707	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
12 / 9 / 05	8. Lloyd Witham MD 1107 IRONWOOD DR COEUR D ALENE ID 83814	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
12 / 23 / 05	9. Idaho Orthopaedic Society PO Box 2668 Boise, ID 83701	\$ 3,000.00	\$	\$
<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		\$ 4,200.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 4,200.00

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

Name of Candidate or Committee  
Idaho Medical Political Action Committee

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
12 / 30 / 05	1. James Blackman, M.D. 777 N. Raymond St. Boise, ID 83704	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
12 / 30 / 05	2. J Chris Kantarian MD 222 N 2ND ST #312 BOISE ID 83702	\$ 125.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____ / ____ / ____	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____ / ____ / ____	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____ / ____ / ____	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____ / ____ / ____	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____ / ____ / ____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____ / ____ / ____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____ / ____ / ____	9.	\$ _____	\$ _____	\$ _____
<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		\$ 275.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 275.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee  
Idaho Medical Political Action Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
2 / 10 / 05	1. Ada County Republican Party PO Box 1572 Boise, ID 83701	\$ 100.00	\$
Purpose of Above Expenditure: Fundraiser			
3 / 21 / 05	2. AMPAC 1101 Vermont Ave. Washington, D.C. 20005	\$ 250.00	\$
Purpose of Above Expenditure: <i>joint fundraiser</i>			
3 / 7 / 05	3. American Medical Political Action Committee 1101 Vermont Ave. Washington, D.C. 20005	\$ 50.00	\$
Purpose of Above Expenditure: <i>joint fundraiser</i>			
4 / 26 / 05	4. Otter for Idaho 802 W. Bannock Boise, ID 83702	\$ 5,000.00	\$
Purpose of Above Expenditure: Primary contribution			
5 / 25 / 05	5. AMPAC 1101 Vermont Ave. Washington, D.C. 20005	\$ 250.00	\$
Purpose of Above Expenditure: Joint Fundraiser			
5 / 25 / 05	6. AMPAC 1101 Vermont Ave. Washington, D.C. 20005	\$ 150.00	\$
Purpose of Above Expenditure: Joint Fundraiser			
Subtotals of Columns A & B		\$ 5,800.00	\$ 0.00
Total This Page (add columns A & B)			\$ 5,800.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee  
Idaho Medical Political Action Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
8 / 1 / 05	1. Citizens for Kathy Garrett 3227 Crescent Rim Dr. Boise, ID 83704	\$ 600.00	\$
<b>Purpose of Above Expenditure:</b> 2004 Campaign debt reduction			
8 / 1 / 05	2. Citizens for Kathy Garrett 3227 Crescent Rim Dr. Boise, ID 83704	\$ 150.00	\$
<b>Purpose of Above Expenditure:</b> 2006 Primary Election			
8 / 24 / 05	3. American Medical Political Action Committee 1101 Vermont Ave Washington, DC 20005	\$ 550.00	\$
<b>Purpose of Above Expenditure:</b> Joint Fundraiser			
10 / 10 / 05	4. American Medical Political Action Committee 1101 Vermont Ave Washington, DC 20005	\$ 1,100.00	\$
<b>Purpose of Above Expenditure:</b> <i>joint fundraiser</i>			
10 / 28 / 05	5. American Medical Political Action Committee 1101 Vermont Ave Washington, DC 20005	\$ 1,250.00	\$
<b>Purpose of Above Expenditure:</b> <i>joint fundraiser</i>			
11 / 18 / 05	6. American Medical Political Action Committee 1101 Vermont Ave Washington, DC 20005	\$ 450.00	\$
<b>Purpose of Above Expenditure:</b> <i>joint fundraiser</i>			
Subtotals of Columns A & B		\$ 4,100.00	\$ 0.00
Total This Page (add columns A & B)			\$ 4,100.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee  
Idaho Medical Political Action Committee

*2/10/06  
as per  
P.T.  
(Sherry)*

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
8 / 1 / 05	1. Otter for Idaho 802 W. Bannock Boise, ID 83702	\$ 5,000.00	\$ _____
Purpose of Above Expenditure: <i>Contribution - general</i>			
/ /	2.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	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		\$ 5,000.00	\$ 0.00
Total This Page (add columns A & B)			\$ 5,000.00