



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

07 JAN 22 AM 9:23

Section I

Name of Candidate or Political Committee and Chairperson Idaho Chiropractic PAC		Office Sought (if candidate)	District (if any)
Mailing Address P.O. Box 1863	<input type="checkbox"/> Check if address change.	City and Zip Boise 83701	Home Phone Work Phone 208-424-8344
Name of Political Treasurer Dr. Shannon Gaertner-Ewing			
Mailing Address P.O. Box 1863	<input type="checkbox"/> Check if address change.	City and Zip Boise 83701	Home Phone Work Phone 208-467-5994

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 01 / 01 / 2006 through 12 / 31 / 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 type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> 30 Day Post-General Report | <input checked="" 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>14,865.09</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>13,718.32</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>523.00</u>	\$ <u>10,046.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>14,241.32</u>	\$ <u>24,911.09</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>0.00</u>	\$ <u>10,669.77</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>14,241.32</u>	\$ <u>14,241.32</u>
Line 7: Outstanding Debt to Date	\$ <u>0.00</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, Dr. Shannon Gaertner-Ewing, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Shannon Gaertner-Ewing
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Idaho Chiropractic PAC	Report Covering the Period From <u>11 / 18 / 06</u> to <u>12 / 31 / 06</u>
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ <u>0.00</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>2</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0.00
Itemized Contributions (total all Schedule A sheets)	\$ 523.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 523.00
<u>0</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)	\$ 0.00
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)	\$ 0.00
<u>0</u> Number of Schedule C-2B pages Attached	
Incurring Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ 0.00
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ 0.00
Subtotal	= \$ 0.00
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ 0.00
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ 0.00
<u>0</u> Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$ 0.00

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

Name of Candidate or Committee
Idaho Chiropractic PAC

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
11 / 30 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. Dr. Howard Arrington 153 Blue Lakes Blvd N Twin Falls, ID 83301	\$ 38.00	\$	\$
		\$ 214.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
12 / 08 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. Dr. Troy Norris 6013 Overland Rd. #101 Boise, ID 83709	\$ 50.00	\$	\$
		\$ 264.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
12 / 11 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. Dr. Dennis Harper Box 1061 Orofino, ID 83544	\$ 25.00	\$	\$
		\$ 300.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
12 / 15 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. Dr. Susan Aubuchon 3316 1/2 4th St. - #4A Lewiston, Idaho 83501	\$ 50.00	\$	\$
		\$ 350.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
12 / 15 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. Dr. Kurt Bailey 3510 12th St., #200 Lewiston, ID 83501	\$ 35.00	\$	\$
		\$ 259.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
12 / 15 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. Dr. David Long 497 Eastland Dr. Twin Falls, ID 83301	\$ 40.00	\$	\$
		\$ 260.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
12 / 15 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. Dr. Craig Manning 333 8th Ave. East Twin Falls, ID 83301	\$ 25.00	\$	\$
		\$ 324.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
12 / 15 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. Dr. Raymond Keith McKim 2023 12th Ave. Road Nampa, ID 83686	\$ 40.00	\$	\$
		\$ 120.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
12 / 15 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. Dr. Gregory Parsons 411 W. Haycraft D1 Coeur d'Alene, ID 83815	\$ 35.00	\$	\$
		\$ 420.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 338.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 338.00

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

Name of Candidate or Committee
Idaho Chiropractic PAC

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
12 / 15 / 06	1. Dr. Jessie Smith 707 N. 12th St., Suite A Pocatello, ID 83201	\$ 35.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 270.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
12 / 15 / 06	2. Dr. Leonard Ward 122 N. State St. Preston, ID 83263	\$ 50.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 600.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
12 / 15 / 06	3. Dr. Jason West 1155 Pocatello Creek Rd Suite. B Pocatello, ID 83201	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 484.00 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		\$ 185.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 185.00