



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Idaho Life and Health Political Action Committee</b>		Office Sought (if candidate) <b>06 NOV 20 AM 8:15</b>	District (if any)
Mailing Address <b>PO Box 7777</b>	<input type="checkbox"/> Check if address change. City and Zip <b>Meridian 83680-7777</b>	Home Phone <b>853-3555</b>	Work Phone <b>493-6100</b>
Name of Political Treasurer <b>Dennis L. Johnson c/o United Heritage Life Insurance Company</b>		<b>STATE OF IDAHO</b>	
Mailing Address <b>PO Box 7777</b>	<input type="checkbox"/> Check if address change. City and Zip <b>Meridian 83680-7777</b>	Home Phone <b>853-3555</b>	Work Phone <b>493-6100</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 / 23 / 06 through 11 / 17 / 06

- 7 Day Pre-Primary Report       30 Day Post-Primary Report       October 10 Pre-General Report  
 7 Day Pre-General Report       30 Day Post-General Report       Annual Report  
 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>XXXXXXX</u>	\$ <u>176.60</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>901.60</u>	\$ <u>XXXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>-0-</u>	\$ <u>16,725.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>901.60</u>	\$ <u>16,901.60</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>500.00</u>	\$ <u>16,500.00</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>401.60</u>	\$ <u>401.60</u>
Line 7: Outstanding Debt to Date	\$ _____	

\*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, Dennis L. Johnson, hereby certify that the information  
(Name of Political Treasurer)  
in this report is a true, complete and correct Campaign Financial Disclosure Report as  
required by law.

Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <b>Idaho Life and Health Political Action Committee</b>	Report Covering the Period From <u>10 / 23 / 06</u> to <u>11 / 17 / 06</u>
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<b>UNITEMIZED CONTRIBUTIONS</b> Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number _____	Total Amount \$ _____
<b>UNITEMIZED EXPENDITURES</b> Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number _____	Total Amount \$ _____

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ 0.00
<b>Total Contributions (also enter this figure on page 1, Section IV, line 3)</b>	<b>\$ 0.00</b>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 500.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
<b>Total Expenditures (also enter this figure on page 1, Section IV, line 5)</b>	<b>\$ 500.00</b>
<u>      </u> Number of Schedule C-2B pages Attached	
<b>Incurring 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)	- \$
<b>Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)</b>	<b>= \$</b>
<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 Life and Health 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.	\$ 0.00	\$ _____	\$ _____
Primary		\$ 16,725.00	\$ _____	\$ _____
General		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
____/____/____	2.	\$ _____	\$ _____	\$ _____
Primary		\$ _____	\$ _____	\$ _____
General		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
____/____/____	3.	\$ _____	\$ _____	\$ _____
Primary		\$ _____	\$ _____	\$ _____
General		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
____/____/____	4.	\$ _____	\$ _____	\$ _____
Primary		\$ _____	\$ _____	\$ _____
General		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
____/____/____	5.	\$ _____	\$ _____	\$ _____
Primary		\$ _____	\$ _____	\$ _____
General		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
____/____/____	6.	\$ _____	\$ _____	\$ _____
Primary		\$ _____	\$ _____	\$ _____
General		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
____/____/____	7.	\$ _____	\$ _____	\$ _____
Primary		\$ _____	\$ _____	\$ _____
General		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
____/____/____	8.	\$ _____	\$ _____	\$ _____
Primary		\$ _____	\$ _____	\$ _____
General		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
____/____/____	9.	\$ _____	\$ _____	\$ _____
Primary		\$ _____	\$ _____	\$ _____
General		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
Subtotals of Columns A, B & C		\$ 0.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 0.00

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

Name of Candidate or Committee  
Idaho Life and Health Political Action Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10 / 31 / 06	1. Committee to Elect Kate Kelley PO Box 654 Boise ID 83701	\$ 250.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
11 / 6 / 06	2. Committee to Elect Tom Luna 3116 Gerrity, Ste 7 PMB 28 Nampa ID 83687	\$ 250.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
/ /	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		\$ 500.00	\$ 0.00
Total This Page (add columns A & B)			\$ 500.00