



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

06 DEC -7 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson Idaho Medical Political Action Committee		Office Sought (if candidate)	District (if any)
Mailing Address PO Box 2668	<input type="checkbox"/> Check if address change.	City and Zip Boise 83701	Home Phone Work Phone 208-344-7888
Name of Political Treasurer Robert K Seehusen			
Mailing Address PO Box 2668	<input type="checkbox"/> Check if address change.	City and Zip Boise 83701	Home Phone 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 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>XXXXXX</u>	\$ <u>20,121.73</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>30,202.29</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>3,048.00</u>	\$ <u>33,296.36</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>33,250.29</u>	\$ <u>53,418.09</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>0.00</u>	\$ <u>20,167.80</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>33,250.29</u>	\$ <u>33,250.29</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 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]
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Idaho Medical Political Action Committee	Report Covering the Period From <u>10 / 23 / 06</u> to <u>11 / 17 / 06</u>
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>1</u>	Total Amount \$ <u>35.00</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	\$ 35.00
Itemized Contributions (total all Schedule A sheets)	\$ 3,013.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 3,048.00
<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)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 0.00
<u> </u> Number of Schedule C-2B pages Attached	
Incurred Expenditures	
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	
Pledged Contributions	
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

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 / 23 / 06	1. Suzanne Bailey, MD Intermountain Ambulatory Anesthesia 600 N Robbins Rd. #401 Boise, ID 83702	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 23 / 06	2. Michael Bailey, DDS, MD 403 S 11th St. #300 Boise, ID 83702	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 23 / 06	3. Michael Harris, MD 3422 S 15th E Idaho Falls, ID 83404	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 23 / 06	4. Dinu Mistry, MD 341 E Bannock Boise, ID 83712	\$ 125.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 23 / 06	5. Allen Rader, MD 115 W Main St. #101 Boise, ID 83702	\$ 500.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 23 / 06	6. John Werdel, MD 100 E Idaho St Ste 400 Boise, ID 83702	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
10 / 23 / 06	7. James Wolf, MD 341 E Bannock St. Boise, ID 83712	\$ 125.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
11 / 6 / 06	8. Ronald Dorn, MD 100 E Idaho St. Boise, ID 83712	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
11 / 6 / 06	9. Michael Myhre, MD 1151 Miller Street Boise, ID 837025	\$ 500.00	\$	\$
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ 2,000.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 2,000.00

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/Leader	Cash or Check	In-Kind (non-monetary)	Loans
11 / 6 / 06	1. Kyle Palmer, MD 520 S Eagle Road #1205 Meridian, ID 83642	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
11 / 6 / 06	2. John Q Smith, MD 206 E Elm St. Caldwell, ID 83605-4815	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
11 / 17 / 06	3. Steven Ozeran, MD 1630 23rd Ave #901 A Lewiston, ID 83501	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
11 / 17 / 06	4. Timothy Taylor, MD 2330 Corodado St. Idaho Falls, ID 83404	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
11 / 17 / 06	5. Carl Vance, MD 2220 E 25th Street Idaho Falls, ID 83404	\$ 213.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
Subtotals of Columns A, B & C		\$ 1,013.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,013.00