

## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I

ease Print or Type)

06 DEC - | PM 2: 17

Name of Candidate or Political Committee and Chairperson			Office Sought (if candi	date) District (if any)		
Primary Care PAC			Cilvi	LIMIT UP STAIL		
Mailing Address	☐ Check if address change.	City and Zip		Home Phone S	ATE WORK PHONE HO	
P.O. Box 26	· 1	Boise 8	3370		232-7862	
Name of Political Treasurer		DOIGE C			100	
James Sh	rander					
Mailing Address	☐ Check if address change.	City and Zip		Home Phone	Work Phone	
	- 1	· . · .		110	734-3312	
PO BOX 260	) (	Boise 8	3701		139-3012	
Section II		TYPE OF DED	NDT.			
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 / 60 through 10 / 13 / 20   10   10   10   10   10   10   10						
☐ 7 Day Pre-General	Report 💢 30	Day Post-General	Report	☐ Annual	Report	
☐ Semi-Annual Repo	rt (Statewide Candidates C	Only)				
Is this Report an	amendment?	No Ie	this a Term	ination Report?	☐ Yes 🕱 No	
Section III	STATEMENT OF NO	O CONTRIBUTIO	ONS OR EX	XPENDITURES	103	
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 the	nat I have received no cont from/				his reporting period	
Section IV		~				
To reach your Calendar Year figures to the Column II figures			CO	OLUMN I his Period	COLUMN II Calendar Year to Date	
Line 1: Cash on Hand Janua	ry 1, This Year*			XXXXX	\$_ <b>_</b>	
Line 2: Enter Cash Balance	at Close of Last Reporting	Period**	\$ <u>8</u>	25.00	\$ XXXXXX	
Line 3: Total Contributions (Enter amount from page 2)			\$	Ø	s <u>825.00</u>	
Line 4: Subtotal (Add lines	1, 2 and 3)		\$ 8	25.00	s 925.00	
Line 5: Total Expenditures (Enter amount from page 2)			·	000	s 600.00	
Line 6: Cash Balance at Clo	se of Period (Subtract line	5 from line 4)**	\$	25.00	\$ 725.00	
Line 7: Outstanding Debt to	Date		\$	5		
*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     Fax: (208) 334-2282   Signature of Political Treasurer						
Page 1						

## **DETAILED SUMMARY PAGE**

Name of Candidate or Committee Primary Care PAC	Report Covering the Period From 10 / 23/ 6/2 to 11 / 17 / 6/2					
UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period						
Total Number Total Amount \$						
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period						
Total Total Number _						

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$
Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	s —
Itemized Expenditures (total all Schedule B sheets)	\$ 1000.00
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)	\$ 600.00 \$ \$ 600.00
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)	= \$
Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$ ~

## SCHEDULE B ITEMIZED EXPENDITURES

of	Page

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

Name of Candidate or Committee		
Primary Care PAC.		
	Column A	Column B
Full Name, Mailing Address and Zip Code Of Recipient	Cash or Check	In-Kind (non-monetary)
1 Comm. to Elect Rep. Block	Circu	(non-monetary)
10/31/06 Tw:n Falls. 43301	s 100.00	\$
Purpose of Above Expenditure: Campaign Cort.  2. Comm. to elect Sen. Keong h		
1 70 BOX 101	\$ 100.00	\ \ s
10/31/00 sandpoint, ID 838/ey	\$ 190.00	J
Purpose of Above Expenditure: Campaign Cont.		
3 Comm. to elect Sen. Cameron		
10/31/de Rupert, 20 83350	s 100.00	\$
· 🐧		
4 Comm- to elect Sen. Broadsword		
PO BOX 76	s 100.00	<b>s</b>
Purpose of Above Expenditure: Campaign Cont.		
5 Comm. to elect Rep. Deal 917 2251. 50		
10/31/00 Nampa = 0 83651	s 100.00	\$
<b>1</b>		
Purpose of Above Expenditure: Campaign Cond 6 Comm. to elect Rep. Henbest		
1. 3.   PO BOX 939	\$ 100.00	s
10/31/00 Boise, ID 83701	3_700100	J
Purpose of Above Expenditure: Campaign Cont.		
7.		
	\$	\$
		.1
Purpose of Above Expenditure:		
	\$	\$
Purpose of Above Expenditure:		
9.		
	\$	\$
Purpose of Above Expenditure:		L
Subtotals of Columns A & B	s (000	\$
Total This Page (add columns A & B)	s lam . 00	