



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

2006 JUN 22 AM 8:42

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
Name of Political Treasurer Robert K Seehusen		Home Phone	Work Phone 208-344-7888
Mailing Address PO 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 5 / 8 / 06 through 6 / 2 / 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*	\$ XXXXXX	\$ 20,121.73
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 22,162.60	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 7,325.00	\$ 10,447.87
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 29,487.60	\$ 30,569.60
Line 5: Total Expenditures (Enter amount from page 2)	\$ 5,500.00	\$ 6,582.00
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 23,987.60	\$ 23,987.60
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 Yursa
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 of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Idaho Medical Political Action Committee	Report Covering the Period From <u>5</u> / <u>8</u> / <u>06</u> to <u>6</u> / <u>2</u> / <u>06</u>
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number _____	Total Amount \$ <u>25.00</u>
UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number _____	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	\$ 25.00
Itemized Contributions (total all Schedule A sheets)	\$ 7,300.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 7,325.00
<u>3</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)	\$ 5,500.00
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)	\$ 5,500.00
_____ 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 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
5 / 8 / 06	1. Darryl Cook 1151 Hospital Way Bldg A Pocatello, ID 83201	\$ 250.00	\$ _____	\$ _____
<input checked="" 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>
5 / 8 / 06	2. Jeffrey Dean PO Box 6033 Pocatello, ID 83205	\$ 150.00	\$ _____	\$ _____
<input checked="" 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>
5 / 8 / 06	3. Craig Flinters 2841 Juniper Dr. Lewiston, ID 83501	\$ 150.00	\$ _____	\$ _____
<input checked="" 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>
5 / 10 / 06	4. David Hinchman 6140 W Curtisian Ave 200 Boise, ID 83704	\$ 100.00	\$ _____	\$ _____
<input checked="" 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>
5 / 12 / 06	5. Cary Jackson 500 S. 11th Ave #305 Pocatello, ID 83201	\$ 250.00	\$ _____	\$ _____
<input checked="" 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>
5 / 16 / 06	6. Joyce Majure 307 St. Johns Way #11 Lewiston, ID 83501	\$ 500.00	\$ _____	\$ _____
<input checked="" 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>
5 / 16 / 06	7. Kyle Palmer 520 S Eagle Rd #1205 Meridian, ID 83642	\$ 150.00	\$ _____	\$ _____
<input checked="" 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>
5 / 18 / 06	8. Mark Petersen 1945 E 17th Street Idaho Falls, ID 83404	\$ 250.00	\$ _____	\$ _____
<input checked="" 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>
5 / 18 / 06	9. Richard Thurston 229 S 8th Street St. Maries, ID 83861	\$ 250.00	\$ _____	\$ _____
<input checked="" 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		\$ 2,050.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 2,050.00

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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		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
5 / 24 / 06	1. Gregory Kent 901 N Curtis Rd. #302 Boise, ID 83706	\$ 100.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
6 / 1 / 06	2. David Madden 1473 Three Fountains Dr. Idaho Falls, ID 83404	\$ 150.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
5 / 16 / 06	3. Idaho Gastroenterology Associates 425 W Bannock St. Boise, ID 83702	\$ 5,000.00	\$ _____	\$ _____
<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		\$ 5,250.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 5,250.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee Idaho Medical Political Action Committee
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		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
5 / 9 / 06	1. Rep. Bob Ring, M.D. 406 Spruce St. Caldwell, ID 83605	\$ 500.00	\$
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	2. Representative Kathy Skippen 5454 W Central Rd Emmett, ID 83617	\$ 500.00	\$
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	3. Representative Carlos Bilbao 2062 Corral Road Emmett, ID 83617	\$ 300.00	\$
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	4. Representative Bill Deal 1400 W. Roosevelt Nampa, ID 83651	\$ 500.00	\$
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	5. Representative Stan Bastain 1369 E Nest View Ct Eagle, ID 83616	\$ 300.00	\$
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	6. Senator John Andreason 5120 Mountain View Dr. Boise, ID 83704	\$ 500.00	\$
Purpose of Above Expenditure: Campaign Contribution			
Subtotals of Columns A & B		\$ 2,600.00	\$ 0.00
Total This Page (add columns A & B)			\$ 2,600.00

**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)
5 / 9 / 06	1. Senator Elliot Werk 6810 Randolph Dr. Boise, ID 83709	\$ 500.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	2. Representative Kathie Garrett 3227 Crescent Rim Dr. Boise, ID 83706	\$ 300.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	3. Representative Russell Fulcher 4035 S Linder Road Meridian, ID 83642	\$ 300.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	4. Mr. John VanderWoude 5311 Ridgewood Rd Nampa, ID 83687	\$ 300.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	5. Representative Bert Stevenson 1099 N 400 W Rupert, ID 83350	\$ 300.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
/ /	6.	\$ _____	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
Subtotals of Columns A & B		\$ 1,700.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,700.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee Idaho Medical Political Action Committee
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		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
5 / 9 / 06	1. Representative Tom Loertscher 1357 Bone Road Iona, ID 83427	\$ 300.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	2. Representative Ann Rydalch 3824 E 17th St. Idaho Falls, ID 83406	\$ 300.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	3. Senator Bart Davis 1042 Cassia Ave Idaho Falls, ID 83402	\$ 300.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
5 / 9 / 06	4. Representative Jack Barraclough 3018 Westmoreland Circle Idaho Falls, ID 83404	\$ 300.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
/ /	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 1,200.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,200.00