



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

Section I

Name of Candidate or Political Committee and Chairperson Idaho Dental Political Action Committee		Office Sought (if candidate) --	District (if any) 31
Mailing Address 2770 W. Hays Street	<input type="checkbox"/> Check if address change.	City and Zip Boise, 83702	Home Phone 229-2990
Name of Political Treasurer A. Jerry Davis		Work Phone 343-7543	
Mailing Address 1220 W. Hays Street	<input type="checkbox"/> Check if address change.	City and Zip Boise, 83702	Home Phone 229-2990
		Work Phone 343-7543	

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 / 1 / 06 through 10 / 22 / 06

- | | | |
|---|---|--|
| <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 checked="" type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> 30 Day Post-General Report | <input 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*	\$ XXXXXX	\$ 24,184.34
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 26,860.63	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$.00	\$ 30,368.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 26,860.63	\$ 54,552.34
Line 5: Total Expenditures (Enter amount from page 2)	\$ 2,778.84	\$ 30,470.55
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 24,081.79	\$ 24,081.79
Line 7: Outstanding Debt to Date	\$.00	

*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.

Section V

CERTIFICATION

I A. Jerry Davis, 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

Return This Report To:
Ben Ysursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

DETAILED SUMMARY PAGE

Name of Candidate or Committee Idaho Dental Political Action Committee	Report Covering the Period From <u>10 / 1 / 06</u> to <u>10 / 22 / 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</u>
UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>0</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$.00
Itemized Contributions (total all Schedule A sheets)	\$.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$.00
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$.00
Itemized Expenditures (total all Schedule B sheets)	\$ 2,778.84
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 2,778.84
<u>1</u> Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$.00
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$.00
Subtotal	= \$.00
Payment this Period (Total all C-2Bs - Payment this Period)	- \$.00
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$.00
<u>1</u> Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$.00

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

Name of Candidate or Committee
Idaho Dental 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
____/____/____	N/A	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____		\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____		\$ _____	\$ _____	\$ _____
<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		\$ _____	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ _____	\$ _____	\$ _____

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

Name of Candidate or Committee
Idaho Dental 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, 5, 06	1. Otter for Idaho 802 W. Bannock Boise, ID 83702	\$ 2,500.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
10, 6, 06	2. Skip Smyser, Esq. 134 S. 5th Street Boise, ID 83702	\$ 278.84	\$ _____
Purpose of Above Expenditure: Contract Lobbyist Expense			
/ /	3.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	7.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	8.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	9.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 2,778.84	\$ _____
Total This Page (add columns A & B)			\$ 2,778.84

**SCHEDULE C-2A
CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED**

Name of Candidate or Committee Idaho Dental Political Action Committee	Report Covering the Period From <u>10</u> / <u>1</u> / <u>06</u> to <u>10</u> / <u>22</u> / <u>06</u>
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Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Line 1: Pledged Contributions of \$50.00 or Less This Period: Total Number _____ Total Amount \$ _____

Pledged Contributions of More Than \$50.00 This Period:

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	1. N/A	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	2.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	11.	

Line 2: Total Amount of Pledged Contributions of More Than \$50.00 \$ _____

Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1) \$ _____

Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total on page 2. \$ _____

SCHEDULE C-2B
EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT

Name of Candidate or Committee Idaho Dental Political Action Committee	Report Covering the Period From <u>10 / 1 / 06</u> to <u>10 / 22 / 06</u>
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Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service or made a payment on debt. Do not include these entries on Schedule B.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period:	Total Number _____	Total Amount \$ _____
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Expenditures Incurred (Debts and Obligations) or Payment Made on Debt of \$25.00 or More This Period:

Full Name, Mailing Address and Zip Code of Creditor	Purpose of Expenditure
1. N/A	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
2.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
3.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
4.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
5.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____

Totals of this Page

Line 2: Amount Incurred This Period (Carry forward to Page 2, under Incurred Expenditures) \$ _____

Line 3: Payment This Period (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$ _____