



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

SCANNED

POSTED

Section I

Name of Candidate or Political Committee and Chairperson <b>Idaho Life and Health Political Action Committee</b>		Office Sought (if candidate) <b>07</b>	District (if any) <b>AN-2 PM 4:41</b>
Mailing Address <b>PO Box 7777</b>	<input type="checkbox"/> Check if address change. City and Zip <b>Meridian ID 83680-7777</b>	Home Phone <b>853-3555</b>	Work Phone <b>493-0913</b>
Name of Political Treasurer <b>Dennis L. Johnson c/o United Heritage Life Insurance Company</b>		STATE OF IDAHO	
Mailing Address <b>PO Box &amp;&amp;&amp;&amp;</b>	<input type="checkbox"/> Check if address change. City and Zip <b>Meridian ID 83680-7777</b>	Home Phone <b>853-3555</b>	Work Phone <b>493-0913</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 11 / 18 / 06 through 12 / 31 / 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 11 / 18 / 06 through 12 / 31 / 06.

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>176.60</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>401.60</u>	\$ <u>XXXXXX</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>          </u>	\$ <u>16,901.60</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>- 0 -</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	\$ <u>          </u>	

\*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 Yaursa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
phone: (208) 334-2862  
fax: (208) 334-2282

Section V

CERTIFICATION

I, Dennis L. Johnson, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*Dennis L. Johnson*  
Signature of Political Treasurer