

3231



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

C-2
Rev. 5/11

15 FEB -2 PM 3:43

Section I

Name of Candidate or Political Committee and Chairperson: Idaho Medical Political Action Committee
Office Sought: SECRETARY OF STATE
District: STATE OF IDAHO
Mailing Address: PO Box 2668, Boise 83701
Home Phone:
Work Phone: 208-344-7888
Name of Political Treasurer: Susie Pouliot
Mailing Address: PO Box 2668, Boise 83701
Home Phone:
Work Phone: 208-344-7888

Change of address for: Candidate or Political Committee [] Political Treasurer []

Section II

TYPE OF REPORT

This filing is an: [] Original [x] Amendment

This report is for the period from 10 / 20 / 14 through 11 / 14 / 14

- [] 7 Day Pre-Primary Report [] 30 Day Post-Primary Report [] October 10 Pre-General Report
[] 7 Day Pre-General Report [x] 30 Day Post-General Report [] Annual Report
[] Semi-Annual Report (Statewide Candidates Only)

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 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.

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).

Table with 3 columns: Description, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt.

*This same figure should be entered on line 1 of all reports filed this calendar year.

**This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.

Note: The closing cash balance for the current reporting period appears on the next report as the beginning cash on hand.

Section V

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

I, Susie Pouliot, 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: Susie Pouliot

DETAILED SUMMARY

Name of Candidate or Committee: Idaho Medical Political Action Committee
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		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors <u>1</u>	+ \$ 0.15
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 1,364.38
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$ 0.00
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$ 0.00
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$ 1,364.53
Expenditures		
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures <u>1</u>	+ \$ 28.00
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 257.50
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$ 0.00
⑨	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$ 0.00
⑩	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$ 0.00
⑪	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$ 285.50
Loans, Credit Cards and Debt		
⑫	Outstanding Balance from previous reporting period	+ \$ 0.00
⑬	New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+ \$ 0.00
⑭	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ \$ 0.00
⑮	Subtotal	= \$ 0.00
⑯	Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- \$ 0.00
⑰	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- \$ 0.00
⑱	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$ 0.00
Pledged Contributions		
⑲	Unitemized Pledged Contributions (\$50 and less) # of Pledges <u>0</u>	+ \$ 0.00
⑳	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$ 0.00
㉑	Total Pledged Contributions this period	= \$ 0.00

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

Name of Candidate or Committee: Idaho Medical Political Action Committee		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
10 / 30 / 14 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Safeguard Business Systems 208 South Curtis Road, Boise, ID 83705	\$ 64.38 \$ 64.38 Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	2. See attached sheet.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	3.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	4.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	5.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	6.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	7.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	8.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	10.	\$ _____ \$ _____ Calendar Year-To-Date
Total This Page:		\$ 64.38

Transfer the combined total of all Schedule A pages to the Detailed Summary on page 2 line 2.

SCHEDULE A
ITEMIZED CONTRIBUTIONS
of more than Fifty Dollars (\$50.00) this period
IDAHO MEDICAL POLITICAL ACTION COMMITTEE (IMPAC)

Date	Name	Address	City	State	Zip	Amount
10/23/2014	Rebecca Bertsch, DO	1919 Lincoln Way #110	Coeur d' Alene	ID	83814	\$150.00
10/23/2014	Kate Preston, MD	777 Hospital Way #200	Pocatello	ID	83201	\$150.00
10/23/2014	Robert Ancker, MD	9493 N Government Way	Hayden	ID	83835	\$100.00
10/23/2014	Gary Botimer, MD	13753 Locust Lane	Nampa	ID	83686	\$150.00
10/23/2014	John Faggard, MD	9 W Shingle Mill Rd	Sandpoint	ID	83864	\$150.00
10/23/2014	Daniel Judd, MD	1240 Northridge Dr	Hailey	ID	83333	\$150.00
10/23/2014	Kevin Funk, MD	5444 S Green St	Murray	UT	84123	\$150.00
10/23/2014	Kara Saperston, MD	1625 E Castlerock Ct	Boise	ID	83712	\$150.00
10/23/2014	Michael Curtin, MD	819 N 17th St	Boise	ID	83702	\$150.00
Total						\$1,300.00

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee: **Idaho Medical Political Action Committee**

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- | | |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N Newspaper & Other Periodical Advertising |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's | P Postage |
| D Donations & Gifts | S Surveys & Polls |
| E Event Expenses | T Tickets (Events) |
| F Food & Refreshments | U Utilities |
| G General Operational Expenses | W Wages, Salaries, Benefits & Bonuses |
| H Independent Expenditures | Y Petition Circulators |
| L Literature, Brochures, Printing | Z Preparation & Production of Advertising |
| M Management Services | |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
11 06 14 / /	1. Safeguard Business Systems 208 South Curtis Road Boise, ID 83705	G	257.50 \$ _____
/ /	2.		\$ _____
/ /	3.		\$ _____
/ /	4.		\$ _____
/ /	5.		\$ _____
/ /	6.		\$ _____
/ /	7.		\$ _____
/ /	8.		\$ _____
/ /	9.		\$ _____
/ /	10.		\$ _____
Total This Page:			\$ 257.50

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.