



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

12 NOV 29 PM 4:52

C-2
Rev. 5/11

SECRETARY OF STATE
STATE OF IDAHO

Section I

Form with fields for Name of Candidate or Political Committee and Chairperson (IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS), Office Sought, District, Mailing Address, City and Zip, Home Phone, Work Phone, Name of Political Treasurer (CHARLES SWAYZE), and Mailing Address, City and Zip, Home Phone, Work Phone.

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

Section II

TYPE OF REPORT

This filing is an: [X] Original [ ] Amendment
This report is for the period from 10 / 22 / 12 through 11 / 16 / 12

- 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 a Termination Report: [ ] Yes [X] 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, and COLUMN II Calendar Year to Date. Rows include Cash on Hand January 1, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt to Date.

\*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 Yursa, Secretary of State, PO Box 83720, Boise ID 83720-0080, Phone: (208) 334-2852, Fax: (208) 334-2282

I, Charles Swayze, 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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS
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		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$1,110.00
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$

Expenditures		
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$
⑨	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$
⑩	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$
⑪	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$

Loans, Credit Cards and Debt		
⑫	Outstanding Balance from previous reporting period	+ \$
⑬	New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+ \$
⑭	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ \$
⑮	Subtotal	= \$
⑯	Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- \$
⑰	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- \$
⑱	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$

Pledged Contributions		
⑲	Unitemized Pledged Contributions (\$50 and less) # of Pledges _____	+ \$
⑳	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$85.00
㉑	Total Pledged Contributions this period	= \$

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JILL ADEPOJU 844 N WASHINGTON; STE 400 TWIN FALLS, ID 83301	\$ 10.00 \$ 110.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 75.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JOSEPH BETZ 3040 N FIVE MILE RD; STE C BOISE, ID 83713	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 50.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 50.00 \$ 375.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. STONEY FOSTER 1675 N MAPLE GROVE RD BOISE, ID 83704	\$ 50.00 \$ 225.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JON GRAY 2161 E CELIA CT EAGLE, ID 83616	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 200.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 360.00</b>

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

Page 2 of 4

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
11 / 05 / 12	1. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 275.00 Calendar Year-To-Date
11 / 05 / 12	2. SPENCER HENDERSON 826 BLUE LAKES BLVD N TWIN FALLS, ID 83301	\$ 50.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 275.00 Calendar Year-To-Date
11 / 05 / 12	3. WILLIAM HIGGINS PO BOX 1686 LEWISTON, ID 83501	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 175.00 Calendar Year-To-Date
11 / 05 / 12	4. YVONNE HONOVICH 2300 S ORCHARD; STE A BOISE, ID 83705	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 275.00 Calendar Year-To-Date
11 / 05 / 12	5. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 50.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 375.00 Calendar Year-To-Date
11 / 05 / 12	6. ANDREW KIDDER 3211 N MILWAUKEE ST BOISE, ID 83702	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 275.00 Calendar Year-To-Date
11 / 05 / 12	7. TIMOTHY KLENA 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 275.00 Calendar Year-To-Date
11 / 05 / 12	8. JAMES KRANZ 910 N CURTIS; #C 305 BOISE, ID 83706	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 275.00 Calendar Year-To-Date
11 / 05 / 12	9. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 275.00 Calendar Year-To-Date
11 / 05 / 12	10. CHAD NIELSON 260 FALLS AVE; STE D TWIN FALLS, ID 83301	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 275.00 Calendar Year-To-Date
<b>Total This Page:</b>		\$ 300.00

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

Page 3 of 4

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. TROY NORRIS 6013 W OVERLAND RD; STE 101 BOISE, ID 83709	\$ 50.00 \$ 550.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 330.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. J EDWARDS PERKINS PO BOX 335 HOMEDALE, ID 83628	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. ERIKA PUTNAM 430 N IOWA AVE NAMPA, ID 83686	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. DEVIN SCORESBY 1491 CUNLEUS DR AMMON, ID 83406	\$ 10.00 \$ 110.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. CHARLES SWAYZE 402 W CANFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. ROOK TORRES 2301 N 36TH STREET; #101 BOISE, ID 83703	\$ 10.00 \$ 110.00 Calendar Year-To-Date
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. ALAN WAITE 54 WEST COURT ST WEISER, ID 83672	\$ 25.00 \$ 275.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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

Page 4 of 4

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
11 / 05 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 12 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 100.00 \$ 550.00 Calendar Year-To-Date
10 / 29 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 250.00 Calendar Year-To-Date
11 / 12 / 12 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. MORGAN BARKDULL PO BOX 526 DRIGSS, ID 83422	\$ 50.00 \$ 225.00 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
<b>Total This Page:</b>		<b>\$ 200.00</b>

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

## SCHEDULE F PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS

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.

Pledged For	Date Pledged	Full Name, Mailing Address and Zip Code of Contributor	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	11 / 1 / 12	1. MORGAN BARKDULL PO BOX 526 DRIGGS, ID 83422	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	11 / 1 / 12	2. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	11 / 1 / 12	3. KELI KEPLER PO BOX 491 EVESON, WA 98247	10.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	11 / 1 / 12	4. ALAN SMITH 57 E MAIN ST REXBURG, ID 83440	25.00
<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.	

Total Amount of Pledged Contributions: \$ 85.00

Transfer the combined total of all Schedule F pages to the Detailed Summary on page 2 line 20.