



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

14 JAN 29 PM 3:25

C-2
Rev. 5/11

SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		Office Sought (if candidate)	District (if any)
Mailing Address 13601 W MCMILLAN RD; STE 102-331	City and Zip BOISE 83713	Home Phone	Work Phone 208-424-8234
Name of Political Treasurer SCOTT CRAWFORD			
Mailing Address 1109 E PALSTON	City and Zip POST FALL 83854	Home Phone	Work Phone 208-777-4000

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment
This report is for the period from 1 / 1 / 2013 through 12 / 31 / 2013.

- 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 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).

	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Calendar Year*	\$ XXXXXX	\$ 5,777.13
Line 2: Enter Beginning Cash Balance**	\$ 5,777.13	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 12,385.00	\$ 12,385.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 18,162.13	\$ 18,162.13
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 2,000.00	\$ 2,000.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 16,162.13	\$ 16,162.13
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ 0.00	

*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, Scott Crawford, 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

		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 12,385.00
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)	= \$ 12,385.00

Expenditures		
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 1,605.00
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)	+ \$ 100.00
㉑	Total Pledged Contributions this period	= \$ 100.00

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
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. JILL ADEPOJU 844 N WASHINGTON STE 400 TWIN FALLS, ID 83301	\$ 120.00 \$ 120.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	\$ 275.00 \$ 275.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3. MORGAN BARKDULL PO BOX 526 DRIGGS, ID 83422	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. JENNIFER COFFEY 104 S DAISY STREET STE A SALMON, ID 83467	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 75.00 \$ 75.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9. GEORGE FIEGEL PO BOX 8165 MOSCOW, ID 83843	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10. STONEY FOSTER 1675 N MAPLE GROVE RD BOISE, ID 83704	\$ 300.00 \$ 300.00 Calendar Year-To-Date
Total This Page:		\$ 2,570.00

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	1. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 200.00 \$ 200.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JON GRAY 2161 E CELIA CT EAGLE, ID 83616	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JEREMAI HAFER 1155 E WINGING CREEK DR BOX #4 EAGLE, ID 83616	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	4. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 40.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. DENNIS HARPER 10820 HIGHWAY 12 OROFINO, ID 83544	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	7. DEED HARRISON 950 E RIVERSIDE DR EAGLE, ID 83616	\$ 500.00 \$ 500.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	8. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	9. SPENCER HENDERSON 826 BLUE LAKES BLVD TWIN FALLS, ID 83301	\$ 275.00 \$ 275.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	10. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	\$ 300.00 \$ 300.00 Calendar Year-To-Date
Total This Page:		\$ 2,815.00

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
/ / 13 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. WILLIAMS HIGGINS PO BOX 1886 LEWISTON, ID 83501	\$ 275.00 \$ 275.00 Calendar Year-To-Date
/ / 13 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. YVONNE HONOVICH 2300 S ORCHARD STE A BOISE, ID 83705	\$ 300.00 \$ 300.00 Calendar Year-To-Date
/ / 13 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. LANCE INGWERSEN 104 S DAISY ST STE A SALMON, ID 83467	\$ 300.00 \$ 300.00 Calendar Year-To-Date
/ / 13 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. ANDREW KIDDER 3211 N MILWAUKEE ST BOISE, ID 83704	\$ 250.00 \$ 250.00 Calendar Year-To-Date
/ / 13 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. TIMOTHY KLENA 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 300.00 \$ 300.00 Calendar Year-To-Date
/ / 13 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	\$ 300.00 \$ 300.00 Calendar Year-To-Date
/ / 13 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. COREY MATTHEWS 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 50.00 \$ 50.00 Calendar Year-To-Date
/ / 13 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 300.00 \$ 300.00 Calendar Year-To-Date
/ / 13 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 300.00 \$ 300.00 Calendar Year-To-Date
/ / 13 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. TROY NORRIS 6013 W OVERLAND DR STE 101 BOISE, ID 83709	\$ 500.00 \$ 200.00 Calendar Year-To-Date
Total This Page:		\$ 2,875.00

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
____/____/13 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 360.00 \$ 360.00 Calendar Year-To-Date
____/____/13 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. J EDWARD PERKINS PO BOX 335 HOMEDALE, ID 83628	\$ 300.00 \$ 300.00 Calendar Year-To-Date
____/____/13 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. TODD PICKMAN 5516 W DURNING DR EAGLE, ID 83616	\$ 200.00 \$ 200.00 Calendar Year-To-Date
____/____/13 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. DAVID PRICE 9508 W FAIRVIEW AVE BOISE, ID 83704	\$ 300.00 \$ 300.00 Calendar Year-To-Date
____/____/13 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. ERIKA PUTNAM 430 N IOWA AVE NAMPA, ID 83686	\$ 125.00 \$ 125.00 Calendar Year-To-Date
____/____/13 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JAMIE RICKS 2031 E HOSPITALITY LANE STE 150 BOISE, ID 83716	\$ 300.00 \$ 300.00 Calendar Year-To-Date
____/____/13 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. MARLENE SAUNDERS PO BOX 22 ST MARIES, ID 83861	\$ 175.00 \$ 175.00 Calendar Year-To-Date
____/____/13 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. DEVIN SCORESBY 1491 CUNLEUS DR AMMON, ID 83406	\$ 120.00 \$ 120.00 Calendar Year-To-Date
____/____/13 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 300.00 \$ 300.00 Calendar Year-To-Date
____/____/13 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COEUR D ALENE, ID 83815	\$ 300.00 \$ 300.00 Calendar Year-To-Date
Total This Page:		\$ 2,480.00

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	1. ROOK TORRES 2301 N 36TH ST STE 101 BOISE, ID 83703	\$ 120.00 \$ 120.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	2. ALAN WAITE 54 WEST COURT ST WEISER, ID 83672	\$ 150.00 \$ 150.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	3. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JASON WEST 1188 CALL CREEK DRIVE POCATELLO, ID 83201	\$ 300.00 \$ 300.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	5. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 600.00 \$ 600.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	6. ALAN SMITH 57 E MAIN ST REXBURG, ID 83440	\$ 175.00 \$ 175.00 Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	7.	\$ _____ \$ _____ Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	8.	\$ _____ \$ _____ Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____ \$ _____ Calendar Year-To-Date
<u> </u> / <u> </u> / <u>13</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	10.	\$ _____ \$ _____ Calendar Year-To-Date
Total This Page:		\$ 1,645.00

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

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

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

Purpose Codes

- | | |
|--|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N Newspaper & Other Periodical Advertising |
| B Broadcast Advertising (Radio, TV & Internet) | 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 |
| L Literature, Brochures, Printing | Y Petition Circulators |
| M Management Services | Z Preparation & Production of Advertising |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
8 / 6 / 13	1. JIM RICE FOR IDAHO 2319 POLK STREET CALDWELL, ID 83605	C	\$ 250.00
8 / 6 / 13	2. BRANDON HIXON FOR IDAHO 910 N PLATEAU AVE CALDWELL, ID 83605	C	\$ 250.00
12 / 30 / 13	3. BRANDON HIXON FOR IDAHO 910 N PLATEAU AVE CALDWELL, ID 83605	C	\$ 750.00
11 / 25 / 13	4. IDAHO HOUSE REPUBLICAN CAUCUS-REP. JASON MONKS 1002 W WASHINGTON DR MERIDIAN, ID 83642	C	\$ 250.00
11 / 25 / 13	5. BEDKE FOR REPRESENTATIVE PO BOX 89 OAKLEY, ID 83348	C	\$ 500.00
	6.	C	\$ _____
	7.		\$ _____
	8.		\$ _____
	9.		\$ _____
	10.		\$ _____
Total This Page:			\$ 2,000.00

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

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	____/____/13	1. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/13	2. SPENCER HENDERSON 826 BLUE LAKES RD TWIN FALLS, ID 83301	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/13	3. WILLIAM HIGGINS PO BOX 1686 LEWISTON, ID 83501	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/13	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: \$ 100.00

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