

SCANNED

3272



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

14 OCT 21 PM 1:21

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)	Elect (if any)
Mailing Address 13801 W MCMILLAN DR; STE 102-331		City and Zip BOISE 83713	Home Phone 208-424-8234
Name of Political Treasurer SCOTT CRAWFORD		Home Phone	Work Phone 208-777-4000
Mailing Address 1109 E PALSTON		City and Zip POST FALLS 83854	Home Phone

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 05 / 31 / 14 through 08 / 30 / 14

POSTED

- 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	\$ 16,162.13
Line 2: Enter Beginning Cash Balance**	\$ 15,802.13	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 4,155.00	\$ 9,545.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 19,957.13	\$ 25,707.13
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 8,250.00	\$ 14,000.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 11,707.13	\$ 11,707.13
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 Yauris
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)	+	\$4,155.00 <i>3845.00</i>
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)	=	\$41,500.00 <i>3845.00</i>
Expenditures			
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures _____	+	\$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+	\$8,250.00
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)	=	\$8,250.00
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)	+	\$120.00
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
06 / 01 / 14	1. JILL ADEPOJU 788 EASTLAND DRIVE TWIN FALLS, ID 83301	\$ 10.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 10.00 Calendar Year-To-Date
07 / 01 / 14	2. JILL ADEPOJU 788 EASTLAND DRIVE TWIN FALLS, ID 83301	\$ 10.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 20.00 Calendar Year-To-Date
06 / 01 / 14	3. SUSAN AUBUCHON 3316 1/2 4TH STREET; STE 4A LEWISTON, ID 83501	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 25.00 Calendar Year-To-Date
07 / 01 / 14	4. SUSAN AUBUCHON 3316 1/2 4TH STREET; STE 4A LEWISTON, ID 83501	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 50.00 Calendar Year-To-Date
08 / 01 / 14	5. SUSAN AUBUCHON 3316 1/2 4TH STREET; STE 4A LEWISTON, ID 83501	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 75.00 Calendar Year-To-Date
09 / 01 / 14	6. SUSAN AUBUCHON 3316 1/2 4TH STREET; STE 4A LEWISTON, ID 83501	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 100.00 Calendar Year-To-Date
06 / 01 / 14	7. MORGAN BARKDULL PO BOX 526 DRIGGS, ID 83422	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 25.00 Calendar Year-To-Date
07 / 01 / 14	8. MORGAN BARKDULL PO BOX 526 DRIGGS, ID 83422	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 50.00 Calendar Year-To-Date
08 / 01 / 14	9. MORGAN BARKDULL PO BOX 526 DRIGGS, ID 83422	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 75.00 Calendar Year-To-Date
09 / 01 / 14	10. MORGAN BARKDULL PO BOX 526 DRIGGS, ID 83422	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 100.00 Calendar Year-To-Date
Total This Page:		\$ 220.00

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
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. VERLE BRESHEARS 7750 CRESTWOOD; STE 1 BOISE, ID 83704	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. VERLE BRESHEARS 7750 CRESTWOOD; STE 1 BOISE, ID 83704	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. VERLE BRESHEARS 7750 CRESTWOOD; STE 1 BOISE, ID 83704	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. VERLE BRESHEARS 7750 CRESTWOOD; STE 1 BOISE, ID 83704	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 50.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 100.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. GEORGE FIEGEL PO BOX 8165 MOSCOW, ID 83843	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. GEORGE FIEGEL PO BOX 8165 MOSCOW, ID 83843	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. GEORGE FIEGEL PO BOX 8165 MOSCOW, ID 83843	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. GEORGE FIEGEL PO BOX 8165 MOSCOW, ID 83843	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. STONEY FOSTER 1674 N MAPLE GROVE ROAD BOISE, ID 83704	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. STONEY FOSTER 1674 N MAPLE GROVE ROAD BOISE, ID 83704	\$ 25.00 \$ 50.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. STONEY FOSTER 1674 N MAPLE GROVE ROAD BOISE, ID 83704	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. STONEY FOSTER 1674 N MAPLE GROVE ROAD BOISE, ID 83704	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 100.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. MICHAEL HENZE 9211 W OVERLAND ROAD BOISE, ID 83709	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. MICHAEL HENZE 9211 W OVERLAND ROAD BOISE, ID 83709	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. MICHAEL HENZE 9211 W OVERLAND ROAD BOISE, ID 83709	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. MICHAEL HENZE 9211 W OVERLAND ROAD BOISE, ID 83709	\$ 25.00 \$ 100.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALENE, ID 83814	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALENE, ID 83814	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALENE, ID 83814	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALENE, ID 83814	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. YVONNE HONOVICH 2300 S ORCHARD; STE A BOISE, ID 83705	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. YVONNE HONOVICH 2300 S ORCHARD; STE A BOISE, ID 83705	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. YVONNE HONOVICH 2300 S ORCHARD; STE A BOISE, ID 83705	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. YVONNE HONOVICH 2300 S ORCHARD; STE A BOISE, ID 83705	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 50.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. TIMOTHY KLENA 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. TIMOTHY KLENA 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. TIMOTHY KLENA 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. TIMOTHY KLENA 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 100.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 50.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, IF 83619	\$ 30.00 \$ 30.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, IF 83619	\$ 30.00 \$ 60.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, IF 83619	\$ 30.00 \$ 90.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, IF 83619	\$ 30.00 \$ 120.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. J. EDWARDS PERKINS PO BOX 335 HOMEDALE, ID 83628	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. J. EDWARDS PERKINS PO BOX 335 HOMEDALE, ID 83628	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. J. EDWARDS PERKINS PO BOX 335 HOMEDALE, ID 83628	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. J. EDWARDS PERKINS PO BOX 335 HOMEDALE, ID 83628	\$ 25.00 \$ 100.00 Calendar Year-To-Date
Total This Page:		\$ 270.00

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
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. TODD PICKMAN 5516 W DURNING DR EAGLE, IF 83616	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. TODD PICKMAN 5516 W DURNING DR EAGLE, IF 83616	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. TODD PICKMAN 5516 W DURNING DR EAGLE, IF 83616	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. TODD PICKMAN 5516 W DURNING DR EAGLE, IF 83616	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. BRIAN RAE 2200 WARMSPRINGS AVE; STE N6 BOISE, ID 83712	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. BRIAN RAE 2200 WARMSPRINGS AVE; STE N6 BOISE, ID 83712	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. BRIAN RAE 2200 WARMSPRINGS AVE; STE N6 BOISE, ID 83712	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. BRIAN RAE 2200 WARMSPRINGS AVE; STE N6 BOISE, ID 83712	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JAMIE RICKS 2301 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JAMIE RICKS 2301 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 50.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JAMIE RICKS 2301 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JAMIE RICKS 2301 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. MARLENE SAUNDERS PO BOX 22 ST MARIES, ID 83861	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. MARLENE SAUNDERS PO BOX 22 ST MARIES, ID 83861	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. MARLENE SAUNDERS PO BOX 22 ST MARIES, ID 83861	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. MARLENE SAUNDERS PO BOX 22 ST MARIES, ID 83861	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. DEVIN SCORESBY 1491 CUNLEUS DR AMMON, ID 83406	\$ 10.00 \$ 10.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. DEVIN SCORESBY 1491 CUNLEUS DR AMMON, ID 83406	\$ 10.00 \$ 20.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. DEVIN SCORESBY 1491 CUNLEUS DR AMMON, ID 83406	\$ 10.00 \$ 30.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DEVIN SCORESBY 1491 CUNLEUS DR AMMON, ID 83406	\$ 10.00 \$ 40.00 Calendar Year-To-Date
Total This Page:		\$ 190.00

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
06 / 01 / 14	1. ALAN SMITH 57 E MAIN ST REXBURG, ID 83440	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 25.00 Calendar Year-To-Date
07 / 01 / 14	2. ALAN SMITH 57 E MAIN ST REXBURG, ID 83440	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 50.00 Calendar Year-To-Date
06 / 01 / 14	3. J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	<i>Tod J Spainhower</i>	\$ 25.00 Calendar Year-To-Date
07 / 01 / 14	4. J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	<i>Tod J Spainhower</i>	\$ 50.00 Calendar Year-To-Date
08 / 01 / 14	5. J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	<i>Tod J Spainhower</i>	\$ 75.00 Calendar Year-To-Date
09 / 01 / 14	6. J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	<i>Tod J Spainhower</i>	\$ 100.00 Calendar Year-To-Date
06 / 01 / 14	7. CHARLES SWAYZE 402 W CANFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 25.00 Calendar Year-To-Date
07 / 01 / 14	8. CHARLES SWAYZE 402 W CANFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 50.00 Calendar Year-To-Date
08 / 01 / 14	9. CHARLES SWAYZE 402 W CANFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 75.00 Calendar Year-To-Date
09 / 01 / 14	10. CHARLES SWAYZE 402 W CANFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 100.00 Calendar Year-To-Date
		Total This Page: \$ 250.00

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
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. ROOK TORRES 2301 N 36TH STREET; #101 BOISE, ID 83703	\$ 10.00 \$ 10.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. ROOK TORRES 2301 N 36TH STREET; #101 BOISE, ID 83703	\$ 10.00 \$ 20.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. ROOK TORRES 2301 N 36TH STREET; #101 BOISE, ID 83703	\$ 10.00 \$ 30.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. ROOK TORRES 2301 N 36TH STREET; #101 BOISE, ID 83703	\$ 10.00 \$ 40.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. BRANDON TRUJILLO 950 E RIVERSIDE DRIVE EAGLE, ID 83616	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. BRANDON TRUJILLO 950 E RIVERSIDE DRIVE EAGLE, ID 83616	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. BRANDON TRUJILLO 950 E RIVERSIDE DRIVE EAGLE, ID 83616	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. BRANDON TRUJILLO 950 E RIVERSIDE DRIVE EAGLE, ID 83616	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 50.00 Calendar Year-To-Date
Total This Page:		\$ 190.00

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
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 25.00 \$ 100.00 Calendar Year-To-Date
07 / 21 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 125.00 Calendar Year-To-Date
07 / 03 / 14 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JASON WEST 1188 CALL CREEK DR POCATELLO, ID 83201	\$ 300.00 \$ 300.00 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:		\$ 475.00

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
09 / 08 / 14	1. ADA COUNTY REPUBLICAN PARTY PO BOX 1572 BOISE, ID 83701	C	\$ 1,000.00
09 / 15 / 14	2. HEATHER SCOTT FOR NORTH IDAHO PO BOX 134 BLANCHARD, ID 83804	C	\$ 250.00
09 / 15 / 14	3. COMMITTEE TO ELECT CINDY AGIDIUS 1155 CRUMARINE LP MOSCOW, ID 83843	C	\$ 250.00
09 / 15 / 14	4. RUSCHE FOR REPRESENTATIVE 1405 27TH AVE LEWISTON, ID 83501	C	\$ 250.00
09 / 15 / 14	5. SHERYL NUXOLL FOR SENATE PO BOX 442 COTTONWOOD, ID 83522	C	\$ 250.00
09 / 15 / 14	6. LAKEY FOR SENATE 34 S BINGHAM ST NAMPA, ID 83651	C	\$ 500.00
09 / 15 / 14	7. RICK YOUNGBLOOD FOR REPRESENTATIVE 12612 SMITH AVE NAMPA, ID 83651	C	\$ 500.00
09 / 15 / 14	8. ANDERST FOR IDAHO 7401 E GREY LAG DR NAMPA, ID 83687	C	\$ 250.00
09 / 15 / 14	9. ELECT MARV HAGEDORN 5285 W RIDGESIDE ST MERIDIAN, ID 83646	C	\$ 250.00
09 / 15 / 14	10. ELECT MIKE MOYLE 500 N PLUMMER RD STAR, ID 83669	C	\$ 500.00
Total This Page:			\$ 4,000.00

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

**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
09 / 15 / 14	1. FRED S MARTIN FOR SENATE 3672 N TUMBLEWEED PL BOISE, ID 83713	C	\$ 500.00
09 / 15 / 14	2. RE-ELECT LANCE CLOW 2170 BITTERROOT DR TWIN FALLS, ID 83301	C	\$ 250.00
09 / 15 / 14	3. HARTGEN FOR REPRESENTATIVE 1681 WILDFLOWER LANE TWIN FALLS, ID 83301	C	\$ 500.00
09 / 15 / 14	4. COMMITTEE TO ELECT LEE HEIDER 1631 RICHMOND DR TWIN FALLS, ID 83301	C	\$ 1,000.00
09 / 15 / 14	5. BEDKE FOR REPRESENTATIVE PO BOX 89 OAKLEY, ID 83346	C	\$ 500.00
09 / 15 / 14	6. COMMITTEE TO RE-ELECT TOM LOERTSCHER 1357 BONE RD IONA, ID 83427	C	\$ 500.00
09 / 30 / 14	7. BRANDON HIXON FOR IDAHO 215 S KIMBALL AVE CALDWELL, ID 83605	C	\$ 500.00
09 / 30 / 14	8. JOHN MCCROSTIE FOR DISTRICT 16 7820 W RIVERSIDE DRIVE GARDEN CITY, ID 83714	C	\$ 500.00
	9.		\$
	10.		\$
Total This Page:			\$ 4,250.00

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

SCHEDULE F
PLEDGED 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	08 / 01 / 14	1. JILL ADEPOJU 788 EASTLAND DRIVE TWIN FALLS, ID 83301	10.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	09 / 01 / 14	2. JILL ADEPOJU 788 EASTLAND DRIVE TWIN FALLS, ID 83301	10.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	06 / 01 / 14	3. ANDREW KIDDER 3211 MILWAUKEE STREET BOISE, ID 83704	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	07 / 01 / 14	4. ANDREW KIDDER 3211 MILWAUKEE STREET BOISE, ID 83704	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	08 / 01 / 14	5. ANDREW KIDDER 3211 MILWAUKEE STREET BOISE, ID 83704	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	09 / 01 / 14	6. ANDREW KIDDER 3211 MILWAUKEE STREET BOISE, ID 83704	25.00
<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: \$ 120.00