

C-2
Rev. 04/04



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

06 OCT 31 AM 9:04

Section I

| | | | | |
|--|---|---|----------------------------|----------------------------|
| Name of Candidate or Political Committee and Chairperson Tom Loertscher | | Office Sought (if candidate) <u>Representative</u> District of <u>31B</u> STATE OF <u>IDAHO</u> | | |
| Mailing Address 1357 Bone Rd | <input type="checkbox"/> Check if address change. | City and Zip Iona, ID 83427 | Home Phone 208-522-3072 | Work Phone 208-522-3072 |
| Name of Political Treasurer Thomas F. Loertscher | | | | |
| Mailing Address 1357 Bone Rd | <input type="checkbox"/> Check if address change. | City and Zip Iona, ID 83427 | Home Phone 208-522-3072 | Work Phone 208-522-3072 |

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 10 / 1 / 06 through 10 / 22 / 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 _____ through _____.

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* | \$ XXXXXX | \$ 786.00 |
| Line 2: Enter Cash Balance at Close of Last Reporting Period** | \$ 3,016.32 | \$ XXXXXX |
| Line 3: Total Contributions (Enter amount from page 2) | \$ 1,420.00 | \$ 15,305.00 |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ 4,436.32 | \$ 16,091.00 |
| Line 5: Total Expenditures (Enter amount from page 2) | \$ 2,575.80 | \$ 14,230.48 |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ 1,860.52 | \$ 1,860.52 |
| Line 7: Outstanding Debt to Date | \$ 600.00 | |

*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 Ysursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V

CERTIFICATION

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

Thomas F. Loertscher
Signature of Political Treasurer

DETAILED SUMMARY PAGE

| | |
|--|--|
| Name of Candidate or Committee Tom Loertscher | Report Covering the Period From <u>10 / 1 / 06</u> to <u>10 / 22 / 06</u> |
|--|--|

UNITEMIZED CONTRIBUTIONS
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 1 Total Amount \$ 20.00

UNITEMIZED EXPENDITURES
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number 6 Total Amount \$ 75.80

| | Total This Period |
|--|--------------------|
| <u>1</u> Number of Schedule A pages Attached | |
| Contributions | |
| Unitemized Contributions (\$50 and less) from top of page | \$ 20.00 |
| Itemized Contributions (total all Schedule A sheets) | \$ 1,400.00 |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ 1,420.00 |
| <u> </u> Number of Schedule B pages Attached | |
| Expenditures | |
| Unitemized Expenditures (less than \$25) from top of page | \$ 75.80 |
| Itemized Expenditures (total all Schedule B sheets) | \$ |
| Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period) | \$ 2,500.00 |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5) | \$ 2,575.80 |
| <u> </u> Number of Schedule C-2B pages Attached | |
| Incurred Expenditures | |
| Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7) | \$ 3,100.00 |
| Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period) | + \$ |
| Subtotal | = \$ 3,100.00 |
| Payment this Period (Total all C-2Bs - Payment this Period) | - \$ 2,500.00 |
| Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7) | = \$ 600.00 |
| <u> </u> Number of Schedule C-2A pages Attached | |
| Pledged Contributions | |
| Amount Pledged this Period | \$ |

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

Name of Candidate or Committee
Tom Loertscher

| Date/ Receipt For | Full Name, Mailing Address and Zip Code of Contributor/Lender | Column A Cash or Check | Column B In-Kind (non-monetary) | Column C Loans |
|---|---|---|--|--|
| 10 / 3 / 06 | 1. Idaho Health Care Association PAC 802 W Bannock Ste 304 Boise, ID 83702 | \$ 200.00 | \$ | \$ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ 200.00 <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> |
| 10 / 10 / 06 | 2. Wells Fargo Idaho PAC 877 W Main St Boise, ID 83702 | \$ 100.00 | \$ | \$ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ 100.00 <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> |
| 10 / 11 / 06 | 3. Darryl & Laura Moffett 7262 Bowman Ln Ammon, ID 83406 | \$ 100.00 | \$ | \$ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ 100.00 <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> |
| 10 / 11 / 06 | 4. David R Anderson MD 530 S Holmes Idaho Falls, ID 83401 | \$ 100.00 | \$ | \$ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ 100.00 <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> |
| 10 / 11 / 06 | 5. Idaho Society of Opthomology IO PAC 1615 12th Ave W Ste A Nampa, ID 83686-6184 | \$ 300.00 | \$ | \$ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ 300.00 <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> |
| 10 / 16 / 06 | 6. Avista Corp 802 W Bannock Ste 306 Boise, ID 83702 | \$ 200.00 | \$ | \$ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ 200.00 <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> |
| 10 / 18 / 06 | 7. Sawtooth Surgery Center 115 Falls Ave W Twin Falls, ID 83301 | \$ 240.00 | \$ | \$ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ 240.00 <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> |
| 10 / 18 / 06 | 8. Boise Endoscopy Center LLC 425 W Bannock St Boise, ID 83702 | \$ 160.00 | \$ | \$ |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ 160.00 <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> |
| / / | 9. | \$ | \$ | \$ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> | \$ <small>Calendar Year To Date</small> |
| Subtotals of Columns A, B & C | | \$ 1,400.00 | \$ 0.00 | \$ 0.00 |
| Total This Page (add columns A, B & C) | | | | \$ 1,400.00 |

**SCHEDULE C-2B
EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT**

| | |
|---|--|
| Name of Candidate or Committee Tom Loertscher | Report Covering the Period From <u>10 / 1 / 06</u> to <u>10 / 22 / 06</u> |
|---|--|

Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service or made a payment on debt. Do not include these entries on Schedule B.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period: Total Number _____ Total Amount \$ _____

Expenditures Incurred (Debts and Obligations) or Payment Made on Debt of \$25.00 or More This Period:

| Full Name, Mailing Address and Zip Code or Creditor | Purpose of Expenditure |
|---|--|
| 1. Tom Loertscher 1357 Bone Road, Iona, ID 83427 | Loan Repayment |
| Outstanding Balance beginning this period.. \$ <u>3,100.00</u> Amount Incurred this period..... \$ _____ Payment this period..... \$ <u>2,500.00</u> Outstanding Balance..... \$ <u>600.00</u> | Date Incurred _____ Date of Payment <u>10/20/2006</u> |
| 2. | |
| Outstanding Balance beginning this period.. \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____ | Date Incurred _____ Date of Payment _____ |
| 3. | |
| Outstanding Balance beginning this period.. \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____ | Date Incurred _____ Date of Payment _____ |
| 4. | |
| Outstanding Balance beginning this period.. \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____ | Date Incurred _____ Date of Payment _____ |
| 5. | |
| Outstanding Balance beginning this period.. \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____ | Date Incurred _____ Date of Payment _____ |

Totals of this Page

Line 2: Amount Incurred This Period (Carry forward to Page 2, Under Incurred Expenditures) \$ _____

Line 3: Payment This Period (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$ 2,500.00