



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

2006 MAY 12 AM 9:41

Section I

Name of Candidate or Political Committee and Chairperson Idaho Life and Health Political Action Committee		Office Sought (if candidate)	District (if any)	
Mailing Address PO Box 7777	<input type="checkbox"/> Check if address change.	City and Zip Meridian 83680-7777	Home Phone 853-3555	Work Phone 493-6100
Name of Political Treasurer Dennis L. Johnson c/o United Heritage Life Insurance Company				
Mailing Address PO Box 7777	<input type="checkbox"/> Check if address change.	City and Zip Meridian 83680-7777	Home Phone 853-3555	Work Phone 493-6100

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 1 / 1 / 06 through 5 / 7 / 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	\$ 176.60
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 176.60	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 6,450.00	\$ 6,450.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 6,626.60	\$ 6,626.60
Line 5: Total Expenditures (Enter amount from page 2)	\$ 5,425.00	\$ 5,425.00
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 1,201.60	\$ 1,201.60
Line 7: Outstanding Debt to Date	\$ _____	

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

Section V

CERTIFICATION

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

Dennis L. Johnson
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Idaho Life and Health Political Action Committee	Report Covering the Period From <u>1 / 1 / 06</u> to <u>5 / 7 / 06</u>
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UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number _____	Total Amount \$ _____
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number _____	Total Amount \$ _____

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ 6,450.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 6,450.00
<u>2</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 5,425.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 5,425.00
_____ Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$
_____ 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 Idaho Life and Health Political Action Committee
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		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
2 / 6 / 06	1. United Heritage Life Insurance Company PO Box 7777 Meridian ID 83680-7777	\$ 200.00	\$ _____	\$ _____
✓ Primary General		\$ 200.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
3 / 8 / 06	2. United Heritage Life Insurance Company PO Box 7777 Meridian ID 83680-7777	\$ 3,000.00	\$ _____	\$ _____
✓ Primary General		\$ 3,200.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
3 / 23 / 06	3. United Heritage Life Insurance Company PO Box 7777 Meridian ID 83680-7777	\$ 1,500.00	\$ _____	\$ _____
✓ Primary General		\$ 4,700.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
4 / 18 / 06	4. United Heritage Life Insurance Company PO Box 7777 Meridian ID 83680-7777	\$ 500.00	\$ _____	\$ _____
✓ Primary General		\$ 5,200.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
4 / 26 / 06	5. United Heritage Life Insurance Company PO Box 7777 Meridian ID 83680-7777	\$ 1,250.00	\$ _____	\$ _____
✓ Primary General		\$ 6,450.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
_ / _ / _	6.	\$ _____	\$ _____	\$ _____
Primary General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
_ / _ / _	7.	\$ _____	\$ _____	\$ _____
Primary General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
_ / _ / _	8.	\$ _____	\$ _____	\$ _____
Primary General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
_ / _ / _	9.	\$ _____	\$ _____	\$ _____
Primary 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		\$ 6,450.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 6,450.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee Idaho Life and Health Political Action Committee
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		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
2 / 7 / 06	1. Idaho State House of Representatives Republican Caucus 960 Broadway, Suite 415 Boise ID 83706	\$ 200.00	\$ _____
Purpose of Above Expenditure: campaign contribution			
3 / 15 / 06	2. Committee to Elect Ron Crane PO Box 865 Nampa ID 83653	\$ 500.00	\$ _____
Purpose of Above Expenditure: campaign contribution			
3 / 15 / 06	3. Committee to Elect Butch Otter PO Box 1456 Boise ID 83701	\$ 1,000.00	\$ _____
Purpose of Above Expenditure: campaign contribution			
3 / 15 / 06	4. Committee to Elect Lawrence Wasden 811 Heartland Nampa ID 83686	\$ 1,000.00	\$ _____
Purpose of Above Expenditure: campaign contribution			
3 / 22 / 06	5. Idaho State House of Representatives Democratic Caucus PO Box 526 Boise ID 83701	\$ 200.00	\$ _____
Purpose of Above Expenditure: campaign contribution			
3 / 22 / 06	6. Idaho State Senate Democratic Caucus PO Box 526 Boise ID 83701	\$ 200.00	\$ _____
Purpose of Above Expenditure: campaign contribution			
Subtotals of Columns A & B		\$ 3,100.00	\$ 0.00
Total This Page (add columns A & B)			\$ 3,100.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee Idaho Life and Health Political Action Committee
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		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
3 / 24 / 06	1. Committee to Elect Jim Risch PO Box 83720 Boise ID 83720	\$ 1,000.00	\$ _____
Purpose of Above Expenditure: campaign contribution			
3 / 27 / 06	2. Idaho State Senate Republican Caucus PO Box 1556 Boise ID 83701-1556	\$ 200.00	\$ _____
Purpose of Above Expenditure: campaign contribution			
4 / 17 / 06	3. Committee to Elect Bill Deal 1400 West Roosevelt Nampa ID 83651	\$ 500.00	\$ _____
Purpose of Above Expenditure: campaign contribution			
4 / 27 / 06	4. Committee to Elect John Andreason 5120 Mountain View Dr Boise ID 83704	\$ 375.00	\$ _____
Purpose of Above Expenditure: campaign contribution			
4 / 27 / 06	5. Committee to Elect Mark Snodgrass 1406 N Leslie Way Meridian ID 83642	\$ 250.00	\$ _____
Purpose of Above Expenditure: campaign contribution			
/ /	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 2,325.00	\$ 0.00
Total This Page (add columns A & B)			\$ 2,325.00