

C-2 Rev. 11/03



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

08 OCT 10 PM 4:42

Section I

Name of Candidate or Political Committee and Chairperson: Idaho Medical Political Action Committee. Office State (if candidate): STATE OF IDAHO. District (if any): 1st DISTRICT. Mailing Address: P. O. Box 2668. City and Zip: Boise 83701. Home Phone: 208-344-7888. Work Phone: 208-344-7888. Name of Political Treasurer: Susie Pouliot. Mailing Address: P. O. Box 2668. City and Zip: Boise 83701. Home Phone: 208-344-7888. Work Phone: 208-344-7888.

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 / / through / /

- 7 Day Pre-Primary Report, 7 Day Pre-General Report, 30 Day Post-Primary Report, 30 Day Post-General Report, October 10 Pre-General Report, Annual Report

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).

Table with 3 columns: Line Item, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand January 1, Cash Balance at Close of Last Reporting Period, Total Contributions, Subtotal, Total Expenditures, and Cash Balance at Close of Period.

*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.

Section V

CONTRIBUTIONS PLEDGED-INCURRED EXPENDITURES

Contributions Pledged during this reporting period but not yet received: None \$ (see attached Schedule C-2A) Incurred Expenditures during this reporting period but not yet paid: None \$ (see attached Schedule C-2B)

Return This Report To: Ben Ysursa, Secretary of State, PO Box 83720, Boise ID 83720-0080, fax: (208) 334-2282

Section VI

CERTIFICATION

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

Susie Pouliot Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Report Covering the Period From <u>6 / 7 / 08</u> to <u>9 / 30 / 08</u>
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UNITEMIZED CONTRIBUTIONS
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 0 Total Amount \$ _____

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

Total Number 0 Total Amount \$ _____

	Total This Period
<u>8</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ <u>11,925.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$
<u>10</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>—</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>32,200.00</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A Cash or Check	Column B In-Kind (non-monetary)
9 / 26 / 08	^{1.} Representative Carlos Bilbao 2062 Corral Rd Emmett ID 83617	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	^{2.} Representative Sharon Block 1093 Lakewood Drive Twin Falls ID 83301	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	^{3.} Senator Joyce M. Broadsword PO Box 76 Cocolalla ID 83813	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	^{4.} Senator Dean Cameron 1101 Ruby Drive Rupert ID 83350	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	^{5.} Senator John Goedde 1010 E Mullan Ave #203 Coeur d'Alene ID 83814	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	^{6.} Representative Wendy Jaquet PO Box 783 Ketchum ID 83340	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
Subtotals of Columns A & B		\$ 6,000.00	\$ 0.00
Total This Page (add columns A & B)			\$ 6,000.00

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
9 / 26 / 08	1. Senator Patti Anne Lodge PO Box 96 Huston ID 83630	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	2. Senator John McGee 2607 Aspen Fall Ave Caldwell ID 83605	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	3. Representative John Rusche 1405 27th Avenue Lewiston ID 83501	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	4. Dr. Dean E. Sorensen 1229 E Brightwater Ln Boise ID 83706	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	5. Senator Joe Stegner 216 Prospect Blvd Lewiston ID 83501	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	6. Senator Elliot Werk 6810 Randolph Drive Boise ID 83709	\$ 1,000.00	\$
Purpose of Above Expenditure: C			
Subtotals of Columns A & B		\$ 6,000.00	\$ 0.00
Total This Page (add columns A & B)			\$ 6,000.00

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
9 / 26 / 08	1. Representative Fred Wood PO Box 1207 Burley ID 83318	\$ 1,000.00	\$ _____
Purpose of Above Expenditure: C			
9 / 26 / 08	2. Senator Stephen Bair 829 N 2000 West Blackfoot ID 83221	\$ 500.00	\$ _____
Purpose of Above Expenditure: C			
9 / 26 / 08	3. Representative Max Black 3731 Buckingham Drive Boise ID 83704	\$ 500.00	\$ _____
Purpose of Above Expenditure: C			
9 / 26 / 08	4. Representative Donna Boe 226 South 16th Pocatello ID 83201	\$ 500.00	\$ _____
Purpose of Above Expenditure: C			
9 / 26 / 08	5. Representative Bert Brackett Flat Creek Ranch Rogerson ID 83302	\$ 500.00	\$ _____
Purpose of Above Expenditure: C			
9 / 26 / 08	6. Representative Gary Collins 2019 East Massachusetts Nampa ID 83686	\$ 500.00	\$ _____
Purpose of Above Expenditure: C			
Subtotals of Columns A & B		\$ 3,500.00	\$ 0.00
Total This Page (add columns A & B)			\$ 3,500.00

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
9 / 26 / 08	1. Representative Brent Crane PO Box 86 Nampa ID 83653	\$ 500.00	\$
Purpose of Above Expenditure: <i>d</i>			
9 / 26 / 08	2. Senator Denton Darrington 302 S Hwy 77 Declo ID 83323	\$ 500.00	\$
Purpose of Above Expenditure: <i>C</i>			
9 / 26 / 08	3. Ms. Julie Ellsworth PO Box 668 Boise ID 83701	\$ 500.00	\$
Purpose of Above Expenditure: <i>C</i>			
9 / 26 / 08	4. Mr. Stephen Hartgen 1681 Wild Flower Lane Twin Falls ID 83301	\$ 500.00	\$
Purpose of Above Expenditure: <i>C</i>			
9 / 26 / 08	5. Senator Shawn A. Keough PO Box 101 Sandpoint ID 83864	\$ 500.00	\$
Purpose of Above Expenditure: <i>C</i>			
9 / 26 / 08	6. Representative Jim Patrick 2231 East 3200 North Twin Falls ID 83301	\$ 500.00	\$
Purpose of Above Expenditure: <i>C</i>			
Subtotals of Columns A & B		\$ 3,000.00	\$ 0.00
Total This Page (add columns A & B)			\$ 3,000.00

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
9 / 26 / 08	1. Mr. Jim Rehder 1184 Cottonwood Butte Road Cottonwood ID 83522	\$ 500.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	2. Representative George Saylor 1102 Ash Ave Coeur d'Alene ID 83814	\$ 500.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	3. Representative Robert Schaefer 1202 E Karcher Blvd Nampa ID 83687	\$ 500.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	4. Mr. Chuck Winder 5528 N. Ebbetts Ave Boise ID 83713	\$ 500.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	5. Representative Eric Anderson 33 Match Bay Road Priest Lake ID 83856	\$ 500.00	\$
Purpose of Above Expenditure: C			
9 / 26 / 08	6. Senator John Andreason 5120 Mountain View Drive Boise ID 83704	\$ 300.00	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 2,800.00	\$ 0.00
Total This Page (add columns A & B)			\$ 2,800.00

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

Page 6	of
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Name of Candidate or Committee Idaho Medical Political Action Committee		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
9 / 26 / 08	1. Representative Ken Andrus 6948 E Old Oregon Trail Rd Lava Hot Springs ID 83246	\$ 300.00	\$ _____
Purpose of Above Expenditure: C			
9 / 26 / 08	2. Representative Cliff Bayer 8020 W Amity Road Boise ID 83709	\$ 300.00	\$ _____
Purpose of Above Expenditure: C			
9 / 26 / 08	3. Representative Scott Bedke 630 N Center Ave Oakley ID 83446	\$ 300.00	\$ _____
Purpose of Above Expenditure: C			
9 / 26 / 08	4. Senator Diane Bilyeu 11076 N Philbin Road Chubbuck ID 83202	\$ 300.00	\$ _____
Purpose of Above Expenditure: C			
9 / 26 / 08	5. Representative Darrell Bolz 3412 College Ave Caldwell ID 83605	\$ 300.00	\$ _____
Purpose of Above Expenditure: C			
9 / 26 / 08	6. Representative Sue Chew 1304 Lincoln Ave Boise ID 83706	\$ 300.00	\$ _____
Purpose of Above Expenditure: C			
Subtotals of Columns A & B		\$ 1,800.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,800.00

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
9/ / 26 / 08	^{1.} Senator Charles Coiner 528 Ballingrude Drive Twin Falls ID 83301	\$ 300.00	\$
Purpose of Above Expenditure: C			
9/ / 26 / 08	^{2.} Senator Bart Davis 2638 S Bellin Circle Idaho Falls ID 83402	\$ 300.00	\$
Purpose of Above Expenditure: C			
9/ / 26 / 08	^{3.} Representative Lawerence Denney PO Box 114 Midvale ID 83645	\$ 300.00	\$
Purpose of Above Expenditure: C			
9/ / 26 / 08	^{4.} Representative George Eskridge PO Box 112 Dover ID 83825	\$ 300.00	\$
Purpose of Above Expenditure: C			
9/ / 26 / 08	^{5.} Senator Russell Fulcher 4035 S Linder Road Meridian ID 83642	\$ 300.00	\$
Purpose of Above Expenditure: C			
9/ / 26 / 08	^{6.} Senator Robert Geddes 370 Mountain View Ave Soda Springs ID 83276	\$ 300.00	\$
Purpose of Above Expenditure: C			
Subtotals of Columns A & B		\$ 1,800.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,800.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
9/ / 26 / 08	1. Senator Jim Hammond 4757 Foothill Drive Coeur d'Alene ID 83814	\$ 300.00	\$
Purpose of Above Expenditure: C			
9/ / 26 / 08	2. Representative Frank Henderson 362 S Ponderosa Loop Post Falls ID 83854	\$ 300.00	\$
Purpose of Above Expenditure: C			
9/ / 26 / 08	3. Mr. Rich Jarvis 5875 South Linder Road Meridian ID 83642	\$ 300.00	\$
Purpose of Above Expenditure: C			
9/ / 26 / 08	4. Representative Bill Killen 734 S Coral Place Boise ID 83705	\$ 300.00	\$
Purpose of Above Expenditure: C			
9/ / 26 / 08	5. Representative Steve Kren 347B S Windy Ridge Drive Nampa ID 83686	\$ 300.00	\$
Purpose of Above Expenditure: C			
9/ / 26 / 08	6. Senator Brad Little PO Box 488 Emmett ID 83617	\$ 300.00	\$
Purpose of Above Expenditure: C			
Subtotals of Columns A & B		\$ 1,800.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,800.00

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee Idaho Medical Political Action Committee			
	Column A	Column B	
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
9/ / 26 / 08	1. Representative Mike Moyle 480 N Plummer Star ID 83669	\$ 300.00	\$ _____
Purpose of Above Expenditure: C			
9/ / 26 / 08	2. Representative Bob Nonini 5875 W Harbor Drive Coeur d'Alene ID 83814	\$ 300.00	\$ _____
Purpose of Above Expenditure: C			
9/ / 26 / 08	3. Representative Ken Roberts PO Box 1177 Donnelly ID 83615	\$ 300.00	\$ _____
Purpose of Above Expenditure: C			
9 / 26 / 08	4. Senator Clint Stennett PO Box 475 Ketchum ID 83340	\$ 300.00	\$ _____
Purpose of Above Expenditure: C			
9/ / 26 / 08	5. Mr. Pat Takasugi 17777 Allendale Road Wilder ID 83676	\$ 300.00	\$ _____
Purpose of Above Expenditure: C			
/ / /	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 1,500.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,500.00

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
6 / 9 / 08	1. Am Medical Political Action Committee 25 Massachusetts Ave. N.W. Ste 600 Washington D.C. 20001	\$ 750.00	\$ _____
Purpose of Above Expenditure: C			
9 / 3 / 08	2. Am Medical Political Action Committee 25 Massachusetts Ave. N.W. Ste 600 Washington D.C. 20001	\$ 3,250.00	\$ _____
Purpose of Above Expenditure: C			
/ /	3.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 4,000.00	\$ 0.00
Total This Page (add columns A & B)			\$ 4,000.00

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

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
08/13/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. Dr. Suzanne Marie Allen Family Medicine Health Center 777 N Raymond Boise, ID 83704	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8/14/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. Dr. Catherine Atup-Leavitt St. Luke's Internal Medicine 520 S Eagle Rd #3102 Meridian, ID 83642	\$ <u>192.30</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8/14/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. Dr. Angela Beauchaine Primary Health Pediatric Associates 6348 Emerald St Boise, ID 83704	\$ <u>192.30</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8/14/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. Dr. Bruce Belzer Primary Health Wellness Center 801 Stilson Rd Boise, ID 83703	\$ <u>192.30</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8/14/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. Dr. Matthew Bender Primary Health Specialist Center 8756 W Emerald St #156 Boise, ID 83704	\$ <u>192.30</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
6/18/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. Dr. Jane Bennett-Munro Valley Pathology Associates PO Box 409 Twin Falls, ID 83303	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8/13/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. Dr. Matthew Brown St. Alphonsus Medical Group 315 E Elm #100 Caldwell, ID 83605	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8/13/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. Dr. G Tad Buckland North Idaho Eye Institute, P.A. 1814 Lincoln Way Coeur d Alene, ID 83814	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8/13/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. Dr. A Patrice Burgess Genesis Medical Center 10255 W Overland Rd Boise, ID 83709	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total This Page (add columns A, B & C)				\$ <u>0.00</u>

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

Page 2 of 18

Name of Candidate or Committee
Idaho Medical Political Action Committee

		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
0/8/26 / 08 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. Dr. David Christensen Intermountain Spine & Orthopaedics 660 Shoshone St E #200 Twin Falls, ID 83301	\$ <u>200.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
6/18/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. Dr. Darryl Cook Southeast Idaho Gastroenterology 1151 Hospital Way Bldg A Pocatello, ID 83201	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8/14/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. Dr. John Crites Boise Minor Emergency Center, PA 2993 N Cole Rd Boise, ID 83704	\$ <u>192.30</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8/14/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. Dr. Lisa Dockter Primary Health Crossroads 3115 E Florence St Meridian, ID 83642	\$ <u>192.30</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
6/19/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. Dr. Roger Dunteman Orthopedic Surgery & Sports Medicine 850 W Ironwood Dr #202 Coeur d Alene, ID 83814	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8/14/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. Dr. Steven Eichelberger Primary Health Meridian 1130 E Fairview Ave Meridian, ID 83642	\$ <u>192.31</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
6/19/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. Dr. Julie Foote Treasure Valley Endocrinology, P.C. 900 N Liberty #201 Boise, ID 83704	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
8/28/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. Dr. W Terry Gipson Qualis Health 720 Park Blvd #120 Boise, ID 83712-7756	\$ <u>275.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
7/28/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. Dr. W Terry Gipson Qualis Health 720 Park Blvd #120 Boise, ID 83712-7756	\$ <u>100.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total This Page (add columns A, B & C)				\$ <u>0.00</u>

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

		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
07/28/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. Dr. Charles Graves Anesthesia Assoc. of Coeur d'Alene 1705 Government Way Coeur d Alene, ID 83814	\$ 150.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
7/28/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. Dr. Russell Griffiths Craniofacial/Plastic & Reconstruct 100 E Idaho St #303 Boise, ID 83712	\$ 50.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
7/28/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. Dr. C Peter Groom Pocatello Clinic of IM, P.A. 707 N 7th Ave Pocatello, ID 83201	\$ 150.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
6/19/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. Dr. Dwayne Hansen Dwayne M. Hansen, M.D., PLLC PO Box 185 Rexburg, ID 83440	\$ 150.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
8/28/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. Dr. John Howar Twin Falls Orthopedic PO Box 1808 Twin Falls, ID 83303+1808	\$ 150.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
6/18/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. Dr. Randy James Gem State Radiology 1717 Arlington Ave Caldwell, ID 83605	\$ 50.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
6/18/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. Dr. Glenn Jefferson Valley Medical Center, PLLC 2315 8th St Lewiston, ID 83501	\$ 150.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
6/18/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. Dr. Johanna Jensen Jensen Eye Associates, PLLC 1615 12th Ave Rd #A Nampa, ID 83686	\$ 150.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
8/28/08 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. Dr. William Jonakin Capital City Family Medicine 1520 W State St #100 Boise, ID 83702	\$ 150.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ 0.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 0.00

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

		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
<u>0/10/28</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	1. Dr. Kevin Kempers Boise OMS, PA 6363 Emerald St #103 Boise, ID 83704-8733	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>8/13/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	2. Dr. Roderick Kent North Idaho Eye Institute, P.A. 1814 Lincoln Way Coeur d Alene, ID 83814	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>8/14/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	3. Dr. G Robert Klomp Primary Health OB/GYN 100 E Idaho St #401 Boise, ID 83712	\$ <u>192.31</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>6/19/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	4. Dr. Tak-Ming Ko Tak-ming Ko, MD, PA 630 Addison Ave W #250 Twin Falls, ID 83301	\$ <u>500.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>8/14/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	5. Dr. Robert Lyons Primary Health Overland 8971 W Overland Rd Boise, ID 83709	\$ <u>192.31</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>8/13/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	6. Dr. David Madden 4935 Bitterbrush Dr Boise, ID 83704	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>6/19/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	7. Dr. Joyoe Majure Lewiston Medical Center 307 St Johns Way #11 Lewiston, ID 83501	\$ <u>150.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>8/14/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	8. Dr. Nancy Mallory Primary Health Eagle 435 S Eagle Rd Eagle, ID 83616	\$ <u>192.31</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>8/14/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	9. Dr. Stephen Martinez Primary Health Medical Group 10787 W Ustick Rd Boise, ID 83713	\$ <u>192.31</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total This Page (add columns A, B & C)				\$ <u>0.00</u>

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

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Name of Candidate or Committee
Idaho Medical Political Action Committee

		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
<u>06/28/08</u>	1. Dr. Dennis McGee Intermountain Orthopaedics 600 N Robbins Rd #401 Boise, ID 83702	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/14/08</u>	2. Dr. Mark Michaud Primary Health Broadway 1907 S Broadway Ave #101 Boise, ID 83706	\$ <u>192.31</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/14/08</u>	3. Dr. Denise Mills Primary Health Crossroads 3115 E Florence St Meridian, ID 83642	\$ <u>192.31</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/14/08</u>	4. Dr. Dimu Mistry Plastic, Reconstructive & Cosmetic 341 E Bannock St Boise, ID 83712	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/13/08</u>	5. Dr. Stephen Moss North Idaho Eye Institute, P.A. 1814 Lincoln Way Coeur d Alene, ID 83814	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/14/08</u>	6. Dr. Ann Overy Primary Health Pediatric Associates 6348 Emerald St Boise, ID 83704	\$ <u>192.31</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/14/08</u>	7. Dr. Frank Palmer Primary Health Caldwell 1825 Kimball Ave Caldwell, ID 83605	\$ <u>192.31</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/13/08</u>	8. Dr. Patrick Parden North Idaho Eye Institute, P.A. 1814 Lincoln Way Coeur d Alene, ID 83814	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/14/08</u>	9. Dr. John Pearce Primary Health Caldwell 1825 Kimball Ave Caldwell, ID 83605	\$ <u>192.31</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total This Page (add columns A, B & C)		\$ _____	\$ _____	\$ <u>0.00</u>

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

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Name of Candidate or Committee Idaho Medical Political Action Committee		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
<u>08/20/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	1. Dr. David Peterman Primary Health Pediatric Associates 6348 Emerald St Boise, ID 83704	\$ <u>192.31</u>	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/13/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	2. Dr. Joseph Petersen Orthopedic Surgery Center PO Box 1263 Burley, ID 83318	\$ <u>150.00</u>	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/14/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	3. Dr. Daniel Reed Primary Health Eagle 435 S Eagle Rd Eagle, ID 83616	\$ <u>192.31</u>	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/14/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	4. Dr. Kathleen Romito Primary Health Wellness Center 801 Stilson Rd Boise, ID 83703	\$ <u>192.31</u>	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>6/19/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	5. Dr. Stephen Schutz Digestive Health Clinic, LLC 6259 W Emerald St Boise, ID 83704	\$ <u>150.00</u>	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>6/19/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	6. Dr. Stephen Schutz Digestive Health Clinic, LLC 6259 W Emerald St Boise, ID 83704	\$ <u>200.00</u>	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/28/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	7. Dr. John Logan Shuss St. Luke's General Surgery 660 Shoshone St E #140 Twin Falls, ID 83301	\$ <u>150.00</u>	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>6/19/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	8. Dr. Kent Smith Blue Lakes Gastroenterology, PLLC 141 Morrison St Twin Falls, ID 83301	\$ <u>500.00</u>	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>8/14/08</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	9. Dr. Mark Stolpe Primary Health Broadway 1907 S Broadway Ave #101 Boise, ID 83706	\$ <u>192.31</u>	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total This Page (add columns A, B & C)				\$ <u>0.00</u>

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

Name of Candidate or Committee
Idaho Medical Political Action Committee

		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
<u>07/23/08</u>	1. Dr. D Justin StormoGipson North Idaho Eye Institute, P.A. 1814 Lincoln Way Coeur d Alene, ID 83814	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>8/14/08</u>	2. Dr. Martin Tubach Primary Health Specialist Center 8756 W Emerald St #156 Boise, ID 83704	\$ <u>192.31</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>8/14/08</u>	3. Dr. Colleen Vallad-Hix	\$ <u>192.31</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>8/14/08</u>	4. Dr. Jennifer Vincent Primary Health Eagle 435 S Eagle Rd Eagle, ID 83616	\$ <u>192.31</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>8/28/08</u>	5. Dr. Hamilton Warren-Sutton Warm Springs Counseling Center 740 Warm Sprgs Ave Boise, ID 83712	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>8/14/08</u>	6. Dr. James Wetts Primary Health Meridian 1130 E Fairview Ave Meridian, ID 83642	\$ <u>192.31</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>7/28/08</u>	7. Dr. Robert Welch Drs. Welch, Allan & Hatch 526 H Shoup Ave W Twin Falls, ID 83301	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>8/14/08</u>	8. Dr. Sharon Westbrook Primary Health Wellness Center 801 Stilson Rd Boise, ID 83703	\$ <u>192.31</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>6/19/08</u>	9. Dr. Mark Wigod Mark D. Wigod, M.D., P.A. 3630 E Louise Dr Meridian, ID 83642	\$ <u>150.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Total This Page (add columns A, B & C)				\$ <u>0.00</u>

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Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
08/28/08	1. Dr. Lloyd Witham Orthopaedic Assoc. of Coeur d'Alene 1107 Ironwood Dr Coeur d Alene, ID 83814	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
6/19/08	2. Dr. James Wolf Boise Breast Consultants 341 E Bannock St Boise, ID 83712	\$ 250.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8/28/08	3. Dr. Vicki Wooll Eagle Creek Family Medicine 1281 E Iron Eagle Dr Eagle, ID 83616	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8/14/08	4. Dr. James Yerger Primary Health Overland 8971 W Overland Rd Boise, ID 83709	\$ 192.31	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
/ /	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
/ /	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
/ /	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
/ /	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
/ /	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 0.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 0.00