



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

08 NOV 25 AM 9:33
Rev. 10/07
SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson Primary Care PAC		Office Sought (if candidate)	District (if any)
Mailing Address PO Box 2601	City and Zip Boise, 83701	Home Phone	Work Phone 208-232-7862
Name of Political Treasurer James Schroeder			
Mailing Address PO Box 2601	City and Zip Boise, 83701	Home Phone	Work Phone 208-734-3312

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 10 / 20 / 2008 through 11 / 14 / 2008.

- | | | |
|---|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> October 10 Pre-General Report |
| <input type="checkbox"/> 7 Day Pre-General Report | <input checked="" type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> 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	\$ _____
Line 2: Enter Beginning Cash Balance**	\$ 1,704.43	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 0.00	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 1,704.43	\$ 0.00
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 1,000.00	\$ _____
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 704.43	\$ 0.00
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 Yursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
Phone: (208) 334-2852
Fax: (208) 334-2282

I, James Schroeder, hereby certify that the information in this
Name of Political Treasurer
report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

James Schroeder

Signature of Political Treasurer

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

Name of Candidate or Committee: **Primary Care PAC**

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
10 / 30 / 08	1. McGee for Senate 2607 Aspen Falls Avenue Caldwell, ID 83605	C	\$ 500.00
10 / 30 / 08	2. Cameron For Senate 1101 Ruby Drive Rupert, ID 83350	C	\$ 500.00
___ / ___ / ___	3.		\$ _____
___ / ___ / ___	4.		\$ _____
___ / ___ / ___	5.		\$ _____
___ / ___ / ___	6.		\$ _____
___ / ___ / ___	7.		\$ _____
___ / ___ / ___	8.		\$ _____
___ / ___ / ___	9.		\$ _____
___ / ___ / ___	10.		\$ _____
Total This Page:			\$ 1,000.00

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