



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

C-2  
 Rev. 10/07

08 OCT 27 AM 11:53

SECRET STATE OF IDAHO

**Section I**

|   |  |  |                                     |
|---|--|--|-------------------------------------|
| Name of Candidate or Political Committee and Chairperson<br><b>Idaho Life and Health Political Action Committee</b> |  | Office Sought (if candidate) _____ District (if any) _____ |                                     |
| Mailing Address<br><b>PO Box 7777</b>   | City and Zip<br><b>Meridian 83680-7777</b> | Home Phone<br><b>(208) 853-3555</b>                        | Work Phone<br><b>(208) 475-0913</b> |
| Name of Political Treasurer<br><b>Dennis L. Johnson c/o United Heritage Life Insurance Company</b>                  |  |  |                                     |
| Mailing Address<br><b>PO Box 7777</b>   | City and Zip<br><b>Meridian 83680-7777</b> | Home Phone<br><b>(208) 853-3555</b>                        | Work Phone<br><b>(208) 475-0913</b> |

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 / 01 / 08 through 10 / 19 / 08

- 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<br>This Period | COLUMN II<br>Calendar Year<br>to Date |
|--|-------------------------|---------------------------------------|
| Line 1: Cash on Hand January 1, This Calendar Year*                  | \$ XXXXXX               | \$ 201.60                             |
| Line 2: Enter Beginning Cash Balance**                               | \$ 901.60               | \$ XXXXXX                             |
| Line 3: Total Contributions (Enter amount from line 5, page 2)       | \$ _____                | \$ 13,500.00                          |
| Line 4: Subtotal (Add lines 1, 2 and 3)                              | \$ 901.60               | \$ 13,701.60                          |
| Line 5: Total Expenditures (Enter amount from line 11, page 2)       | \$ _____                | \$ 12,800.00                          |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)      | \$ 901.60               | \$ 901.60                             |
| Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ _____                |                                       |

\*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, Dennis L. Johnson, 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.

Signature of Political Treasurer