



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

08 OCT 27 PM 5:28

Section I

Name of Candidate or Political Committee and Chairperson: Idaho Physical Therapy PAC
Mailing Address: 12788 Smith Ave
City and Zip: Nampa 83651
Home Phone: 463-0538
Work Phone: 489-5950
Name of Political Treasurer: Carmen Schmidt, PT
Mailing Address: 12788 Smith Ave
City and Zip: Nampa 83651
Home Phone: 463-0538
Work Phone: 489-5950

Change of address for: Candidate or Political Committee [ ] Political Treasurer [ ]

Section II

TYPE OF REPORT

This filing is an: [X] Original [ ] Amendment
This report is for the period from 10 / 10 / 08 through 10 / 28 / 08

- [ ] 7 Day Pre-Primary Report [ ] 30 Day Post-Primary Report [ ] October 10 Pre-General Report
[X] 7 Day Pre-General Report [ ] 30 Day Post-General Report [ ] Annual Report
[ ] Semi-Annual Report (Statewide Candidates Only)

Is this a Termination Report: [ ] Yes [X] 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).

Table with 3 columns: Line Item, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt to Date.

\*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, Carmen Schmidt, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Carmen Schmidt, Signature of Political Treasurer

## DETAILED SUMMARY

Name of Candidate or Committee: Idaho Physical Therapy PAC

		Total This Period
<b>Contributions</b>		
①	Unitemized Contributions (\$50 and less) # of Contributors <u>2</u>	+ \$ 100.00
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 900.00
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$ 0.00
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$ 0.00
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$ 1,000.00

<b>Expenditures</b>		
⑥	Unitemized Expenditures (\$25 and less) # of Expenditures <u>1</u>	+ \$ 11.00
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 8,900.00
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$ 0.00
⑨	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$ 0.00
⑩	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$ 0.00
⑪	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$ 8,911.00

<b>Loans, Credit Cards and Debt</b>		
⑫	Outstanding Balance from previous reporting period	+ \$ 0.00
⑬	New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+ \$ 0.00
⑭	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ \$ 0.00
⑮	Subtotal	= \$ 0.00
⑯	Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- \$ 0.00
⑰	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- \$ 0.00
⑱	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$ 0.00

<b>Pledged Contributions</b>		
⑲	Unitemized Pledged Contributions (\$50 and less) # of Pledges <u>0</u>	+ \$ 0.00
⑳	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$ 200.00
㉑	Total Pledged Contributions this period	= \$ 200.00

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

Name of Candidate or Committee: Idaho Physical Therapy PAC

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
10 / 11 / 08 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. Matt Booth 222 Rush Creek Rd Boise, ID 83706	\$ 100.00 \$ 100.00 Calendar Year-To-Date
10 / 14 / 08 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. Derek Stiegemeier 4601 Samara Boise, ID 83703	\$ 100.00 \$ 100.00 Calendar Year-To-Date
10 / 17 / 08 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. Therapeutic Associates, Park Center Clinic 415 E. Parkcenter Blvd, Ste 114 Boise, ID 83706	\$ 500.00 \$ 500.00 Calendar Year-To-Date
10 / 18 / 08 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. Alan Crothers 2388 W. Cogburn St Meridian, ID 83642	\$ 100.00 \$ 100.00 Calendar Year-To-Date
10 / 18 / 08 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. Brenda Fritz 885 Windrow Circle Idaho Falls, ID 83404 <i>unitemized cl</i>	<del>\$ 50.00</del> \$ 50.00 Calendar Year-To-Date
10 / 18 / 08 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. Darin Jernigan 632 S. 10th Ave Pocatello, ID 83201-4806 <i>unitemized cl</i>	<del>\$ 50.00</del> \$ 50.00 Calendar Year-To-Date
10 / 18 / 08 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. Charles Tom Wagner 3228 Meadow Ridge Lane Twin Falls, ID 83301	\$ 100.00 \$ 100.00 Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	8.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	10.	\$ _____ \$ _____ Calendar Year-To-Date
Total This Page:		\$ <del>1,000.00</del> 900.00

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

## SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee: Idaho Physical Therapy PAC

**Purpose Codes**

- |   |  |
|---|--|
| <p><b>A</b> All Travel Expenses (Airfare, Fuel, Lodging &amp; Mileage)</p> <p><b>B</b> Broadcast Advertising (Radio, TV &amp; Internet)</p> <p><b>C</b> Contributions to Candidates &amp; PAC's</p> <p><b>D</b> Donations &amp; Gifts</p> <p><b>E</b> Event Expenses</p> <p><b>F</b> Food &amp; Refreshments</p> <p><b>G</b> General Operational Expenses</p> <p><b>L</b> Literature, Brochures, Printing</p> <p><b>M</b> Management Services</p> | <p><b>N</b> Newspaper &amp; Other Periodical Advertising</p> <p><b>O</b> Other Advertising (Yard Signs, Buttons, etc.)</p> <p><b>P</b> Postage</p> <p><b>S</b> Surveys &amp; Polls</p> <p><b>T</b> Tickets (Events)</p> <p><b>U</b> Utilities</p> <p><b>W</b> Wages, Salaries, Benefits &amp; Bonuses</p> <p><b>Y</b> Petition Circulators</p> <p><b>Z</b> Preparation &amp; Production of Advertising</p> |
|---|--|

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
10 / 12 / 08	1. Joyce Broadsword PO Box 76 Cocolalla, ID 83813	C	\$ 200.00
10 / 12 / 08	2. George Saylor 1102 Ash Ave Coeur d'Alene, ID 83814	C	\$ 200.00
10 / 12 / 08	3. Jim Hammond 4757 Foothill Dr. Coeur d'Alene, ID 83814	C	\$ 200.00
10 / 12 / 08	4. Joe Stegner 216 Prospect Blvd Lewiston, ID 83501	C	\$ 500.00
10 / 12 / 08	5. John Rusche 1405 27th Ave Lewiston, ID 83501	C	\$ 200.00
10 / 12 / 08	6. Ken Roberts PO Box 1177 Donnelly, ID 83615	C	\$ 500.00
10 / 12 / 08	7. Paul Shepherd PO Box 277 Riggins, ID 83549	C	\$ 200.00
10 / 12 / 08	8. Lawrence Denney PO Box 114 Midvale, ID 83645	C	\$ 500.00
10 / 12 / 08	9. John McGee 2607 Aspen Falls Ave Caldwell, ID 83605	C	\$ 200.00
10 / 12 / 08	10. Brad Little PO Box 488 Emmett, ID 83617	C	\$ 500.00
<b>Total This Page:</b>			<b>\$ 3,200.00</b>

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

## SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee: Idaho Physical Therapy PAC

### Purpose Codes

<b>A</b> All Travel Expenses (Airfare, Fuel, Lodging & Mileage) <b>B</b> Broadcast Advertising (Radio, TV & Internet) <b>C</b> Contributions to Candidates & PAC's <b>D</b> Donations & Gifts <b>E</b> Event Expenses <b>F</b> Food & Refreshments <b>G</b> General Operational Expenses <b>L</b> Literature, Brochures, Printing <b>M</b> Management Services	<b>N</b> Newspaper & Other Periodical Advertising <b>O</b> Other Advertising (Yard Signs, Buttons, etc.) <b>P</b> Postage <b>S</b> Surveys & Polls <b>T</b> Tickets (Events) <b>U</b> Utilities <b>W</b> Wages, Salaries, Benefits & Bonuses <b>Y</b> Petition Circulators <b>Z</b> Preparation & Production of Advertising
--	---

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
10 / 12 / 08	1. Mike Moyle 480 N. Plummer <i>Mar, Id 83609</i>	C	\$ 500.00
10 / 12 / 08	2. Lunn Luker 514 El Blanco Dr. Boise, ID 83709	C	\$ 200.00
10 / 12 / 08	3. Elliot Werk 6810 Randolph Dr Boise, ID 83709	C	\$ 200.00
10 / 12 / 08	4. Sue Chew 1304 Lincoln Ave Boise, ID 83706	C	\$ 200.00
10 / 12 / 08	5. Kate Kelly PO Box 654 Boise, ID 83701	C	\$ 200.00
10 / 12 / 08	6. Pete Nielsen 4303 SW Easy Street Mountain Home, ID 83647	C	\$ 200.00
10 / 12 / 08	7. Charles Coiner 528 Ballingrude Dr Twin Falls, ID 83301	C	\$ 200.00
10 / 12 / 08	8. Sharon Block 1093 Lakewood Dr. Twin Falls, ID 83301	C	\$ 500.00
10 / 12 / 08	9. Wendy Jaquet PO Box 783 Ketchum, ID 83340	C	\$ 200.00
10 / 12 / 08	10. Dean Cameron 1101 Ruby Dr Rupert, ID 83350	C	\$ 200.00
<b>Total This Page:</b>			<b>\$ 2,600.00</b>

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

## SCHEDULE B ITEMIZED EXPENDITURES

Page	of
3	4

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

**Name of Candidate or Committee:** Idaho Physical Therapy PAC

**Purpose Codes**

- |   |  |
|---|--|
| <p><b>A</b> All Travel Expenses (Airfare, Fuel, Lodging &amp; Mileage)</p> <p><b>B</b> Broadcast Advertising (Radio, TV &amp; Internet)</p> <p><b>C</b> Contributions to Candidates &amp; PAC's</p> <p><b>D</b> Donations &amp; Gifts</p> <p><b>E</b> Event Expenses</p> <p><b>F</b> Food &amp; Refreshments</p> <p><b>G</b> General Operational Expenses</p> <p><b>L</b> Literature, Brochures, Printing</p> <p><b>M</b> Management Services</p> | <p><b>N</b> Newspaper &amp; Other Periodical Advertising</p> <p><b>O</b> Other Advertising (Yard Signs, Buttons, etc.)</p> <p><b>P</b> Postage</p> <p><b>S</b> Surveys &amp; Polls</p> <p><b>T</b> Tickets (Events)</p> <p><b>U</b> Utilities</p> <p><b>W</b> Wages, Salaries, Benefits &amp; Bonuses</p> <p><b>Y</b> Petition Circulators</p> <p><b>Z</b> Preparation &amp; Production of Advertising</p> |
|---|--|

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
10 / 12 / 08	1. Maxine Bell 194 S 300 E Jerome, ID 83338	C	\$ 200.00
10 / 12 / 08	2. Denton Darrington 302 S Hwy 77 Declo, ID 83323	C	\$ 200.00
10 / 12 / 08	3. Scott Bedke 630 N Center Ave Oakley, ID 83346	C	\$ 500.00
10 / 12 / 08	4. Fred Wood PO Box 1207 Burley, ID 83318	C	\$ 200.00
10 / 12 / 08	5. R. Steven Bair 829 N 2000 W Blackfoot, ID 83221	C	\$ 200.00
10 / 12 / 08	6. Jim Marriott 799 W 200 S Blackfoot, ID 83221	C	\$ 200.00
10 / 12 / 08	7. Diane Bilyeu 11076 N. Philbin Rd Chubbuck, ID 83202	C	\$ 200.00
10 / 12 / 08	8. Robert Geddes 370 Mountain View Ave Soda Springs, ID 83276	C	\$ 500.00
10 / 12 / 08	9. Tom Loertscher 1357 Bone Rd Iona, ID 83427	C	\$ 200.00
10 / 12 / 08	10. Janice McGeachin 6121 N 5th W Idaho Falls, ID 83401	C	\$ 200.00
<b>Total This Page:</b>			<b>\$ 2,600.00</b>

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

## SCHEDULE B ITEMIZED EXPENDITURES

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

**Name of Candidate or Committee: Idaho Physical Therapy PAC**

**Purpose Codes**

- |   |  |
|---|--|
| <b>A</b> All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | <b>N</b> Newspaper & Other Periodical Advertising      |
| <b>B</b> Broadcast Advertising (Radio, TV & Internet)           | <b>O</b> Other Advertising (Yard Signs, Buttons, etc.) |
| <b>C</b> Contributions to Candidates & PAC's                    | <b>P</b> Postage                                       |
| <b>D</b> Donations & Gifts                                      | <b>S</b> Surveys & Polls                               |
| <b>E</b> Event Expenses   | <b>T</b> Tickets (Events)                              |
| <b>F</b> Food & Refreshments                                    | <b>U</b> Utilities                                     |
| <b>G</b> General Operational Expenses                           | <b>W</b> Wages, Salaries, Benefits & Bonuses           |
| <b>L</b> Literature, Brochures, Printing                        | <b>Y</b> Petition Circulators                          |
| <b>M</b> Management Services                                    | <b>Z</b> Preparation & Production of Advertising       |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
10 / 12 / 08	1. Bart Davis 2638 S Bellin Circle Idaho Falls, ID 83402	C	\$ 500.00
	2.		\$ _____
	3.		\$ _____
	4.		\$ _____
	5.		\$ _____
	6.		\$ _____
	7.		\$ _____
	8.		\$ _____
	9.		\$ _____
	10.		\$ _____
<b>Total This Page:</b>			<b>\$ 500.00</b>

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

## SCHEDULE F PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED

Name of Candidate or Committee: Idaho Physical Therapy PAC

Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Pledged For	Date Pledged	Full Name, Mailing Address and Zip Code of Contributor	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	10 / 11 / 08	1. Corey Dupont 415 E Parkcenter Blvd, Ste 114 Boise, ID 83706	100.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	10 / 11 / 08	2. Jennifer Ford 557 Park Street, Apt 6 Lewiston, ID 83501	100.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	/ /	3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	/ /	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	/ /	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	/ /	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	/ /	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	/ /	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	/ /	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	/ /	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	/ /	11.	

Total Amount of Pledged Contributions: \$ 200.00

Transfer the combined total of all Schedule F pages to the Detailed Summary on page 2 line 20.