



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

10 JAN 27 PM 1:31
SECRETARY OF STATE
STATE OF IDAHO

SCANNED

Section I

Name of Candidate or Political Committee and Chairperson IDAHO ASSOC. OF CHIROPRACTIC PHYSICIANS PAC		Office Sought (if candidate)	District (if any)
Mailing Address 13601 W MCMILLAN RD STE 102-331	City and Zip BOISE ID 83713	Home Phone 208-854-0600	Work Phone
Name of Political Treasurer KELI KEPLER			
Mailing Address 13601 W MCMILLAN RD STE 102-331	City and Zip BOISE ID 83713	Home Phone 208-854-0600	Work Phone

Change of address for: Candidate or Political Committee Political Treasurer

Section II

This filing is an: Original Amendment
This report is for the period from 01 / 01 / 2009 through 12 / 31 / 2009.

TYPE OF REPORT

POSTED

- 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 This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Calendar Year*	\$ XXXXXX	\$ 14,765.04
Line 2: Enter Beginning Cash Balance**	14,765.13 \$	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 5,775.00	\$ 5,775.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 20,540.04	\$ 20,540.04
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 11,048.00	\$ 11,048.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	9,492.13 \$	\$ 9,492.04
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

KELI KEPLER DC

Name of Political Treasurer

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

Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee:

		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 5,775.00
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$ 5,775.00

Expenditures		
⑥	Unitemized Expenditures (less than \$25) # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 11,048.00
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$
⑨	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$
⑩	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$
⑪	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$ 11,048.00

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

Pledged Contributions		
⑲	Unitemized Pledged Contributions (\$50 and less) # of Pledges _____	+ \$
⑳	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$
㉑	Total Pledged Contributions this period	= \$ 0.00

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

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Name of Candidate or Committee: **IDAHO ASSOC. OF CHIROPRACTIC PHYSICIANS PAC**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
<input type="checkbox"/> Primary <input type="checkbox"/> General	1. SEE ATTACHED	\$ 5,775.00 \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	2.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	3.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	4.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	5.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	6.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	7.	\$ _____ \$ _____ 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:		\$ 5,775.00

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

6:30 AM

01/14/10

Accrual Basis

**IACP
Find Report
January through December 2009**

Type	Date	Num	Name	Name Address	Debit	Credit	Balance
4-Life Chiropractic							
Sales Receipt	8/28/2009	5009	4-Life Chiropractic	4900 ROSEPOINTWAY STE. B BOISE, ID 83713		25.00	25.00
Invoice	9/1/2009	468	4-Life Chiropractic	4900 ROSEPOINTWAY STE. B BOISE, ID 83713		25.00	50.00
Invoice	10/1/2009	502	4-Life Chiropractic	4900 ROSEPOINTWAY STE. B BOISE, ID 83713		25.00	75.00
Invoice	11/1/2009	563	4-Life Chiropractic	4900 ROSEPOINTWAY STE. B BOISE, ID 83713		25.00	100.00
Invoice	12/1/2009	602	4-Life Chiropractic	4900 ROSEPOINTWAY STE. B BOISE, ID 83713		25.00	125.00
Total 4-Life Chiropractic					0.00	125.00	125.00
BURROW, JOAN							
Invoice	12/1/2009	600	BURROW, JOAN	427 PARK AVE LEWISTON, ID 83501		25.00	25.00
Total BURROW, JOAN					0.00	25.00	25.00
COFFEY, JENNIFER							
Invoice	5/15/2008	328	COFFEY, JENNIFER	134 SOUTH DAISY ST STE. A SALMON, ID 83467		50.00	50.00
Invoice	6/15/2008	384	COFFEY, JENNIFER	134 SOUTH DAISY ST STE. A SALMON, ID 83467		50.00	100.00
Invoice	7/15/2008	409	COFFEY, JENNIFER	134 SOUTH DAISY ST STE. A SALMON, ID 83467		50.00	150.00
Invoice	8/15/2008	454	COFFEY, JENNIFER	134 SOUTH DAISY ST STE. A SALMON, ID 83467		50.00	200.00
Invoice	9/15/2008	489	COFFEY, JENNIFER	134 SOUTH DAISY ST STE. A SALMON, ID 83467		50.00	250.00
Invoice	11/1/2009	562	COFFEY, JENNIFER	134 SOUTH DAISY ST STE. A SALMON, ID 83467		25.00	275.00
Invoice	12/1/2009	604	COFFEY, JENNIFER	134 SOUTH DAISY ST STE. A SALMON, ID 83467		25.00	300.00
Invoice	12/5/2009	800	COFFEY, JENNIFER	134 SOUTH DAISY ST STE. A SALMON, ID 83467		50.00	350.00
Total COFFEY, JENNIFER					0.00	350.00	350.00
Gardner, James							
Sales Receipt	9/14/2009	5011	Gardner, James	1387 Cambridge Drive Ste. 100 Idaho Falls, ID 83401-4257		100.00	100.00
Total Gardner, James					0.00	100.00	100.00
INGWERSEN, LANCE							
Invoice	11/1/2009	653	INGWERSEN, LAN...	104 S DAISY ST SUITE A SALMON, ID 83467		25.00	25.00
Invoice	12/1/2009	613	INGWERSEN, LAN...	104 S DAISY ST SUITE A SALMON, ID 83467		25.00	50.00
Total INGWERSEN, LANCE					0.00	50.00	50.00
KEPLER, KELI							
Invoice	5/15/2009	327	KEPLER, KELI	PO BOX 8052 MOSCOW, ID 83843		10.00	10.00
Invoice	6/15/2009	375	KEPLER, KELI	PO BOX 8052 MOSCOW, ID 83843		10.00	20.00
Invoice	7/15/2009	414	KEPLER, KELI	PO BOX 8052 MOSCOW, ID 83843		10.00	30.00
Invoice	8/15/2009	455	KEPLER, KELI	PO BOX 8052 MOSCOW, ID 83843		10.00	40.00
Invoice	9/15/2009	490	KEPLER, KELI	PO BOX 8052 MOSCOW, ID 83843		10.00	50.00
Invoice	10/15/2009	536	KEPLER, KELI	PO BOX 8052 MOSCOW, ID 83843		10.00	60.00
Invoice	11/15/2009	598	KEPLER, KELI	PO BOX 8052 MOSCOW, ID 83843		10.00	70.00
Invoice	12/15/2009	30000...	KEPLER, KELI	PO BOX 8052 MOSCOW, ID 83843		10.00	80.00
Total KEPLER, KELI					0.00	80.00	80.00
MELLOR, STEPHEN							
Invoice	10/11/2009	545	MELLOR, STEPHEN	64 PROFESSIONAL PLAZA REXBURG, ID 83440		20.00	20.00
Total MELLOR, STEPHEN					0.00	20.00	20.00
Raymer, Ann							
Deposit	7/16/2008		Raymer, Ann	1248 WEST A STREET MOSCOW, ID 83843		5,000.00	5,000.00
Total Raymer, Ann					0.00	5,000.00	5,000.00
SWAYZE, CHARLES							
Invoice	11/23/2009	30000...	SWAYZE, CHARLES	402 W CANFIELD AVE SUITE 3 COEUR D ALENE, ID 83815		25.00	25.00
Total SWAYZE, CHARLES					0.00	25.00	25.00
TOTAL					0.00	5,775.00	5,775.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee: **IDAHO ASSOC. OF CHIROPRACTIC PHYSICIANS 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
9 / 9 / 09	1. SEE ATTACHED	M	\$ 11,048.00
	2.		\$ _____
	3.		\$ _____
	4.		\$ _____
	5.		\$ _____
	6.		\$ _____
	7.		\$ _____
	8.		\$ _____
	9.		\$ _____
	10.		\$ _____
Total This Page:			\$ 11,048.00

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

01/19/10

IACP
Find Report
 January through December 2009

*Purpose
 Code*

Date	Num	Name	Name Address	Account	Debit	Code	Balance
Jan - Dec 09							
12/1/2009	1141	Principle Strategic Advisors	802 W. Bannock St. Ste. 700 Boise, ID 83702	6011 - Public Relations	2,500.00	m	2,500.00
11/1/2009	1133	Principle Strategic Advisors	802 W. Bannock St. Ste. 700 Boise, ID 83702	6011 - Public Relations	2,500.00	m	5,000.00
10/1/2009	1125	Principle Strategic Advisors	802 W. Bannock St. Ste. 700 Boise, ID 83702	6011 - Public Relations	5,000.00	m	10,000.00
9/9/2009	7685	Principle Strategic Advisors	802 W. Bannock St. Ste. 700 Boise, ID 83702	6011 - Public Relations	1,048.00	m	11,048.00
Jan - Dec 09					<u>11,048.00</u>	<u>0.00</u>	<u>11,048.00</u>