



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE
(Please Print or Type)

C-2
Rev. 10/07

10 JAN 22 AM 8:12

Section I

Name of Candidate or Political Committee and Chairperson: Idaho Optometric Physicians PAC - Dr. Robert Sorensen
Mailing Address: 8445 Government Way, Hayden 83835
Home Phone: 762-1275
Work Phone: 772-3208
Name of Political Treasurer: Was the "BASIC" PAC

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 1/1/09 through 12/31/09.

- [ ] 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 [x] 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. Includes entries for Cash on Hand, Contributions, Expenditures, and Ending Cash Balance.

\*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, Dr Robert A. Sorensen, 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 _____ | + | \$ | 0    |
| ② | Itemized Contributions (Total of all Schedule A sheets)                          |                         | + | \$ | 1800 |
| ③ | In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets) |                         | + | \$ | 0    |
| ④ | Loans (Total of all New Loan amounts from Schedule D sheets)                     |                         | + | \$ | 0    |
| ⑤ | Total Contributions (Transfer this figure to page 1, Section IV, Line 3)         |                         | = | \$ | 1800 |

### Expenditures

|   |   |                         |   |    |     |
|---|---|-------------------------|---|----|-----|
| ⑥ | Unitemized Expenditures (less than \$25)  | # of Expenditures _____ | + | \$ | 0   |
| ⑦ | Itemized Expenditures (Total of all Schedule B sheets)                                  |                         | + | \$ | 200 |
| ⑧ | In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)          |                         | + | \$ | 0   |
| ⑨ | Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)            |                         | + | \$ | 0   |
| ⑩ | Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets) |                         | + | \$ | 0   |
| ⑪ | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)                 |                         | = | \$ | 200 |

### Loans, Credit Cards and Debt

|   |   |   |    |    |   |
|---|---|---|----|----|---|
| ⑫ | Outstanding Balance from previous reporting period  | + | \$ | 0  |   |
| ⑬ | New Loans received during this reporting period<br>(Total of all New Loan amounts plus Accrued Interest from Schedule D sheets) | + | \$ | 0  |   |
| ⑭ | New Credit Card and Debt incurred this reporting period<br>(Total of all New Incurred Debt amounts from Schedule E sheets)      | + | \$ | 0  |   |
| ⑮ | Subtotal  | = | \$ | 0  |   |
| ⑯ | Repayments of Loans made during this reporting period<br>(Total of all Loan Repayment amounts from Schedule D sheets)           | - | \$ | 0  |   |
| ⑰ | Repayments of Credit Card and Debt this reporting period<br>(Total of all Debt Repayment amounts from Schedule E sheets)        | - | \$ | 0  |   |
| ⑱ | Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)                          |   | =  | \$ | 0 |

### Pledged Contributions

|   |   |                    |   |    |   |
|---|---|--------------------|---|----|---|
| ⑲ | Unitemized Pledged Contributions (\$50 and less)                            | # of Pledges _____ | + | \$ | 0 |
| ⑳ | Itemized Pledged Contributions this Period (Total of all Schedule F sheets) |                    | + | \$ | 0 |
| ㉑ | Total Pledged Contributions this period                                     |                    | = | \$ | 0 |

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

Name of Candidate or Committee:

| Date Received   | Full Name, Mailing Address and Zip Code of Contributor                             | Cash or Check                         |
|---|--|---------------------------------------|
| 10/28/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 1. Dr. Michael S. Mills<br>15618 Montrose Way<br>Caldwell, Id 83607                | \$ 100<br>\$<br>Calendar Year-To-Date |
| 10/28/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 2. Dr. Raymond Greene<br>850 Ironwood Dr. Ste. 104<br>Coeur d'Alene, Id 83814      | \$ 100<br>\$<br>Calendar Year-To-Date |
| 10/29/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 3. Dr. George Paris<br>1205 East 6th St<br>Moscow, Id 83843                        | \$ 100<br>\$<br>Calendar Year-To-Date |
| 11/10/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 4. Larry Benton<br>1216 Torrey Lane<br>Nampa, Id 83686                             | \$ 500<br>\$<br>Calendar Year-To-Date |
| 11/10/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 5. Dr. Randy Lee<br>720 N. Raymond St.<br>Boise, Id 83704                          | \$ 100<br>\$<br>Calendar Year-To-Date |
| 11/10/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 6. Dr. Jared P. Walker<br>PO Box 5048<br>Twin Falls, Id 83302                      | \$ 100<br>\$<br>Calendar Year-To-Date |
| 11/10/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 7. Dr. Sarah Marossy<br>2525 E. Seltice Way<br>Post Falls, Id 83854                | \$ 100<br>\$<br>Calendar Year-To-Date |
| 11/10/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 8. Dr. Robert D. Maguire<br>704 College Ave<br>St. Maries, Id 83861                | \$ 100<br>\$<br>Calendar Year-To-Date |
| 11/10/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 9. Dr. Daren Itaten<br>49 East 1st South<br>Rexburg, Id 83440                      | \$ 100<br>\$<br>Calendar Year-To-Date |
| 11/16/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 10. Dr. Wayne Ellenbecker<br>2140 Rivestone Dr. Ste 101<br>Coeur d'Alene, Id 83814 | \$ 100<br>\$<br>Calendar Year-To-Date |
| Total This Page:  |  | \$ 1400                               |

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

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

Name of Candidate or Committee:

| Date Received   | Full Name, Mailing Address and Zip Code of Contributor                            | Cash or Check                                 |
|---|---|---|
| 11/16/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 1. Dr. Cindy Ellenbecker<br>2140 Riverstone Dr Ste 101<br>Coeur d'Alene, Id 83814 | \$ 100<br>\$ _____<br>Calendar Year-To-Date   |
| 11/16/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 2. Dr. Paul E. Koch<br>476444 Hwy 95 North<br>Ponderay, Id 83852                  | \$ 100<br>\$ _____<br>Calendar Year-To-Date   |
| 12/31/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 3. Dr. Dick L. Vester<br>425 Pine St Ste 100<br>Wallace, Id 83873                 | \$ 100<br>\$ _____<br>Calendar Year-To-Date   |
| 12/31/9<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 4. Dr Robert Sorenson<br>8145 Government Way<br>Hayden, Id 83835                  | \$ 100<br>\$ _____<br>Calendar Year-To-Date   |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General     | 5.  | \$ _____<br>\$ _____<br>Calendar Year-To-Date |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General     | 6.  | \$ _____<br>\$ _____<br>Calendar Year-To-Date |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General     | 7.  | \$ _____<br>\$ _____<br>Calendar Year-To-Date |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General     | 8.  | \$ _____<br>\$ _____<br>Calendar Year-To-Date |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General     | 9.  | \$ _____<br>\$ _____<br>Calendar Year-To-Date |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General     | 10.   | \$ _____<br>\$ _____<br>Calendar Year-To-Date |
| Total This Page:  |   | \$ 400  |

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:

**Purpose Codes**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><b>A</b> All Travel Expenses (Airfare, Fuel, Lodging &amp; Mileage)</li> <li><b>B</b> Broadcast Advertising (Radio, TV &amp; Internet)</li> <li><b>C</b> Contributions to Candidates &amp; PAC's</li> <li><b>D</b> Donations &amp; Gifts</li> <li><b>E</b> Event Expenses</li> <li><b>F</b> Food &amp; Refreshments</li> <li><b>G</b> General Operational Expenses</li> <li><b>L</b> Literature, Brochures, Printing</li> <li><b>M</b> Management Services</li> </ul> | <ul style="list-style-type: none"> <li><b>N</b> Newspaper &amp; Other Periodical Advertising</li> <li><b>O</b> Other Advertising (Yard Signs, Buttons, etc.)</li> <li><b>P</b> Postage</li> <li><b>S</b> Surveys &amp; Polls</li> <li><b>T</b> Tickets (Events)</li> <li><b>U</b> Utilities</li> <li><b>W</b> Wages, Salaries, Benefits &amp; Bonuses</li> <li><b>Y</b> Petition Circulators</li> <li><b>Z</b> Preparation &amp; Production of Advertising</li> </ul> |
|--|---|

| Date Spent              | Full Name, Mailing Address and Zip Code of Recipient   | Purpose Code | Cash or Check |
|-------------------------|--|--------------|---------------|
| 12/26/19                | 1. Rep. Nerdy Jaquet<br>PO Box 783<br>Kermit, TX 78340 | C            | \$ 200        |
| / /                     | 2.   |              | \$            |
| / /                     | 3.   |              | \$            |
| / /                     | 4.   |              | \$            |
| / /                     | 5.   |              | \$            |
| / /                     | 6.   |              | \$            |
| / /                     | 7.   |              | \$            |
| / /                     | 8.   |              | \$            |
| / /                     | 9.   |              | \$            |
| / /                     | 10.  |              | \$            |
| <b>Total This Page:</b> |  |              | <b>\$ 200</b> |

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