

SCANNED



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

11 FEB -7 PM 4:58

SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson Idaho Association of Chiropractic Physicians		Office Sought (if candidate)	District (if any)
Mailing Address 13601 W McMillian Rd; Ste# 102-331	City and Zip Boise ID 83713	Home Phone	Work Phone 208-854-0600
Name of Political Treasurer Dr. Charles Swayze			
Mailing Address 402 W Canfield Ave., Ste 3	City and Zip Coeur D'Alene 83814	Home Phone	Work Phone 208-762-9000

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 01/11/2010 through 12/31/2010.

- 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

POSTED

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 <i>1/13/10 - 12/31/10</i>	COLUMN II Calendar Year to Date <i>2010</i>
Line 1: Cash on Hand January 1, This Calendar Year*	\$ XXXXXX	\$ 9,492.04 <i>9492.13</i>
Line 2: Enter Beginning Cash Balance**	\$ 4,022.04	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2): <i>1370.00</i>	\$ 718.00	\$ 9,490.00 <i>10149.91</i>
Line 4: Subtotal (Add lines 1, 2 and 3) <i>5392.04</i>	\$ 4,732.04	\$ 18,982.04 <i>19642.01</i>
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 375.00	\$ 14,625.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4) <i>5017.04</i>	\$ 4,357.04	\$ 4,357.04 <i>5017.04</i>
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 Ysursa
Secretary of State
PO Box 83720
Boise ID 83720-0880
Phone: (208) 334-2852
Fax: (208) 334-2882

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

Charles Swayze
Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: **Idaho Association of Chiropractic Physicians**

		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$
②	Itemized Contributions (Total of all Schedule A sheets) 1370.00	+ \$ 9,480.00
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) 1370.00	= \$ 9,480.00

Expenditures		
⑥	Unitemized Expenditures (less than \$25) # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets) 375.00	+ \$ 14,625.00
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) 375.00	= \$ 14,625.00

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

Page of

Name of Candidate or Committee: Idaho Association of Chiropractic Physicians		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
	1. See Attached	\$ 1370.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 9,490.00 Calendar Year-To-Date
	2.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ \$ _____ Calendar Year-To-Date
	3.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ \$ _____ Calendar Year-To-Date
	4.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ \$ _____ Calendar Year-To-Date
	5.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ \$ _____ Calendar Year-To-Date
	6.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ \$ _____ Calendar Year-To-Date
	7.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ \$ _____ Calendar Year-To-Date
	8.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ \$ _____ Calendar Year-To-Date
	9.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ \$ _____ Calendar Year-To-Date
	10.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ \$ _____ Calendar Year-To-Date
Total This Page:		\$ 0.00

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

IACP

Account QuickReport

November 13 - December 31, 2010

1:52 PM
03/29/11

Accrual Basis

Date	Name	Name Street1	Name Street2	Name City	Name State	Name Zip	Paid	Amount
2900 - Donations to PAC								
11/15/2010	WEST, JASON	1188 CALL CREEK DRIVE		POCATELLO	ID	83201	Paid	200.00
11/13/2010	JAROLIMEK, JOEL	PO BOX 10044		KETCHUM	ID	83340	Paid	120.00
12/1/2010	ADEPOJU-SIRUCEK, JILL	844 N WASHINGTON	SUITE 400	TWIN FALLS	ID	83301	Paid	10.00
12/1/2010	AUBUCHON, SUSAN	3316 1/2 4TH STREET	SITE 4A	LEWISTON	ID	83501	Paid	25.00
12/1/2010	BETZ, JOSEPH	3040 N FIVE MILE RD	SUITE C	Boise	ID	83713	Paid	25.00
12/1/2010	BURROW, JOAN	427 PARK AVE		LEWISTON	ID	83501	Paid	25.00
12/1/2010	COFFEY, JENNIFER	104 SOUTH DAISY ST		SALMON	ID	83467	Paid	25.00
12/1/2010	GRUM, ERIC	3947 N BLUE WING PL	SITE A	BOISE	ID	83467	Paid	25.00
12/1/2010	GRAY, JON	2181 E CELIA CT		EAGLE	ID	83714	Paid	25.00
12/1/2010	HARPER, DENNIS	10620 HIGHWAY 12		OROFINO	ID	83616	Paid	25.00
12/1/2010	HARUG, ROBERT	102 S WASHINGTON		MOSCOW	ID	83544	Paid	25.00
12/1/2010	HENDERSON, SPENCER	826 BLUE LAKES BLVD N		TWIN FALLS	ID	83843	Paid	25.00
12/1/2010	INGWERTSEN, LANCE	104 S DAISY ST	SUITE A	MOSCOW	ID	83301	Paid	25.00
12/1/2010	KEPLER, KELI	PO BOX 8052		SALMON	ID	83467	Paid	25.00
12/1/2010	KRANZ, JAMES	910 N CURTIS		MOSCOW	ID	83843	Paid	10.00
12/1/2010	LEWIS, KASEY	4900 ROSEPOINTWAY	#C 305	BOISE	ID	83706	Paid	25.00
12/1/2010	NIELSON, CHAD	260 FALLS AVE.	SITE B	BOISE	ID	83713	Paid	25.00
12/1/2010	NORRIS, TROY	6013 W OVERLAND RD	SITE D	TWIN FALLS	ID	83301	Paid	25.00
12/1/2010	OWENS, DAVID	2007 N WHITLEY DR	SITE 101	BOISE	ID	83709	Paid	50.00
12/1/2010	RICKS, JAMIE	2031 E HOSPITALITY LANE	SITE 150	FRUITLAND	ID	83619	Paid	30.00
12/1/2010	SMITH, ALAN R	57 E MAIN ST		BOISE	ID	83716	Paid	25.00
12/1/2010	SWAYZE, CHARLES	402 W CAMPFIELD AVE	SUITE 3	REXBURG	ID	83440	Paid	25.00
12/1/2010	TORRES, ROCK	5983 W, State Street, Ste. C		COEUR D'ALENE	ID	83815	Paid	25.00
12/1/2010	WAITE, ALAN	54 WEST COURT ST		Boise	ID	83703	Paid	10.00
12/1/2010	WEST, THOMAS	PO BOX 3933		WEISER	ID	83672	Paid	25.00
12/6/2010	LIVINGSTON, MARK	782 S WOODRUFF AVE		KETCHUM	ID	83340	Paid	50.00
12/1/2010	KLENA, TIMOTHY	403 S 11TH ST	SUITE 110	IDAHO FALLS	ID	83401	Paid	240.00
12/1/2010	WEST, JASON	1188 CALL CREEK DRIVE		BOISE	ID	83702	Paid	25.00
11/15/2010	KIDDER, ANDREW	3211 N MILWAUKEE STREET		POCATELLO	ID	83201	Paid	200.00
Total 2900 - Donations to PAC								
							Unpaid	<i>Pledged</i>
								1,670.00
								1,670.00

TOTAL

**SCHEDULE B
ITEMIZED EXPENDITURES**

Page of

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

Name of Candidate or Committee: **Idaho Association of Chiropractic Physicians**

Purpose Codes

- | | |
|---|--|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N Newspaper & Other Periodical Advertising |
| B Broadcast Advertising (Radio, TV & Internet) | D 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
12 / 1 / 10	1. Principle Strategic Advisors 802 W Bannock St. Boise, ID 83702	M	\$ 375.00
	2.		\$
	3.		\$
	4.		\$
	5.		\$
	6.		\$
	7.		\$
	8.		\$
	9.		\$
	10.		\$
Total This Page:			\$ 375.00

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

Page of

Name of Candidate or Committee: **Idaho Association of Chiropractic Physicians**

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	/ /	1. See Attached	975.00 300.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	/ /	2.	
<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: \$ 975.00

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