



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE
(Please Print or Type)

C-2
Rev 10/07

10 DEC -2 AM 9:35

SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson Idaho Dental Political Action Committee		Office Sought (if candidate) n/a	Ballot (if any) n/a
Mailing Address 1220 W. Hays Street	City and Zip Boise 83702	Home Phone n/a	Work Phone (208)343-7543
Name of Political Treasurer R. Quinn Dufurrena, DDS, JD			
Mailing Address 1220 W. Hays Street	City and Zip Boise 83702	Home Phone (208)286-1427	Work Phone (208)343-7543

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 / 18 / 2010 through 11 / 12 / 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

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	\$ 13,424.10
Line 2: Enter Beginning Cash Balance**	\$ 28,086.49	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 750.00	\$ 58,305.99
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 28,836.49	\$ 71,730.09
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 1,000.00	\$ 43,893.60
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 27,836.49	\$ 27,836.49
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 Ysursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
Phone: (208) 334-2852
Fax: (208) 334-2282

I, R. Quinn Dufurrena, DDS, JD, 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: Idaho Dental Political Action Committee

		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$ 0.00
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 750.00
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)	= \$ 750.00

Expenditures		
⑥	Unitemized Expenditures (less than \$25) # of Expenditures _____	+ \$ 0.00
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 1,000.00
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)	= \$ 1,000.00

Loans, Credit Cards and Debt		
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

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

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

Name of Candidate or Committee. Idaho Dental Political Action Committee		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
10 / 26 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Dr. Ronald Miller 843 Reed Street American Falls, ID 83211	\$ 100.00 \$ 100.00 Calendar Year-To-Date
11 / 04 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. Dr. Michael McHugh 1246 Yellowstone Ave, Ste D3 Pocatello, ID 83201	\$ 150.00 \$ 150.00 Calendar Year-To-Date
10 / 21 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. Dr. Shawn Jepsen PO Box 6033 Pocatello, ID 83201	\$ 100.00 \$ 100.00 Calendar Year-To-Date
10 / 21 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. Dr. Byron Kelley 35 S. State St., Ste B Preston, ID 83263	\$ 100.00 \$ 350.00 Calendar Year-To-Date
10 / 21 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. Dr. Darron Kelley 35 S. State St., Ste B Preston, ID 83263	\$ 100.00 \$ 350.00 Calendar Year-To-Date
10 / 28 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. Dr. Jeffrey McMinn 2980 Owyhee Street Pocatello, ID 83201	\$ 100.00 \$ 350.00 Calendar Year-To-Date
10 / 26 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. Dr. Eric Johnson 625 E. Alameda Road Pocatello, ID 83201	\$ 100.00 \$ 400.00 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:		\$ 750.00

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 Dental Political Action Committee**

Purpose Codes

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

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
10 / 21 / 10	1. Allred for Idaho PO Box 768 Boise, ID 83701	C	\$ 1,000.00
/ /	2.		\$ _____
/ /	3.		\$ _____
/ /	4.		\$ _____
/ /	5.		\$ _____
/ /	6.		\$ _____
/ /	7.		\$ _____
/ /	8.		\$ _____
/ /	9.		\$ _____
/ /	10.		\$ _____
Total This Page:			\$ 1,000.00

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