



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

C-2  
Rev. 10/07

SCANNED

10 DEC -2 AM 11:23

Section I

Name of Candidate or Political Committee and Chairperson <b>Id Optometric Physicians PAC</b>		Office Sought (if candidate) <b>SECRETARY OF STATE</b>	District (if any)
Mailing Address <b>8445 N. Government Way Hayden 83835</b>		Home Phone <b>STATE OF IDAHO</b>	Work Phone <b>772-3208</b>
Name of Political Treasurer <b>Dr. Sorensen</b>			
Mailing Address <b>same.</b>		Home Phone	Work Phone

Change of address for: Candidate or Political Committee  Political Treasurer

Section II

This filing is an:  Original  Amendment

TYPE OF REPORT

POSTED

This report is for the period from \_\_\_\_\_ through \_\_\_\_\_

- 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	\$ 8447.96
Line 2: Enter Beginning Cash Balance**	6,412.96 \$ 5,612.96	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 2,435.00	\$ 3,815
Line 4: Subtotal (Add lines 1, 2 and 3)	8,762.96 \$ 7,962.96	\$ 12,262.96
Line 5: Total Expenditures (Enter amount from line 11, page 2)	100.00 \$ <del>2</del>	\$ <del>3,000</del> 3600.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	8,762.96 \$ 7,962.96	\$ 8,762.96 8662.96
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	8662.96 \$ <del>0</del>	

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

Robert M. Sorensen  
Signature of Political Treasurer

### DETAILED SUMMARY

Name of Candidate or Committee: \_\_\_\_\_

		Total This Period
<b>Contributions</b>		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$ 0
②	Itemized Contributions (Total of all Schedule A sheets) 23	+ \$ 2,350
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	<b>Total Contributions</b> (Transfer this figure to page 1, Section IV, Line 3)	<b>= \$ 2,350</b>

<b>Expenditures</b>		
⑥	Unitemized Expenditures (less than \$25) # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 100.00
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	<b>Total Expenditures</b> (Transfer this figure to page 1, Section IV, Line 5)	<b>= \$ <del>0</del> 100.00</b>

<b>Loans, Credit Cards and Debt</b>		
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	= \$
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	<b>Total Outstanding Balance at close of this period</b> (Transfer this figure to page 1, Section IV, Line 7)	<b>= \$ 0</b>

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

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

Name of Candidate or Committee: Id Optometric Physicians PAC

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Code of Contributor	Cash or Check
<u>11/19/10</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Dr. Mike Flandro P.O. Box 207 Pocatello, ID 83204		\$ <u>100</u> \$ <u>100</u> Calendar Year-To-Date
<u>11/19/10</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. Dr. Todd Winbiger 939 W. Beacon Street Boise ID 83706		\$ <u>100</u> \$ <u>100</u> Calendar Year-To-Date
<u>11/19/10</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. Dr. Rodney White 901 12th Ave South Nampa ID 83651		\$ <u>100</u> \$ <u>100</u> Calendar Year-To-Date
<u>11/19/10</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. Dr. Dan Gern 101 W. Ironwood Drive Coeur d'Alene ID 83814	Ste. #181	\$ <u>100</u> \$ <u>100</u> Calendar Year-To-Date
<u>11/19/10</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. Dr. Todd Slusser 714 G. Street Rupert ID 83350		\$ <u>100</u> \$ <u>100</u> Calendar Year-To-Date
<u>11/19/10</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. Dr. Will Fagan 1801 N. 3rd Street Coeur d'Alene ID 83814		\$ <u>100</u> \$ <u>100</u> Calendar Year-To-Date
<u>11/19/10</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. Dr. Tom Hammond 5670 Gage Street Boise ID 83706		\$ <u>100</u> \$ <u>100</u> Calendar Year-To-Date
<u>11/19/10</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8. Dr. Micah Mills 1702 South Kimball Caldwell ID 83605		\$ <u>100</u> \$ <u>100</u> Calendar Year-To-Date
<u>11/19/10</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9. Dr. Aaron Warner 408 S. Eagle Road, Ste. #100 Eagle ID 83616		\$ <u>100</u> \$ <u>100</u> Calendar Year-To-Date
<u>11/19/10</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10. Dr. Randy Andregg 11368 Hickory Hill Court Boise ID 83713		\$ <u>100</u> \$ <u>100</u> Calendar Year-To-Date
Total This Page:			\$ <u>1,000.00</u>

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

Page	of
2	3

Name of Candidate or Committee:		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Dr. Shawn Sorenson 408 S. Eagle Road, Ste # 100 Eagle ID 83616	\$ 100 \$ 100 Calendar Year-To-Date
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. Dr. Todd Birch 3351 Merlin Drive IDAHO FALLS ID 83404	\$ 150 \$ 150 Calendar Year-To-Date
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. Dr. Lavar Katoed 291 N. Milwaukee Boise ID 83704	\$ 100 \$ 100 Calendar Year-To-Date
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. Dr. Sarah Marossy 185 W. 4th Ave, Ste. # A Post Falls ID 83854	\$ 100 \$ 100 Calendar Year-To-Date
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. Dr. Wayne Ellenbecker 2140 Riverstone Drive, Ste. #101 Coeur d'Alene, ID 83814	\$ 100 \$ 100 Calendar Year-To-Date
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. Dr. Cindy Ellenbecker 2140 Riverstone Drive, Ste. #101 Coeur d'Alene, ID 83814	\$ 100 \$ 100 Calendar Year-To-Date
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. Dr. Nathan Price 855 W. 16th South Mountain Home ID 83647	\$ 100 \$ 100 Calendar Year-To-Date
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8. Dr. James Dean 343 West Iowa Ave. Nampa, ID 83686	\$ 100 \$ 100 Calendar Year-To-Date
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9. Dr. Jeff Schwes 440 E. State St. #140 Eagle ID 83616	\$ 100 \$ 100 Calendar Year-To-Date
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10. Dr. Dan Tiller 901 12th Ave. South Nampa ID 83651	\$ 100 \$ 100 Calendar Year-To-Date
Total This Page:		\$ 1050.00

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
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Dr. Steve Snapp 14 E. Croy Hailey ID 83333	\$ 100 \$ 100 Calendar Year-To-Date
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. Dr. Bob Grill 644 Shoshone St. E. Twin Falls, ID 83301	\$ 100 \$ 100 Calendar Year-To-Date
11/19/10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. Dr. Jim Davis 2025 East 17 <sup>th</sup> St. Idaho Falls ID 83404	\$ 100 \$ 100 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: \$ 300.00

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 Optometric Physicians 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
11 / 1 / 10	1. John Rusche 1405 27th Ave Lewiston, ID 83501	C	\$ 100.00
/ /	2.		\$ _____
/ /	3.		\$ _____
/ /	4.		\$ _____
/ /	5.		\$ _____
/ /	6.		\$ _____
/ /	7.		\$ _____
/ /	8.		\$ _____
/ /	9.		\$ _____
/ /	10.		\$ _____
<b>Total This Page:</b>			<b>\$ 100.00</b>

Rm Pt  
7/24/11