



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

2012 OCT -5 AM 9:03-2  
Rev. 5/11

SECRETARY OF STATE  
STATE OF IDAHO

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Idaho Physical Therapy PAE</b>		Office Sought (if candidate) <b>NA</b>	District (if any) <b>NA</b>
Mailing Address <b>12788 Smith Ave</b>	City and Zip <b>Nampa, 83651</b>	Home Phone <b>463-0538</b>	Work Phone <b>489-5950</b>
Name of Political Treasurer <b>Carmen Schmidt</b>			
Mailing Address <b>12788 Smith Ave</b>	City and Zip <b>Nampa, 83651</b>	Home Phone <b>463-0538</b>	Work Phone <b>489-5950</b>

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 5 / 26 / 2012 through 9 / 30 / 2012.

- 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	\$ 572.41
Line 2: Enter Beginning Cash Balance**	\$ 572.41	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 0.00	\$ 0.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 572.41	\$ 572.41
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 100.00	\$ 100.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 472.41	\$ 472.41
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

I, Carmen Schmidt, hereby certify that the information in this  
Name of Political Treasurer

report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Carmen Schmidt  
Signature of Political Treasurer

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee: **Idaho Physical Therapy 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
5 30 201: / /	1. Tom Howell 3313 W. Cherry Ln #224 Meridian, ID 83642	C	100.00 \$ _____
/ /	2.		\$ _____
/ /	3.		\$ _____
/ /	4.		\$ _____
/ /	5.		\$ _____
/ /	6.		\$ _____
/ /	7.		\$ _____
/ /	8.		\$ _____
/ /	9.		\$ _____
/ /	10.		\$ _____
<b>Total This Page:</b>			<b>\$ 100.00</b>

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

Tom Howell for Commissioner  
3313 W. Cherry Lane # 224  
Meridian, ID 83642

IDAHO PHYSICAL THERAPY  
POLITICAL ACTION COMMITTEE  
12788 SMITH AVE  
NAMPA, ID 83651-8100

92-372/1231

1001

DATE May 30, 2012

PAY TO THE  
ORDER OF

Howell for Commissioner

\$ 100.00

One hundred and 00/100

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Cameron M. Schmidt

MEMO \_\_\_\_\_

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