## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type) C-2 Rev. 10/07

13 JAN 17 PH 3: 24

| Section I  |  |   | -OLL LAND UT STATE                    |
|--|--|---|---------------------------------------|
| Name of Candidate or Political Committee and Chairperson<br>Idaho Dental Political Action Comm   | ittes  | Office Sought (if candid                      | ete) STATE (Piatric () any)           |
| Meiling Address  | City and Zip   | Home Phone                                    | Work Phone                            |
| 1220 W. Hays Street  | Boise 83702  | NA  | 208-343-7543                          |
| Name of Political Treasurer Tami Chafin  |  |   | _                                     |
| Malling Address  | City and Zip   | Home Phone                                    | Work Phone                            |
| 1220 W. Hays Street  | Boise 83702  | NA  | 208-343-7543                          |
| Change of address for: Candidate or Political C  | ommittee Political T   | reasurer                                      |                                       |
|  | TYPE OF REPORT   | 14.0  |                                       |
| This report is for the period from 04 / 30 / 20  | 12 through 05 / 25 / 20  | <u>, , , , , , , , , , , , , , , , , , , </u> |                                       |
| 7 Day Pre-Primary Report   | 30 Day Post-Primary Repo   |   | er 10 Pre-General Report              |
| 7 Day Pre-General Report   | 30 Day Post-General Repo   | rt Annual                                     | Report                                |
| Semi-Annual Report (Statewide Candidates Is this a Termination Report: Yes   | Only) No   |   |                                       |
| Directions: If you had no contributions or expenditur  | NT OF NO CONTRIBUTIONS Cres during this reporting period, to appropriate "Calendar Year to | check the box next to the sta                 | tement below and sign this report.    |
| I hereby certify that I have received  | no contributions and have made   | e no expenditures during this                 | reporting period.                     |
| Section IV   | SUMMARY  |   |                                       |
| To reach your Calendar Year to Date figure: Add this figures to the Column II figures of your previous repor   | report's Column I<br>t (except on line 6).   | COLUMN I<br>This Period                       | COLUMN II<br>Calendar Year<br>to Date |
| Line 1: Cash on Hand January 1, This Calendar Year   | •  | \$ XXXXXX                                     | \$ <u>30,645.68</u>                   |
| Line 2: Enter Beginning Cash Balance**   |  | \$7,161.90                                    | \$XXXXXX                              |
| Line 3: Total Contributions (Enter amount from line 5,   | page 2)  | \$211.11                                      | \$ 34,656.91                          |
| Line 4: Subtotal (Add lines 1, 2 and 3)  |  | <sub>\$7,373.01</sub>                         | \$65,302.59                           |
| Line 5; Total Expenditures (Enter amount from line 11  | , page 2)  | \$27.36                                       | \$ <u>57,956.94</u>                   |
| Line 6: Enter Ending Cash Balance (Subtract line 5 fro   | om line 4)   | \$ <u>7,345.65</u>                            | \$7,345.65                            |
| 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 re **This is the figure on line 6 of the last Campaign Fina Note: The closing cash balance for the current report | incial Disclosure Report filed. If   |   |                                       |
| Section V  |  |   |                                       |
| Return This Report To:<br>Ben Ysursa   | Tami Chafin  | harahu aartifi fi                             | hat the information in this           |
| Secretary of State PO Box 83720  | Name of Political Treasurer  | , nereby certily ti                           | nature iniviniauvit in unb            |
|  | true, complete and correct Camp  | paign Financial Disclosure R                  | eport as required by law.             |
| Phone: (208) 334-2852<br>Fax: (208) 334-2282   |  | Tami Ch                                       |                                       |
| h  |  | Signature of Political Treas                  | under                                 |
|  | Page 1   | anginatoro or r citabar 17000                 | 7                                     |

# **DETAILED SUMMARY**

Name of Candidate or Committee: Idaho Dental Political Action Committee

|     |  |                                |    | Total This Period |
|-----|--|--------------------------------|----|-------------------|
| 1   | Contributions  |                                |    |                   |
| 1   | Unitemized Contributions (\$50 and less)                   | # of Contributors1             | ļ+ | \$ 1.11           |
| 2   | Itemized Contributions (Total of all Schedule A sl         | neets)                         | +  | \$ 210.00         |
| 3   | In-Kind Contributions (Total of all Contribution an        | nounts from Schedule C sheets) | +  | \$ 0.00           |
| 4   | Loans (Total of all New Loan amounts from Sche             | edule D sheets)                | +  | \$ 0.00           |
| (5) | Total Contributions (Transfer this figure to page 1, Secti | ion IV, Line 3)                | =  | \$ 211.11         |

|     | Expenditures  |   |             |
|-----|---|---|-------------|
| 6   | Unitemized Expenditures (less than \$25) # of Expenditures0                             | + | \$<br>0.00  |
| 7   | Itemized Expenditures (Total of all Schedule B sheets)                                  | + | \$<br>27.36 |
| (8) | In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)          | + | \$<br>0.00  |
| 9   | Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)            | + | \$<br>0.00  |
| 10  | Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets) | + | \$<br>0.00  |
| 11  | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)                 | = | \$<br>27.36 |

|      | Loans, Credit Cards and Debt  |   |            |
|------|---|---|------------|
| 12   | Outstanding Balance from previous reporting period  | + | \$<br>0.00 |
| 13)  | New Loans received during this reporting period<br>(Total of all New Loan amounts plus Accrued Interest from Schedule D sheets) | + | \$<br>0.00 |
| 14)  | New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)         | + | \$<br>0.00 |
| (15) | Subtotal  | = | \$<br>0.00 |
| 16)  | Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)              | - | \$<br>0.00 |
| 17)  | Repayments of Credit Card and Debt this reporting period<br>(Total of all Debt Repayment amounts from Schedule E sheets)        | - | \$<br>0.00 |
| 18)  | Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)                          | F | \$<br>0.00 |

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

### Schedule A Itemized Contributions of more than Flfty Dollars (\$50.00) this period

| Name of Candidate or Committee: IDAHO DENTAL POLITICAL ACTION COMMITTEE |            |             |         |          |                  |            |       |          |  |  |
|---|------------|-------------|---------|----------|------------------|------------|-------|----------|--|--|
|   |            |             | Amount  |          |                  |            |       |          |  |  |
| Date  | First Name | Last Name   | Paid    | YTD Paid | Address          | City       | State | Zip Code |  |  |
|   |            |             |         |          | 7235 W Emerald   |            |       | 83704-   |  |  |
| 5/25/2012   | Duston     | Connaughton | \$25.00 | \$275.00 | St Ste B         | Boise      | 1D    | 8600     |  |  |
|   |            |             |         |          | 1322 W Kathleen  | Coeur D    |       | 83815-   |  |  |
| 5/25/2012   | Kent       | McVey       | \$42.00 | \$210.00 | Ave Ste 1        | Alene      | ID    | 7365     |  |  |
|   |            |             |         |          |                  |            |       | 83605-   |  |  |
| 5/25/2012   | Spencer    | Lloyd       | \$84.00 | \$420.00 | 405 E Elm St     | Caldwell   | ΙD    | 4847     |  |  |
|   |            |             |         |          | 1717 Lincoln Way | Coeur D    |       | 83814-   |  |  |
| 5/25/2012   | Thomas     | Smart       | \$42.00 | \$168.00 | Ste 204          | Alene      | ID    | 2556     |  |  |
|   |            |             |         |          | 609 N Calgary Ct |            | i i   | 83854-   |  |  |
| 5/25/2012   | Zachary    | Brumbach    | \$17.00 | \$85.00  | Ste 104          | Post Falls | ID    | 4906     |  |  |

Total \$210.00

# SCHEDULE B ITEMIZED EXPENDITURES

Page of 1

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

| Name o | of Candidate or Committee: Idaho Dental Politic        | cal A | Action Committee                              |  |
|--------|--|-------|---|--|
| Purpo  | se Codes   |       |   |  |
| Α      | All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | Ń     | Newspaper & Other Periodical Advertising      |  |
| В      | Broadcast Advertising (Radio, TV & Internet)           | 0     | Other Advertising (Yard Signs, Buttons, etc.) |  |
| С      | Contributions to Candidates & PAC's                    | Ρ     | Postage                                       |  |
| D      | Donations & Gifts                                      | 8     | Surveys & Polls                               |  |
| E      | Event Expenses   | τ     | Tickets (Events)                              |  |
| F      | Food & Refreshments                                    | U     | Utilities                                     |  |
| G      | General Operational Expenses                           | W     | Wages, Salaries, Benefits & Bonuses           |  |
| L      | Literature, Brochures, Printing                        | Υ     | Petition Circulators                          |  |
| M      | Management Services                                    | Z     | Preparation & Production of Advertising       |  |

| M Manager    |  |                  |               |
|--------------|--|------------------|---------------|
| Date Spent   | Full Name, Mailing Address and Zip Code of Recipient | Purpose Code     | Cash or Check |
|              | 1. Elavon (CC Processing)                            |                  |               |
|              | One Concourse Parkway Ste 300                        | G                |               |
| 05 / 01 / 12 | Atlanta, GA 30328                                    |                  | \$_27.36      |
|              | 2.   |                  |               |
|              |  |                  |               |
|              |  |                  | \$            |
|              | 3.   |                  |               |
|              |  |                  |               |
|              |  |                  | \$            |
|              | 4.   |                  |               |
|              |  |                  |               |
| <u> </u>     | -  |                  | \$            |
|              | 5.   |                  |               |
| , ,          |  |                  |               |
|              |  |                  | \$            |
|              | 6.   |                  |               |
|              |  |                  | \$            |
|              | 7.   |                  |               |
|              |  |                  |               |
|              |  |                  | \$            |
|              | 8.   |                  |               |
|              |  |                  |               |
|              |  |                  | \$            |
|              | 9.   |                  |               |
|              |  |                  |               |
|              |  |                  | \$            |
|              | 10.  |                  |               |
|              |  |                  | \$            |
|              |  | Takel This Pro-  | \$ 27.36      |
|              |  | Total This Page: | \$ 27.50      |