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

| Section I | | | | Zij | 14 JUN | 17 AM 8: 35 |
|---|---|---|-------------------|---------------------------------------|------------------|----------------------|
| Name of Candidate or Political Committee and Chairperson Idaho Physical Therapy PAC, Matt Booth | | | | Office Sought (if candidate) NA | | District (if any) |
| Mailing Address | | City and Zip | Home Phone | 104 | Work Ph | 1 / / / / / |
| 415 E. Parkcenter Blvd. | Ste 114 | Boise, 83706 | 208-331-04 | 181 | 208-4 | 33-9211 |
| Name of Political Treasurer Carmen Schmidt | | | | | | |
| Mailing Address | | City and Zip | Home Phone | | Work Phone | |
| 12788 Smith Ave | | Nampa, 83651 | 2208-463-0538 | | 208-489-5950 | |
| Change of address for: | Sandidate or Political Committ | ee Political Treasurer | | | | |
| - | Original ☐ Amendmer | | | | | |
| This report is for the period from | m <u>5 /5 /2014</u> thro | ough 5 /30 /2014 | | | | |
| 7 Day Pre-Primary R | Day Post-Primary Report | October 10 Pre-General Report | | | | |
| 7 Day Pre-General F | Report 🔲 30 | Day Post-General Report | | nnual Repo | rt | |
| Semi-Annual Report | (Statewide Candidates Only) | | | | | |
| Is this a Termination Report: | ☐ Yes No | | | | | |
| Section III Directions: If you had no con Be s | tributions or expenditures duri | NO CONTRIBUTIONS OR EXPE ng this reporting period, check th priate "Calendar Year to Date" fig | e box next to the | ne statemen n II, Section | t below a IV. | nd sign this report. |
| I hereby cert | tify that I have received no con | tributions and have made no exp | enditures durir | g this report | ting perio | od. |
| Section IV | | SUMMARY | | | | |
| To reach your Calendar Year to figures to the Column II figures | s Column I | COLUMN I This Period | | COLUMN II Calendar Year to Date | | |
| Line 1: Cash on Hand January | ¥ —— | xxxxxx | . \$_ | 472.41 | | |
| Line 2: Enter Beginning Cash | \$ <u>522</u> | 2.41 | . \$_ | XXX | XXX | |
| Line 3: Total Contributions (En | | | . \$ _ | 50.00 | | |
| Line 4: Subtotal (Add lines 1, 2 | \$ <u>522</u> | 2.41 | . \$ _ | 522.41 | | |
| Line 5: Total Expenditures (En | ter amount from line 11, page : | s <u>0.0</u> | 0 | . \$ | 0.00 | |
| Line 6: Enter Ending Cash Bal | | | . \$ _ | 522.41 | | |
| Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2) | | | 0 | | | |
| **This is the figure on line 6 of | | led this calendar year. Disclosure Report filed. If this is yo od appears on the next report as | | | | |
| | Section V | | | | | |
| Return This Report To: | | | | | | |
| Ben Ysursa | Carmen Schi | midt | herehv ce | ertify that the | informat | ion in this |
| Secretary of State PO Box 83720 | I, Carrier Schmidt hereby certify that the information in this | | | | | |
| Boise ID 83720-0080 | report is a true, complete and correct Campaign Financial Disclosure Report as required by law. | | | | | |
| Phone: (208) 334-2852 Fax: (208) 334-2282 | Carmen III Schmidt | | | | | |
| L | J . | I worker. | | - | | |