

DETAILED SUMMARY

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS
--

Total This Period

Contributions

①	Unitemized Contributions (\$50 and less)	# of Contributors _____		+ \$
②	Itemized Contributions (Total of all Schedule A sheets)			+ \$ 11,585.00
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	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)			= \$ 11,585.00

Expenditures

⑥	Unitemized Expenditures (Less than \$25)	# of Expenditures _____		+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)			+ \$ 1,500.00
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	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)			= \$ 1,500.00

Loans, Credit Cards and Debt

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	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$

Pledged Contributions

⑲	Unitemized Pledged Contributions (\$50 and less)	# of Pledges _____		+ \$
⑳	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)			+ \$ 550.00
㉑	Total Pledged Contributions this period			= \$ 550.00

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

Name of Candidate or Committee: iDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JOSEPH BETZ 11678 HAZELDALE CT BOISE, ID83713	\$ 25.00 \$ 300.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. VERLE BRESHEARS 7750 CRESTWOOD; STE 1 BOISE, ID 83704	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. VERLE BRESHEARS 7750 CRESTWOOD; STE 1 BOISE, ID 83704	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. VERLE BRESHEARS 7750 CRESTWOOD; STE 1 BOISE, ID 83704	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. VERLE BRESHEARS 7750 CRESTWOOD; STE 1 BOISE, ID 83704	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. VERLE BRESHEARS 7750 CRESTWOOD; STE 1 BOISE, ID 83704	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. VERLE BRESHEARS 7750 CRESTWOOD; STE 1 BOISE, ID 83704	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. VERLE BRESHEARS 7750 CRESTWOOD; STE 1 BOISE, ID 83704	\$ 25.00 \$ 175.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 25.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 250.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 275.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JOAN BURROW 427 PARK AVE LEWISTION, ID 83501	\$ 25.00 \$ 300.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 225.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 250.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JENNIFER COFFEY 104 SOUTH DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 300.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 175.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 250.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 275.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. LAUREN DONBAR 1640 W CHERRY LN; STE 130 MERIDIAN, ID 83642	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. LAUREN DONBAR 1640 W CHERRY LN; STE 130 MERIDIAN, ID 83642	\$ 25.00 \$ 50.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. SUSAN AUBUCHON 3316 1/2 4TH ST; STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 300.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 50.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 250.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 300.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 300.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 25.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 50.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 75.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 100.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 125.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 150.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 175.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DEED HARRISON 950 E RIVERSIDE DR EAGLE, ID 83616	\$ 300.00 \$ 300.00 Calendar Year-To-Date
Total This Page:		\$ 525.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. STONEY FOSTER 1675 N MPALE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 300.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JOSHEPH IACCINO 223 N 6TH ST; STE 40 BOISE, ID 83702	\$ 25.00 \$ 25.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JOSHEPH IACCINO 223 N 6TH ST; STE 40 BOISE, ID 83702	\$ 25.00 \$ 50.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JOSHEPH IACCINO 223 N 6TH ST; STE 40 BOISE, ID 83702	\$ 25.00 \$ 75.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JOSHEPH IACCINO 223 N 6TH ST; STE 40 BOISE, ID 83702	\$ 25.00 \$ 100.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. TODD PICKMAN 5516 W DURNING DR EAGLE, ID 83616	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. TODD PICKMAN 5516 W DURNING DR EAGLE, ID 83616	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. TODD PICKMAN 5516 W DURNING DR EAGLE, ID 83616	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. TODD PICKMAN 5516 W DURNING DR EAGLE, ID 83616	\$ 25.00 \$ 100.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JAMES KRANZ 910N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JAMES KRANZ 910N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JAMES KRANZ 910N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JAMES KRANZ 910N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JAMES KRANZ 910N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JAMES KRANZ 910N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JAMES KRANZ 910N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JAMES KRANZ 910N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JAMES KRANZ 910N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JAMES KRANZ 910N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 25.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 50.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 75.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 100.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JASON WEST 1188 CALL CREEK DRIVE POCATELLO, ID 83201	\$ 300.00 \$ 300.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 125.00 Calendar Year-To-Date
Total This Page:		\$ 525.00

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: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 250.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 300.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 75.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 225.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 40.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 80.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 120.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 160.00 Calendar Year-To-Date
Total This Page:		\$ 310.00

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: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 200.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 240.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 280.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 320.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 360.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 400.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 440.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 480.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 25.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 50.00 Calendar Year-To-Date
Total This Page:		\$ 370.00

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: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 75.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 100.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 125.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 150.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 175.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 200.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 225.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 250.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 50.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 250.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 300.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 300.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. SPENCER HENDERSER 1640 W CHERRY LN; #130 MERIDIAN, ID 83642	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. SPENCER HENDERSER 1640 W CHERRY LN; #130 MERIDIAN, ID 83642	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. SPENCER HENDERSER 1640 W CHERRY LN; #130 MERIDIAN, ID 83642	\$ 25.00 \$ 75.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. MICHAEL HENZE 6211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 300.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	\$ 25.00 \$ 75.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	\$ 25.00 \$ 225.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. YVONNE HONOVICH 2300 S ORCHARD; STE A BOISE, ID 83705	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. YVONNE HONOVICH 2300 S ORCHARD; STE A BOISE, ID 83705	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. YVONNE HONOVICH 2300 S ORCHARD; STE A BOISE, ID 83705	\$ 25.00 \$ 75.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 25.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 250.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	\$ 25.00 \$ 275.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	\$ 25.00 \$ 275.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. GREGORY PARSONS 411 W HAYCRAFT; STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 25.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. GREGORY PARSONS 411 W HAYCRAFT; STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 50.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. GREGORY PARSONS 411 W HAYCRAFT; STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 75.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. GREGORY PARSONS 411 W HAYCRAFT; STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 100.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. GREGORY PARSONS 411 W HAYCRAFT; STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 125.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. GREGORY PARSONS 411 W HAYCRAFT; STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 150.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. GREGORY PARSONS 411 W HAYCRAFT; STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 175.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. GREGORY PARSONS 411 W HAYCRAFT; STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 200.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 25.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 10.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 20.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 30.00 Calendar Year-To-Date
4 / 5 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 40.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 50.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 60.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 70.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 80.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 90.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 100.00 Calendar Year-To-Date
Total This Page:		\$ 100.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 50.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 100.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 150.00 Calendar Year-To-Date
4 / 5 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 200.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 250.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 300.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 350.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 400.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 450.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 500.00 Calendar Year-To-Date
Total This Page:		\$ 500.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 110.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DEVIN SCORESBY 1491 CURLEW DR; STE A AMMON, ID 83406	\$ 10.00 \$ 120.00 Calendar Year-To-Date
4 / 20 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 25.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 50.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 75.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 100.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 125.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 150.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 175.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 200.00 Calendar Year-To-Date
Total This Page:		\$ 220.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 225.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 25.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 50.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 75.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 100.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 125.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 150.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 175.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 200.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 550.00 Calendar Year-To-Date
Total This Page:		\$ 275.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
12 / 5 / 15	1. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 600.00 Calendar Year-To-Date
11 / 5 / 15	2. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 275.00 Calendar Year-To-Date
12 / 5 / 15	3. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 300.00 Calendar Year-To-Date
1 / 5 / 15	4. BRANDON TRUJILLO 950 E RIVERSIDE DR EAGLE, ID 83616	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 25.00 Calendar Year-To-Date
2 / 5 / 15	5. BRANDON TRUJILLO 950 E RIVERSIDE DR EAGLE, ID 83616	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 50.00 Calendar Year-To-Date
3 / 5 / 15	6. BRANDON TRUJILLO 950 E RIVERSIDE DR EAGLE, ID 83616	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 75.00 Calendar Year-To-Date
4 / 5 / 15	7. BRANDON TRUJILLO 950 E RIVERSIDE DR EAGLE, ID 83616	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 100.00 Calendar Year-To-Date
5 / 5 / 15	8. BRANDON TRUJILLO 950 E RIVERSIDE DR EAGLE, ID 83616	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 125.00 Calendar Year-To-Date
11 / 5 / 15	9. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 275.00 Calendar Year-To-Date
12 / 5 / 15	10. CHARLES SWAYZE 402 W CAINFIELD AVE; STE 3 COEUR D'ALENE, ID 83815	\$ 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 300.00 Calendar Year-To-Date
Total This Page:		\$ 275.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 250.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 275.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOISE, ID 83712	\$ 50.00 \$ 50.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOISE, ID 83712	\$ 50.00 \$ 100.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOISE, ID 83712	\$ 50.00 \$ 150.00 Calendar Year-To-Date
4 / 5 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOISE, ID 83712	\$ 50.00 \$ 200.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOISE, ID 83712	\$ 50.00 \$ 250.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOISE, ID 83712	\$ 50.00 \$ 300.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOISE, ID 83712	\$ 50.00 \$ 350.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOISE, ID 83712	\$ 50.00 \$ 400.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOISE, ID 83712	\$ 50.00 \$ 450.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOISE, ID 83712	\$ 50.00 \$ 500.00 Calendar Year-To-Date
Total This Page:		\$ 500.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 50.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 75.00 Calendar Year-To-Date
4 / 5 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 100.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 125.00 Calendar Year-To-Date
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 150.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 175.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 200.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 225.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 250.00 Calendar Year-To-Date
Total This Page:		\$ 250.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JAMIE RICKS 2031 E HOSPITALITY LANE; STE 150 BOISE, ID 83716	\$ 25.00 \$ 300.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOSIE, ID 83712	\$ 50.00 \$ 550.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. BRIAN RAE 2200 WARM SPRINGS AVE; STE 106 BOSIE, ID 83712	\$ 50.00 \$ 600.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 300.00 Calendar Year-To-Date
1 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 30.00 Calendar Year-To-Date
2 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 60.00 Calendar Year-To-Date
3 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 90.00 Calendar Year-To-Date
4 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 120.00 Calendar Year-To-Date
5 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 150.00 Calendar Year-To-Date
Total This Page:		\$ 325.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
6 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 180.00 Calendar Year-To-Date
7 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 210.00 Calendar Year-To-Date
8 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 240.00 Calendar Year-To-Date
9 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 270.00 Calendar Year-To-Date
10 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 300.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 330.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. DAVID OWNENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 360.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 300.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. COREY MATTHEWS 403 S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 275.00 Calendar Year-To-Date
Total This Page:		\$ 285.00

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: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. COREY MATTHEWS 403S 11TH ST; STE 110 BOISE, ID 83702	\$ 25.00 \$ 300.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 300.00 Calendar Year-To-Date
11 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 275.00 Calendar Year-To-Date
12 / 5 / 15 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 300.00 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:		\$ 125.00

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 ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- | | |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N Newspaper & Other Periodical Advertising |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | 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 |
| H Independent Expenditures | Y Petition Circulators |
| L Literature, Brochures, Printing | Z Preparation & Production of Advertising |
| M Management Services | |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
7 / 20 / 15	1. BRANDON HIXON FOR IDAHO - TITLE SPONSOR GOLF TOURN. 215 S KIMBALL AVE CALDWELL, ID 83605	E	\$ 1,000.00
8 / 24 / 15	2. REGION VII REPUBLICAN PARTY BALL BARBEQUE 4699 E SUNNYSIDE ROAD IDAHO FALLS, ID 83406	E	\$ 500.00
	3.		\$
	4.		\$
	5.		\$
	6.		\$
	7.		\$
	8.		\$
	9.		\$
	10.		\$
Total This Page:			\$ 1,500.00

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

SCHEDULE F
PLEDGED CONTRIBUTIONS BUT NOT YET RECEIVED

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Pledged For	Date Pledged	Full Name, Mailing Address and Zip Code of Contributor	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	12 / 5 / 15	1. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	11 / 5 / 15	2. JERAMAI HAFER 1155 E WINGING CREEK DRIVE BOX #4 EAGLE, ID 83616	300.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	10 / 5 / 15	3. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	11 / 5 / 15	4. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	12 / 5 / 15	5. WILLIAM HIGGINS 1250 NORTHWOOD CENTER CT; STE B COEUR D'ALANE, ID 83814	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	9 / 5 / 15	6. JOSEPH IACCINO 223 N 6TH ST; STE 40 BOISE, ID 83702	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	10 / 5 / 15	7. JOSEPH IACCINO 223 N 6TH ST; STE 40 BOISE, ID 83702	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	11 / 5 / 15	8. JOSEPH IACCINO 223 N 6TH ST; STE 40 BOISE, ID 83702	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	12 / 5 / 15	9. JOSEPH IACCINO 223 N 6TH ST; STE 40 BOISE, ID 83702	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	12 / 5 / 15	10. LANCE INGWERSEN 104 S DAISY ST; STE A SALMON, ID 83467	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	12 / 5 / 15	11. TIMOTHY KLENA 403 S 11TH AVE; STE 110 BOISE, ID 83702	25.00

Total Amount of Pledged Contributions: \$ 550.00

Transfer the combined total of all Schedule F pages to the Detailed Summary on page 2 line 20.