

16 DEC -5 PM 3:50



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

SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		Office Sought (if candidate)	District (if any)
Mailing Address 13601 W MCMILLAN DR STE 102-331	City and Zip BOISE 83713	Home Phone	Work Phone (208) 424-8234
Name of Political Treasurer SCOTT CRAWFORD			
Mailing Address 1109 E PALSTON	City and Zip POST FALLS, ID	Home Phone	Work Phone (208) 777-4000

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment

This report is for the period from **10/24/16** through **11/18/16**

7 Day Pre-Primary Report 30 Day Post-Primary Report October 10 Pre-General Report

7 Day Pre-General Report 30 Day Post-General Report Annual Report

Semi-Annual Report (Statewide Candidates Only)

Is this a Termination Report: Yes No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

I hereby certify that I have received no contributions and have made no expenditures during this reporting period.

Section IV

SUMMARY

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Calendar Year*	\$ XXXXXX	\$ 24,577.13
Line 2: Enter Beginning Cash Balance**	\$ 15,782.13	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 885.00	\$ 10,590.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 16,667.13	\$ 35,167.13
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 0.00	\$ 18,500.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 16,667.13	\$ 16,667.13
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$	

*This same figure should be entered on line 1 of all reports filed this calendar year.

**This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.

Note: The closing cash balance for the current reporting period appears on the next report as the beginning cash on hand.

Section V

Return This Report To:
Lawrence Denney
Secretary of State
PO Box 83720
Boise ID 83720-0080
Phone: (208) 334-2852
Fax: (208) 334-2282

I, **SCOTT CRAWFORD**, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS
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			Total This Period
Contributions			
①	Unitemized Contributions (\$50 and less)	# of Contributors _____	+ \$
②	Itemized Contributions (Total of all Schedule A sheets)		+ \$ 885.00
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)		= \$ 885.00

Expenditures			
⑥	Unitemized Expenditures (Less than \$25)	# of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)		+ \$
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)		= \$ 0.00

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)		+ \$
㉑	Total Pledged Contributions this period		= \$ 100.00

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
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JOSEPH BETZ 11678 W HAZELDATE CT BOISE, ID 83713	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JENNIFER COFFEY 104 SOUTH DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JAYMEE DALE FRIMML PO BOX 3664 NAMPA, ID 83653	\$ 25.00 \$ 175.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 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
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. LANCE INGWERSEN 104 S DAISY ST STE A SALMON, ID 8346	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. TIMOTHY KLENA 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. COREY MATTHEWS 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 330.00 Calendar Year-To-Date
Total This Page:		\$ 255.00

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 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. GREGORY PARSONS 411 W HAYCRAFT STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. TODD REESE 1491 CURLEW DR AMMON, ID 83406	\$ 25.00 \$ 250.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JAMIE RICKS 2031 E HOSPITALITY LANE STE 150 BOISE, ID 83716	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. DEVIN SCORESBY 1491 CURLEW DR STE A AMMON, ID 83406	\$ 25.00 \$ 230.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JOE TESSENDORF 1401 N BIZTOWN LOOP HAYDEN, ID 83835	\$ 25.00 \$ 50.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. L ERIK THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 275.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 80.00 \$ 660.00 Calendar Year-To-Date
Total This Page:		\$ 305.00

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 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JASON WEST 1188 CALL CREEK DRIVE POCATELLO, ID 83201	\$ 25.00 \$ 225.00 Calendar Year-To-Date
11 / 05 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 550.00 Calendar Year-To-Date
____ / ____ / ____ <input type="checkbox"/> Primary <input type="checkbox"/> General	3.	\$ _____ \$ _____ Calendar Year-To-Date
____ / ____ / ____ <input type="checkbox"/> Primary <input type="checkbox"/> General	4.	\$ _____ \$ _____ Calendar Year-To-Date
____ / ____ / ____ <input type="checkbox"/> Primary <input type="checkbox"/> General	5.	\$ _____ \$ _____ Calendar Year-To-Date
____ / ____ / ____ <input type="checkbox"/> Primary <input type="checkbox"/> General	6.	\$ _____ \$ _____ Calendar Year-To-Date
____ / ____ / ____ <input type="checkbox"/> Primary <input type="checkbox"/> General	7.	\$ _____ \$ _____ Calendar Year-To-Date
____ / ____ / ____ <input type="checkbox"/> Primary <input type="checkbox"/> General	8.	\$ _____ \$ _____ Calendar Year-To-Date
____ / ____ / ____ <input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____ \$ _____ Calendar Year-To-Date
____ / ____ / ____ <input type="checkbox"/> Primary <input type="checkbox"/> General	10.	\$ _____ \$ _____ Calendar Year-To-Date
Total This Page:		\$ 75.00

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

SCHEDULE F
PLEGGED 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	11 / 05 / 16	1. IRWIN MULNICK PO BOX 1005 MCCALL, ID 83638	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	11 / 05 / 16	2. BRIAN RAE 2200 WARM SPRINGS AVE STE 106 BOISE, ID 83712	50.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	11 / 05 / 16	3. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	___ / ___ / ___	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___ / ___ / ___	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___ / ___ / ___	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___ / ___ / ___	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___ / ___ / ___	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___ / ___ / ___	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___ / ___ / ___	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___ / ___ / ___	11.	

Total Amount of Pledged Contributions: \$ 100.00