

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

SCANNED

16 JUL 27 AH 11: 43

Section (
Name of Candidate or Political Committee	ee and Chairperson		Office Sought	(if candidate) STAT District (if any)
1	JOH COMMITTEE	City and Zin	Home Photo	TE OF ID AWAY Phone
305 West Jefferson		Boise 83702		(208) 344-7888
Name of Political Treasurer Susie Pouliot				
Mailing Address		City and Zip	Home Phone	Work Phone
305 West Jefferson		Boise 83702		(208) 344-7888
Change of address for: Ca	ındidate or Political Committe			
Section II This filing is an:	iginal 🖬 Amendmen			
This report is for the period from	thro	ough .		
☐ 7 Day Pre-Primary Re	port a 30	Day Post-Primary Rep	ort 🔲	October 10 Pre-General Report
☐ 7 Day Pre-General Re	port 🔲 30	Day Post-General Rep	ort	Annual Report
Section III Directions: If you had no contri Be sur	ibutions or expenditures duri	ng this reporting period.	, check the box next to	the statement below and sign this report. mn II, Section IV.
Name of Political Treasurer Susie Poulifor Susie Po				
Section IV		SUMMARY		
To reach your Calendar Year to I		s Column I		Calendar Year
Line 1: Cash on Hand January 1	, This Calendar Year*		\$ XXXXXX	<u>\$</u> 34,021.10
Line 2: Enter Beginning Cash Ba	alance**		\$ <u>34,168.30</u>	\$ <u>XXXXXX</u>
-)	\$ <u>1,200.00</u>	\$ 5,405.20
Line 4: Subtotal (Add lines 1, 2 a	and 3)		\$ 35,368.30	\$ <u>39,426.30</u>
`	•	2)	\$ 20,250.00	\$ <u>24,308.00</u>
•			\$ 15,118.30	\$ <u>15,118.30</u>
			\$	
*This same figure should be ente **This is the figure on line 6 of the	ered on line 1 of all reports fil ne last Campaign Financial D	led this calendar year. Disclosure Report filed. I	f this is your first repor report as the beginnin	t, this amount is 0. g cash on hand.
Return This Report To:				
	Susia Poulint	ł		
	l, Casic i Gallot	<u> </u>	, hereby	certify that the information in this
	N	Name of Political Treasurer		
1	report is a true, co	emplete and correct Car	npaign Financial Disclo	osure Report as required by law.
t I	-1			
Fax: (208) 334-2282		V M	WHULL	4

Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Idaho Medical Political Action Committee

				Total This Period
Contributions				SECURIO DE SECURIO DE LA CASA DE SECURIO DE S
Unitemized Contri	ibutions (\$50 and less)	# of Contributors 8	+	\$
Itemized Contribu	itions (Total of all Schedule A sh	neets)	+	\$1,200.00
In-Kind Contributi	ons (Total of all Contribution an	nounts from Schedule C sheets)	+	\$
Loans (Total of all	New Loan amounts from Sche	edule D sheets)	+	\$
Total Contributions (Tran	nsfer this figure to page 1, Secti	ion IV, Line 3)	=	\$
Expenditures				
The second of the second secon	nditures (Less than \$25)	# of Expenditures 26	+	\$
	tures (Total of all Schedule B si		+	\$20,250.00
4		nounts from Schedule C sheets)	+	\$
Loan Repayment	The state of the s	amounts from Schedule D sheets)	+	\$
	Debt Repayments (Total of all R	Repayment amounts from Schedule E sheets)	+	\$
		Land to the second seco		
The second section is a second second section by the second secon	nsfer this figure to page 1, Secti	18 101 101 101 101 101 101 101 101 101 1	=	\$
Total Expenditures (Tran	nsfer this figure to page 1, Secti	ion IV, Line 5)	+	\$
Loans, Credit Cards and Outstanding Bala New Loans received	nsfer this figure to page 1, Section of the section	ion IV, Line 5)		
Loans, Credit Cards and Outstanding Bala New Loans receiv (Total of al New Credit Card	nsfer this figure to page 1, Section of the section	riod ued Interest from Schedule D sheets) g period	+	\$
Loans, Credit Cards and Outstanding Bala New Loans receiv (Total of al New Credit Card	nsfer this figure to page 1, Section of Debt ance from previous reporting period I New Loan amounts plus Accreased this reporting and Debt incurred this reporting	riod ued Interest from Schedule D sheets) g period	+	\$
Loans, Credit Cards and Outstanding Bala New Loans receiv (Total of al New Credit Card (Total of al Subtotal Repayments of L	nsfer this figure to page 1, Section of Debt ance from previous reporting period I New Loan amounts plus Accreased this reporting and Debt incurred this reporting	riod ued Interest from Schedule D sheets) g period rom Schedule E sheets)	+	\$ \$
Loans, Credit Cards and Outstanding Bala New Loans receiv (Total of al New Credit Card (Total of al Subtotal Repayments of L (Total of al Repayments of C (Total of al Repayments of C)	isfer this figure to page 1, Sections of Debt Ince from previous reporting period I New Loan amounts plus Accruand Debt incurred this reporting I New Incurred Debt amounts from the I Loan Repayment amounts from the I Card and Debt this reporting I Debt Repayment amounts from I Debt Repayment	riod ued Interest from Schedule D sheets) g period rom Schedule E sheets) g period om Schedule D sheets) ing period om Schedule D sheets) ing period om Schedule E sheets)	+	\$ \$ \$
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Loans, Credit Cards and Outstanding Bala New Loans receiv (Total of al New Credit Card (Total of al Subtotal Repayments of L (Total of al Repayments of C) (Total of al Total Outstanding Balan Pledged Contributions Unitemized Pledged	isfer this figure to page 1, Sections of Debt Ince from previous reporting period I New Loan amounts plus Accruand Debt incurred this reporting I New Incurred Debt amounts from the I Loan Repayment amounts from the I Card and Debt this reporting I Debt Repayment amounts from I Debt Repayment	riod ued Interest from Schedule D sheets) g period rom Schedule E sheets) g period om Schedule D sheets) ing period om Schedule E sheets) sfer this figure to page 1, Section IV, Line 7) s) # of Pledges	+ + =	\$ \$ \$ \$

SCHEDULE A ITEMIZED CONTRIBUTIONS

Page	of	
	l	

of more than Fifty Dollars (\$50.00) this period

Name of Candid	ate or Committee:Idaho Medical Political Action Committee	
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
	1. See attached list.	
1 1		\$
☐ Primary		\$
☐ General		Calendar Year-To-Date
	2.	
1 1		\$
☐ Primary		
☐ General		\$ Calendar Year-To-Date
	3.	Odieridal Teal-To-Date
	3.	\$
☐ Primary		\$
☐ General		\$Calendar Year-To-Date
	4.	\$
		J
□ Primary		\$
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	5.	
1 1		\$
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	6.	
1 1		\$
☐ Primary		
☐ General		\$ Calendar Year-To-Date
	7.	Odicildai Teai-10-Date
, ,	1.	\$
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☐ Primary		\$
☐ General		Calendar Year-To-Date
	8.	\$
1 1		Ψ
☐ Primary		\$
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	9.	
1 1		\$
☐ Primary		
☐ General		\$Calendar Year-To-Date
	10.	Odienial rear-10-Date
, .	10.	\$
☐ Primary		\$
☐ General	<u> </u>	Calendar Year-To-Date
	Total This Page:	\$0.00

Schedule A ITEMIZED CONTRIBUTIONS of more than FiFty Dollars (\$50.00) this period, May 2 - May 27, 2016 IDAHO MEDICAL POLITCAL ACTION COMMITTEE (IMPAC)

DATE	NAME	ADDRESS	CITY	ST	ST ZIP	PAYMENT
5/9/2016	Joseph H. Williams, MD	2855 E Magic View Dr	Meridian	Ü	83642-6245	\$150.00
5/26/2016	Austin C. Gillette, MD	21 Wind Dr	Rexburg	ē	83440-5277	\$150.00
5/26/2016	Bruce L. Belzer, MD	6052 W State St	Boise	ō	83703-2739	\$150.00
5/26/2016	Caroline Arthur, MD	100 E Warm Springs Ave #B	Boise	ō	83712-6243	\$150.00
5/26/2016	Cory A. Ondler, DO	1202 E Locust St	Emmett	ō	83617-2715	\$150.00
5/26/2016	Gary A. Hurst, NP	1875 N Lakewood Dr #200	Coeur d'Alene	ē	83814-4928	\$150.00
5/26/2016	Miers C. Johnson, III, MD	14500 W Lewis Ln	Nampa	ō	83686-9114	\$150.00
5/26/2016	Nicholas Yokan, MD	500 W Fort St	Boise	ē	83702-4501 \$150.00	\$150.00
						\$1,200.00

SCHEDULE B ITEMIZED EXPENDITURES

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

Name	of Candidate or Committee: Idaho Medical Political	Actic	on Committee	
Purpos	se Codes (Enter up to 3 purpose codes per Expenditure.)			
Α	All Travel Expenses (Airfare, Fuel, Lodging & Mileage)	N	Newspaper & Other Periodical Advertising	
В	Broadcast Advertising (Radio, TV, Internet & Telephone)	0	Other Advertising (Yard Signs, Buttons, etc.)	
С	Contributions to Candidates & PAC's	Ρ	Postage	
D	Donations & Gifts	S	Surveys & Polls	
Ε	Event Expenses	T	Tickets (Events)	
F	Food & Refreshments	U	Utilities	
G	General Operational Expenses	W	Wages, Salaries, Benefits & Bonuses	
Н	Independent Expenditures	Υ	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
	See attached list.		
/			\$
	2.		
/			\$
	3.		
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	4 .		
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	5.		
			\$
	6.		
		WI 1811 - 12	\$
	7.		
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, ,			Ф.
			\$
	9.		
1 1			\$
	10.		
1 1			\$
	Total 1	This Page:	\$ 0.00

SCHEDULE B ITEMIZED EXPENDITURES of more than Fifty Dollars (\$50.00) this period IDAHO MEDICAL POLITICAL ACTION COMMITTEE (IMPAC)

Γ	٦٠	n lu	nlu	ء ا د	n lu	n lu	ılu	بار	ılu	l u	U	11,	1.,	11.	, , ,	Π.,	٦.,	,T.,	1],_	Π	π.	π.	Τ.			
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	3/3/2016 Smith for House	S/S/2016 Syme for House	Alluerson for House	5/3/2016 Boyle for House	5/3/2016 Rerby for House	5/3/2016 Riggs for House	5/3/2016 Ricks for House	5/3/2016 Packer for House	5/3/2016 Miller for House	5/3/2016 Clow for House	5/3/2016 Blanksma for House	5/3/2016 Youngblood for House	5/3/2016 Anderst for House	5/3/2016 Perry for House	5/3/2016 I roy for House	Romrell for House	5/3/2016 Horman for House	5/3/2016 McDonald for House	5/3/2016 Lodge for Senate	Lee for Senate	Beyeler for House	5/3/2016 Rusche for House	5/3/2016 Schmidt for Senate	5/3/2016 Malek for House	5/3/2016 Redman for House	Keough for Senate	
	310 Elm St	1/498 Allendale Rd	71 S 700 W	2301 Valley Rd	5470 Hwy 52	PO Box 3798	140 S 3rd E	PO Box 147	1208 E 200 N	2170 Bitterroot Dr	595 S Thacker Rd	12612 Smith Ave	7401 E Grey Lag Dr	8791 Elkhorn Ln	2794 Hwy 95	512 Park St	1860 Heather Circle	13359 West Annabrook Dr	18500 Symms Rd	5370 Elmore Rd	4861 Lemhi Rd Box 62	1405 27th Ave	267 Circle Dr	PO Box 363	PO Box 40	PO Box 101	Address
	Idaho Falls	Wilder	Blackfoot	Midvale	New Plymouth	Coeur d'Alene	Rexburg	McCammon	Fairfield	Twin Falls	Hammett	Nampa	Nampa	Nampa	Genesee	Saint Anthony	Idaho Falls	Boise	Caldwell	Fruitland	Leadore	Lewiston	Moscow	Coeur d'Alene	Athol	Sandpoint	City
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	83402	83676	83221	83645	83655	83816	83440	83250	83327	83301	83627	83651	83687	83686	83832	83445	83406	83713	83607	83619	83464	83501	83843	83816	83801	83864	Zip Code
	С	C	С	C	С	C	C	ဂ	C	C	C	C	0	C	С	ဂ	C	C	C	ဂ	C	င	C	0	0	C	Purpose Code
\$ 20,250.00	\$ 750.00	\$ 750.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 750.00	\$ 750.00	\$ 750.00	\$ 750.00		1		İ	j	\$ 1,000.00	[[\$ 1,000.00	احر	\$ 500.00	\$ 1,000.00	3	Amount