



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

C-2  
Rev. 12/14

**SCANNED**

16 JUL 27 AM 11:43

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Idaho Medical Political Action Committee</b>		Office Sought (if candidate) <b>SECRETARY OF STATE</b>	District (if any)
Mailing Address <b>305 West Jefferson</b>	City and Zip <b>Boise 83702</b>	Home Phone	Work Phone <b>(208) 344-7888</b>
Name of Political Treasurer <b>Susie Pouliot</b>			
Mailing Address <b>305 West Jefferson</b>	City and Zip <b>Boise 83702</b>	Home Phone	Work Phone <b>(208) 344-7888</b>

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 \_\_\_\_\_ through \_\_\_\_\_

- 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	\$ 34,021.10
Line 2: Enter Beginning Cash Balance**	\$ 34,168.30	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 1,200.00	\$ 5,405.20
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 35,368.30	\$ 39,426.30
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 20,250.00	\$ 24,308.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 15,118.30	\$ 15,118.30
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, Susie Pouliot, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*Susie Pouliot*  
\_\_\_\_\_  
Signature of Political Treasurer

## DETAILED SUMMARY

Name of Candidate or Committee: Idaho Medical Political Action Committee
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		Total This Period
<b>Contributions</b>		
①	Unitemized Contributions (\$50 and less)                      # of Contributors <u>8</u>	+ \$
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$1,200.00
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	<b>Total Contributions</b> (Transfer this figure to page 1, Section IV, Line 3)	<b>= \$</b>

<b>Expenditures</b>		
⑥	Unitemized Expenditures (Less than \$25)                      # of Expenditures <u>26</u>	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$20,250.00
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	<b>Total Expenditures</b> (Transfer this figure to page 1, Section IV, Line 5)	<b>= \$</b>

<b>Loans, Credit Cards and Debt</b>		
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	<b>Subtotal</b>	<b>= \$</b>
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	<b>Total Outstanding Balance at close of this period</b> (Transfer this figure to page 1, Section IV, Line 7)	<b>= \$</b>

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

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

Name of Candidate 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.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
/ /	2.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
/ /	3.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
/ /	4.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
/ /	5.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
/ /	6.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
/ /	7.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
/ /	8.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
/ /	9.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
/ /	10.	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 0.00</b>

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, May 2 - May 27, 2016  
IDAHO MEDICAL POLITICAL ACTION COMMITTEE (IMPAC)

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

# SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee: **Idaho Medical Political Action Committee**

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

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>A All Travel Expenses (Airfare, Fuel, Lodging &amp; Mileage)</li> <li>B Broadcast Advertising (Radio, TV, Internet &amp; Telephone)</li> <li>C Contributions to Candidates &amp; PAC's</li> <li>D Donations &amp; Gifts</li> <li>E Event Expenses</li> <li>F Food &amp; Refreshments</li> <li>G General Operational Expenses</li> <li>H Independent Expenditures</li> <li>L Literature, Brochures, Printing</li> <li>M Management Services</li> </ul> | <ul style="list-style-type: none"> <li>N Newspaper &amp; Other Periodical Advertising</li> <li>O Other Advertising (Yard Signs, Buttons, etc.)</li> <li>P Postage</li> <li>S Surveys &amp; Polls</li> <li>T Tickets (Events)</li> <li>U Utilities</li> <li>W Wages, Salaries, Benefits &amp; Bonuses</li> <li>Y Petition Circulators</li> <li>Z Preparation &amp; Production of Advertising</li> </ul> |
|--|--|

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
_/_/___	1. See attached list.		\$ _____
_/_/___	2.		\$ _____
_/_/___	3.		\$ _____
_/_/___	4.		\$ _____
_/_/___	5.		\$ _____
_/_/___	6.		\$ _____
_/_/___	7.		\$ _____
_/_/___	8.		\$ _____
_/_/___	9.		\$ _____
_/_/___	10.		\$ _____
<b>Total This Page:</b>			<b>\$ 0.00</b>

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

