



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

C-2
Rev. 12/14

16 NOV -1 PM 3:03

Section I

Form with fields for Name of Candidate or Political Committee and Chairperson (Idaho Medical PAC), Mailing Address (305 West Jefferson), City and Zip (Boise 83702), Home Phone, Work Phone, Name of Political Treasurer (Susie Pouliot), and Mailing Address (305 West Jefferson).

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).

Table with 3 columns: Description, COLUMN I This Period, and COLUMN II Calendar Year to Date. Rows include Cash on Hand, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt.

\*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 PAC
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		Total This Period
<b>Contributions</b>		
①	Unitemized Contributions (\$50 and less) # of Contributors <u>15</u>	+ \$0.00
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$3,450.00
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$0.00
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$0.00
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$3,450.00

<b>Expenditures</b>		
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures <u>0</u>	+ \$0.00
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

<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	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)	= \$

<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	Total Pledged Contributions this period	= \$

## SCHEDULE A ITEMIZED CONTRIBUTIONS

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

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Name of Candidate or Committee: Idaho Medical PAC

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	1. See attached list.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	2.	\$ _____ \$ _____ 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
<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.

Sched A  
Oct 1-Oct 23 2016  
Idaho Medical PAC

Date	Name	Address	City	State	Zip	Paid
10/6/2016	Terry N. Amiel, MD	3456 E 17th St #125	Ammon	ID	83406-6759	\$500.00
10/6/2016	Bridgette M. Baker, MD	910 NW 16th St #101	Fruitland	ID	83619-2265	\$150.00
10/6/2016	Steven L. Coker, MD	560 Memorial Dr	Pocatello	ID	83201-4074	\$150.00
10/6/2016	Ronald W. Cornwell, MD	404 E Elm St	Caldwell	ID	83605-4846	\$150.00
10/6/2016	D. Dan Crossley, MD	465 McKenna Dr	Mountain Home	ID	83647-2143	\$150.00
10/6/2016	Ronald V. Dorn, MD	916 W Braemere Rd	Boise	ID	83702-1313	\$100.00
10/6/2016	Jeremy Hertzig, MD	3100 Channing Way	Idaho Falls	ID	83404-7533	\$150.00
10/6/2016	Heidi H. Jackson, MD	700 W Ironwood Dr #341	Coeur d'Alene	ID	83814-4404	\$150.00
10/6/2016	Darby S. Justis, MD	2315 8th St	Lewiston	ID	83501-7301	\$150.00
10/6/2016	Peter C. Kowalski, MD	2280 E 25th St	Idaho Falls	ID	83404-7542	\$150.00
10/6/2016	Brandon C. Mickelsen, DO	465 Memorial Dr	Pocatello	ID	83201-4008	\$150.00
10/6/2016	Charles C. Novak, MD	413 N Allumbaugh St #101	Boise	ID	83704-9219	\$250.00
10/6/2016	David L. Peterman, MD	6348 W Emerald St	Boise	ID	83704-8732	\$250.00
10/6/2016	Alan C. Peterson, MD	415 6th St	Lewiston	ID	83501-2431	\$500.00
10/6/2016	Todd A. Williams, MD	2770 Cortez Ave	Idaho Falls	ID	83404-7590	\$500.00

**\$3,450.00**

## SCHEDULE B ITEMIZED EXPENDITURES

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

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Name of Candidate or Committee: **Idaho Medical PAC**

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. None			\$ _____
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.