



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

C-2  
 Rev. 10/07

10 JAN -7 PM 1:57

**Section I**

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| Name of Candidate or Political Committee and Chairperson<br><b>Idaho Life &amp; Health Industry Political Action Committee</b> |  | Office Sought (if candidate) <b>STATE OF IDAHO</b> |                                     |
| Mailing Address<br><b>PO Box 7777</b>  | City and Zip<br><b>Meridian ID 83680-7</b> | Home Phone<br><b>208 412 1547</b>                  | Work Phone<br><b>(208) 475-0917</b> |
| Name of Political Treasurer<br><b>Geoffrey M Baker</b>   |  |  |                                     |
| Mailing Address<br><b>PO Box 7777</b>  | City and Zip<br><b>Meridian ID 83680-7</b> | Home Phone<br><b>208 412 1547</b>                  | Work Phone<br><b>(208) 475-0917</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 01 / 01 / 09 through 12 / 31 / 09

- 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<br>This Period | COLUMN II<br>Calendar Year<br>to Date |
|--|-------------------------|---------------------------------------|
| Line 1: Cash on Hand January 1, This Calendar Year*                  | \$ XXXXXX               | \$ 1,201.60                           |
| Line 2: Enter Beginning Cash Balance**                               | \$ 1,201.60             | \$ XXXXXX                             |
| Line 3: Total Contributions (Enter amount from line 5, page 2)       | \$ 1,000.00             | \$ 1,000.00                           |
| Line 4: Subtotal (Add lines 1, 2 and 3)                              | \$ 2,201.60             | \$ 2,201.60                           |
| Line 5: Total Expenditures (Enter amount from line 11, page 2)       | \$ 2,040.00             | \$ 2,040.00                           |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)      | \$ 161.60               | \$ 161.60                             |
| 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:**  
 Ben Yursa  
 Secretary of State  
 PO Box 83720  
 Boise ID 83720-0080  
 Phone: (208) 334-2852  
 Fax: (208) 334-2282

I, Geoffrey M Baker, hereby certify that the information in this  
Name of Political Treasurer  
 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 Life & Health Industry Political Action Committee |
|---|

|                      |  |                         | Total This Period |
|----------------------|--|-------------------------|-------------------|
| <b>Contributions</b> |  |                         |                   |
| ①                    | Unitemized Contributions (\$50 and less)   | # of Contributors _____ | + \$              |
| ②                    | Itemized Contributions (Total of all Schedule A sheets)                          |                         | + \$ 1,000.00     |
| 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)         |                         | = \$ 1,000.00     |

|                     |   |                         |               |
|---------------------|---|-------------------------|---------------|
| <b>Expenditures</b> |   |                         |               |
| ⑥                   | Unitemized Expenditures (less than \$25)  | # of Expenditures _____ | + \$          |
| ⑦                   | Itemized Expenditures (Total of all Schedule B sheets)                                  |                         | + \$ 2,040.00 |
| 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)                 |                         | = \$ 2,040.00 |

|                                     |   |  |           |
|-------------------------------------|---|--|-----------|
| <b>Loans, Credit Cards and Debt</b> |   |  |           |
| ⑫                                   | Outstanding Balance from previous reporting period  |  | + \$      |
| ⑬                                   | New Loans received during this reporting period<br>(Total of all New Loan amounts plus Accrued Interest from Schedule D sheets) |  | + \$      |
| ⑭                                   | New Credit Card and Debt incurred this reporting period<br>(Total of all New Incurred Debt amounts from Schedule E sheets)      |  | + \$      |
| ⑮                                   | Subtotal  |  | = \$ 0.00 |
| ⑯                                   | Repayments of Loans made during this reporting period<br>(Total of all Loan Repayment amounts from Schedule D sheets)           |  | - \$      |
| ⑰                                   | Repayments of Credit Card and Debt this reporting period<br>(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)                          |  | = \$ 0.00 |

|                              |   |                    |           |
|------------------------------|---|--------------------|-----------|
| <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                                     |                    | = \$ 0.00 |

### SCHEDULE A ITEMIZED CONTRIBUTIONS

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

Name of Candidate or Committee: **Idaho Life & Health Industry Political Action Committee**

| Date Received  | Full Name, Mailing Address and Zip Code of Contributor                             | Cash or Check                        |
|--|--|--------------------------------------|
| 08 / 27 / 09   | 1. United Heritage Life Insurance Company<br>PO Box 7777<br>Meridian ID 83680-7777 | \$ 250.00                            |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |  | \$ 250.00<br>Calendar Year-To-Date   |
| 10 / 13 / 09   | 2. United Heritage Life Insurance Company<br>PO Box 7777<br>Meridian ID 83680-7777 | \$ 750.00                            |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |  | \$ 1,000.00<br>Calendar Year-To-Date |
| / /  | 3.   | \$ _____                             |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |  | \$ _____<br>Calendar Year-To-Date    |
| / /  | 4.   | \$ _____                             |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |  | \$ _____<br>Calendar Year-To-Date    |
| / /  | 5.   | \$ _____                             |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |  | \$ _____<br>Calendar Year-To-Date    |
| / /  | 6.   | \$ _____                             |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |  | \$ _____<br>Calendar Year-To-Date    |
| / /  | 7.   | \$ _____                             |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |  | \$ _____<br>Calendar Year-To-Date    |
| / /  | 8.   | \$ _____                             |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |  | \$ _____<br>Calendar Year-To-Date    |
| / /  | 9.   | \$ _____                             |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |  | \$ _____<br>Calendar Year-To-Date    |
| / /  | 10.  | \$ _____                             |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General |  | \$ _____<br>Calendar Year-To-Date    |
| <b>Total This Page:</b>  |  | <b>\$ 1,000.00</b>                   |

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

## SCHEDULE B ITEMIZED EXPENDITURES

|           |         |
|-----------|---------|
| Page<br>1 | of<br>1 |
|-----------|---------|

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

Name of Candidate or Committee: Idaho Life & Health Industry Political Action Committee

### Purpose Codes

- |  |   |
|--|---|
| <b>A</b> All Travel Expenses (Airfare, Fuel, Lodging & Mileage)<br><b>B</b> Broadcast Advertising (Radio, TV & Internet)<br><b>C</b> Contributions to Candidates & PAC's<br><b>D</b> Donations & Gifts<br><b>E</b> Event Expenses<br><b>F</b> Food & Refreshments<br><b>G</b> General Operational Expenses<br><b>L</b> Literature, Brochures, Printing<br><b>M</b> Management Services | <b>N</b> Newspaper & Other Periodical Advertising<br><b>O</b> Other Advertising (Yard Signs, Buttons, etc.)<br><b>P</b> Postage<br><b>S</b> Surveys & Polls<br><b>T</b> Tickets (Events)<br><b>U</b> Utilities<br><b>W</b> Wages, Salaries, Benefits & Bonuses<br><b>Y</b> Petition Circulators<br><b>Z</b> Preparation & Production of Advertising |
|--|---|

| Date Spent       | Full Name, Mailing Address and Zip Code of Recipient                               | Purpose Code | Cash or Check |
|------------------|--|--------------|---------------|
| 01 / 23 / 09     | 1. Brad Little for Idaho<br>PO Box 2664<br>Boise ID 83701                          | C            | \$ 250.00     |
| 01 / 26 / 09     | 2. Dirk Kempthorne for Governor<br>PO Box 1866<br>Boise ID 83701                   | C            | \$ 500.00     |
| 03 / 09 / 09     | 3. US Bank<br>1112 First Street South<br>Nampa ID 83651                            | G            | \$ 30.00      |
| 05 / 08 / 09     | 4. US Bank<br>1112 First Street South<br>Nampa ID 83651                            | G            | \$ 30.00      |
| 05 / 13 / 09     | 5. US Bank<br>1112 First Street South<br>Nampa ID 83651                            | G            | \$ 30.00      |
| 08 / 28 / 09     | 6. Idaho Republican Party<br>PO Box 2267<br>Boise ID 83701                         | C            | \$ 250.00     |
| 08 / 28 / 09     | 7. Otter for Idaho Campaign<br>PO Box 1456<br>Boise ID 83701                       | C            | \$ 200.00     |
| 10 / 15 / 09     | 8. Committee to Elect Jones for State Controller<br>PO Box 323<br>Payette ID 83661 | C            | \$ 500.00     |
| 10 / 29 / 09     | 9. House Leadership Victory Fund PAC<br>PO Box 2695<br>Boise ID 83701              | C            | \$ 250.00     |
| / /              | 10.  |              | \$            |
| Total This Page: |  |              | \$ 2,040.00   |

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