



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

10 JUN 17 AM 11:12  
 C-2  
 Rev. 10/07

STATE OF IDAHO

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Idaho Medical Political Action Committee</b>		Office Sought (If candidate)	District (If any)
Mailing Address <b>Po Box 2668</b>	City and Zip <b>Boise 83701</b>	Home Phone	Work Phone <b>208-344-7888</b>
Name of Political Treasurer <b>Susie Pouliot</b>			
Mailing Address <b>PO Box 2668</b>	City and Zip <b>Boise 83701</b>	Home Phone <b>208-401-8737</b>	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 05 / 10 / 2010 through 06 / 04 / 2010.

- 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	\$ 25,668.11
Line 2: Enter Beginning Cash Balance**	\$ 17,193.11	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 2,650.00	\$ 4,275.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 19,843.11	\$ 29,943.11
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 1,075.00	\$ 11,175.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 18,768.11	\$ 18,768.11
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) 334-2292

I, Susie Pouliot, 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.

Susie Pouliot  
Signature of Political Treasurer

**DETAILED SUMMARY**Name of Candidate or Committee: **Idaho Medical 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)	+ \$ 2,650.00
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)	= \$ 2,650.00

<b>Expenditures</b>		
⑥	Unitemized Expenditures (less than \$25) # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 1,075.00
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)	= \$ 1,075.00

<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	= \$ 0.00
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)	= \$ 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

Page	of
1	2

Name of Candidate or Committee: Idaho Medical Political Action Committee		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
5 / 21 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Fredrick P. Ambrose, MD 980 W Ironwood Dr. #306 Coeur d'Alene ID 83814	\$ 200.00 \$ _____ Calendar Year-To-Date
5 / 21 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. Scott Magnuson, MD 2003 Kootenai Health Way #310 Coeur d'Alene ID 83814	\$ 225.00 \$ _____ Calendar Year-To-Date
5 / 21 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. Ernest Lucero, MD PO Box 898 Bonners Ferry ID 83805	\$ 225.00 \$ _____ Calendar Year-To-Date
5 / 21 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. Mark Peterson, MD 531 4th Ave Lewiston ID 83501	\$ 500.00 \$ _____ Calendar Year-To-Date
5 / 21 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. Miers Johnson, MD 215 E Hawaii Ave Nampa ID 83686	\$ 250.00 \$ _____ Calendar Year-To-Date
5 / 21 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. Michael Harris, MD 3422 S 15th E Idaho Falls ID 83404	\$ 50.00 \$ _____ Calendar Year-To-Date
6 / 4 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. Erich Garland, MD 3920 Washington Pkwy Idaho Falls ID 83404	\$ 225.00 \$ _____ Calendar Year-To-Date
6 / 4 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8. Stephen Craig, MD 2288 N Merritt Creek Loop Coeur d'Alene ID 83814	\$ 100.00 \$ _____ Calendar Year-To-Date
6 / 4 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9. Susie Pouliot 305 W Jefferson St Boise ID 83702	\$ 225.00 \$ _____ Calendar Year-To-Date
6 / 4 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10. Dwayne Hansen, MD PO Box 185 Rexburg ID 83440	\$ 225.00 \$ _____ Calendar Year-To-Date
Total This Page:		\$ 2,225.00

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 Medical Political Action Committee**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
6 / 4 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Glenn Jefferson, Jr., MD 2315 8th Street Lewiston ID 83501	\$ 225.00 \$ _____ Calendar Year-To-Date
6 / 4 / 10 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. Mikael Lagwinski, MD 520 S Eagle Rd #3211 Meridian ID 83642	\$ 200.00 \$ _____ 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:		\$ 425.00

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

## 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**

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

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
5 / 21 / 10	1. American Medical Political Action Committee 25 Massachusetts Ave, NW Washington, DC 20001	C	\$ 525.00
6 / 4 / 10	2. American Medical Political Action Committee 25 Massachusetts Ave, NW Washington, DC 20001	C	\$ 250.00
6 / 4 / 10	3. American Medical Political Action Committee 25 Massachusetts Ave, NW Washington, DC 20001	C	\$ 300.00
/ /	4.		\$
/ /	5.		\$
/ /	6.		\$
/ /	7.		\$
/ /	8.		\$
/ /	9.		\$
/ /	10.		\$
<b>Total This Page:</b>			<b>\$ 1,075.00</b>

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