

6034



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

16 OCT -7 PM 1:15 C-2  
Rev. 12/14

SECRETARY OF STATE  
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson <b>IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS</b>		Office Sought (if candidate)	District (if any)
Mailing Address <b>13601 W MCMILLAN DR STE 102-331</b>	City and Zip <b>BOISE 83713</b>	Home Phone	Work Phone <b>(208) 424-8234</b>
Name of Political Treasurer <b>SCOTT CRAWFORD</b>			
Mailing Address <b>1109 E PALSTON</b>	City and Zip <b>POST FALLS 83854</b>	Home Phone	Work Phone <b>(208) 777-4000</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	\$ 24,577.13
Line 2: Enter Beginning Cash Balance**	\$ 20,557.13	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 3,865.00	\$ 8,845.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 24,422.13	\$ 33,422.13
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 10,000.00	\$ 19,000.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 14,422.13	\$ 14,422.13
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, SCOTT CRAWFORD, hereby certify that the information in this 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 ASSOCIATION OF CHIROPRACTIC PHYSICIANS
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			Total This Period
<b>Contributions</b>			
①	Unitemized Contributions (\$50 and less)	# of Contributors _____	+ \$
②	Itemized Contributions (Total of all Schedule A sheets)		+ \$3,865.00
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>= \$3,865.00</b>

<b>Expenditures</b>			
⑥	Unitemized Expenditures (Less than \$25)	# of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)		+ \$10,000.00
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)		+ \$10,000.00
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	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	<b>Total Outstanding Balance at close of this period</b> (Transfer this figure to page 1, Section IV, Line 7)		<b>= \$0.00</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)		+ \$275.00
㉑	<b>Total Pledged Contributions this period</b>		<b>= \$275.00</b>

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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 19 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. STONEY FOSTER 1675 N MAPLE GROVE ROAD BOISE, ID 83704	\$ 25.00 \$ 25.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 25.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 100.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 100.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 75.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JENNIFER COFFEY 104 SOUTH DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JENNIFER COFFEY 104 SOUTH DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JENNIFER COFFEY 104 SOUTH DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 19 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JENNIFER COFFEY 104 SOUTH DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. BRIAN RAE 2200 WARM SPRINGS AVE STE 106 BOISE, ID 83712	\$ 50.00 \$ Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 25.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 275.00</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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 19 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 50.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 50.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 75.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. LANCE INGWERSEN 104 S DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. LANCE INGWERSEN 104 S DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. LANCE INGWERSEN 104 S DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. LANCE INGWERSEN 104 S DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. TIMOTHY KLENA 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. TIMOTHY KLENA 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. TIMOTHY KLENA 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. TIMOTHY KLENA 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JAMES KRANZ 910 N CURTIS C 305 BOISE, ID 83706	\$ 25.00 \$ 25.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JAMES KRANZ 910 N CURTIS C 305 BOISE, ID 83706	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JAMES KRANZ 910 N CURTIS C 305 BOISE, ID 83706	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JAMES KRANZ 910 N CURTIS C 305 BOISE, ID 83706	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. COREY MATTHEWS 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. COREY MATTHEWS 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. COREY MATTHEWS 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. COREY MATTHEWS 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. IRWIN MULNICK PO BOX 1005 MCCALL, ID 83638	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. IRWIN MULNICK PO BOX 1005 MCCALL, ID 83638	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. IRWIN MULNICK PO BOX 1005 MCCALL, ID 83638	\$ 25.00 \$ 75.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. CHAD NIELSON 1330 FILER AVE EAST TWIN FALLS, ID 83301	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 30.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 60.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 260.00</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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 90.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 120.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. GREGORY PARSONS 411 W HAYCRAFT STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. GREGORY PARSONS 411 W HAYCRAFT STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. GREGORY PARSONS 411 W HAYCRAFT STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. GREGORY PARSONS 411 W HAYCRAFT STE D-1 COEUR D'ALENE, ID 83815	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 100.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 260.00</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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. TODD REESE 1491 CURLEW DR AMMON, ID 83406	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. TODD REESE 1491 CURLEW DR AMMON, ID 83406	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. TODD REESE 1491 CURLEW DR AMMON, ID 83406	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. TODD REESE 1491 CURLEW DR AMMON, ID 83406	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JAMIE RICKS 2013 E HOSPITALITY LANE STE 150 BOISE, ID 83716	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JAMIE RICKS 2013 E HOSPITALITY LANE STE 150 BOISE, ID 83716	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JAMIE RICKS 2013 E HOSPITALITY LANE STE 150 BOISE, ID 83716	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JAMIE RICKS 2013 E HOSPITALITY LANE STE 150 BOISE, ID 83716	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. DEVIN SCORESBY 1491 CURLEW DR STE A AMMON, ID 83406	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DEVIN SCORESBY 1491 CURLEW DR STE A AMMON, ID 83406	\$ 25.00 \$ 50.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DEVIN SCORESBY 1491 CURLEW DR STE A AMMON, ID 83406	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DEVIN SCORESBY 1491 CURLEW DR STE A AMMON, ID 83406	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. TODD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. TODD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. TODD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. TODD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COUER D'ALENE, ID 83815	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COUER D'ALENE, ID 83815	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COUER D'ALENE, ID 83815	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COUER D'ALENE, ID 83815	\$ 25.00 \$ 100.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JOE TESSENDORF 1401 N BIZTOWN LOOP HAYDEN, ID 83835	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JOE TESSENDORF 1401 N BIZTOWN LOOP HAYDEN, ID 83835	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JOE TESSENDORF 1401 N BIZTOWN LOOP HAYDEN, ID 83835	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JOE TESSENDORF 1401 N BIZTOWN LOOP HAYDEN, ID 83835	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. ERIK L THOMPSON 2999 N LAKEHARBOR LN #201 BOISE, ID 83703	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 80.00 \$ 80.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 80.00 \$ 160.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 360.00</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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JAYMEE DALE FRIMML PO BOX 3664 NAMPA, ID 83653	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JAYMEE DALE FRIMML PO BOX 3664 NAMPA, ID 83653	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JAYMEE DALE FRIMML PO BOX 3664 NAMPA, ID 83653	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JAYMEE DALE FRIMML PO BOX 3664 NAMPA, ID 83653	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 50.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 80.00 \$ 240.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 80.00 \$ 320.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JASON WEST 1188 CALL CREEK DR POCATELLO, ID 83201	\$ 25.00 \$ 25.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JASON WEST 1188 CALL CREEK DR POCATELLO, ID 83201	\$ 25.00 \$ 50.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JASON WEST 1188 CALL CREEK DR POCATELLO, ID 83201	\$ 25.00 \$ 75.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JASON WEST 1188 CALL CREEK DR POCATELLO, ID 83201	\$ 25.00 \$ 100.00 Calendar Year-To-Date
06 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 50.00 Calendar Year-To-Date
07 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 100.00 Calendar Year-To-Date
08 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 150.00 Calendar Year-To-Date
09 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 200.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 460.00</b>

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 ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

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

- |   |   |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)  | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's                     | P Postage                                       |
| D Donations & Gifts                                       | S Surveys & Polls                               |
| E Event Expenses  | T Tickets (Events)                              |
| F Food & Refreshments                                     | U Utilities                                     |
| G General Operational Expenses                            | W Wages, Salaries, Benefits & Bonuses           |
| H Independent Expenditures                                | Y 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
08 / 01 / 16	1. REDMAN FOR IDAHO PO BOX 40 ATHOL, ID 83801	C	\$ 500.00
08 / 01 / 16	2. LUKE MALEK FOR IDAHO PO BOX 363 COEUR D'ALENE, ID 83816	C	\$ 500.00
08 / 01 / 16	3. TROY FOR IDAHO 2794 HWY 95 GENESEE, ID 83832	C	\$ 500.00
08 / 01 / 16	4. CRABTREE FOR SENATE 36 WHITE TAIL ACRES LN GRANGEVILLE, ID 83530	C	\$ 500.00
08 / 01 / 16	5. PRISCILLA FOR DISTRICT 7 PO BOX 43 WHITE BIRD, ID 83554	C	\$ 500.00
08 / 01 / 16	6. ABBY LEE FOR IDAHO 5370 ELMORE RD FRUITLAND, ID 83619	C	\$ 500.00
08 / 01 / 16	7. BRANDON HIXON FOR IDAHO 910 N PLATEAU AVE CALDWELL, ID 83605	C	\$ 500.00
08 / 01 / 16	8. SYME FOR IDAHO 17498 ALLENDALE ROAD WILDER, ID 83676	C	\$ 500.00
08 / 01 / 16	9. CHRISTY PERRY FOR IDAHO 8791 ELKHORN LN NAMPA, ID 83686	C	\$ 500.00
08 / 01 / 16	10. LAKEY FOR SENATE 34 S BINGHAM ST NAMPA, ID 83651	C	\$ 500.00
Total This Page:			\$ 5,000.00

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

**SCHEDULE B**  
**ITEMIZED EXPENDITURES**  
Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

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

- |   |   |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)  | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's                     | P Postage                                       |
| D Donations & Gifts                                       | S Surveys & Polls                               |
| E Event Expenses  | T Tickets (Events)                              |
| F Food & Refreshments                                     | U Utilities                                     |
| G General Operational Expenses                            | W Wages, Salaries, Benefits & Bonuses           |
| H Independent Expenditures                                | Y 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
08 / 01 / 16	1. ELECT MARV HAGEDORN 5285 W RIDGESIDE ST MERIDIAN, ID 83646	C	500.00 \$ _____
08 / 01 / 16	2. FRED S MARTIN FOR SENATE 3672 N TUMBLEWEED PL BOISE, ID 83713	C	1,000.00 \$ _____
08 / 01 / 16	3. PATRICK MCDONALD 13359 WEST ANNABROOK DRIVE BOISE, ID 83713	C	500.00 \$ _____
08 / 01 / 16	4. JOHN MCCROSTIE FOR DISTICT 16 7820 W RIVERSIDE DR GARDEN CITY, ID 83714	C	500.00 \$ _____
08 / 01 / 16	5. WINDER FOR SENATE 5528 N EBBETTS AVE BOISE, ID 83713	C	500.00 \$ _____
08 / 01 / 16	6. HEIDER FOR SENATE 1631 RICHMOND DR TWIN FALLS, ID 83301	C	500.00 \$ _____
08 / 01 / 16	7. ELECT JIM GUTHRIE PO BOX 12 INKOM, ID 83245	C	500.00 \$ _____
08 / 01 / 16	8. MARK HARRIS FOR SENATE 1619 8-MILE CREEK ROAD SODA SPRINGS, ID 83276	C	500.00 \$ _____
08 / 01 / 16	9. JANET TRUJILLO CAMPAIGN 3144 DISNEY DR IDAHO FALLS, ID 83404	C	500.00 \$ _____
/ /	10.		\$ _____
<b>Total This Page:</b>			<b>\$ 5,000.00</b>

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

**SCHEDULE F  
PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED**

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**

Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Pledged For	Date Pledged	Full Name, Mailing Address and Zip Code of Contributor	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	09 / 01 / 16	1. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	09 / 01 / 16	2. IRWIN MULNICK PO BOX 1005 MCCALL, ID 83638	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	07 / 01 / 16	3. BRIAN RAE 2200 WARM SPRINGS AVE STE 106 BOISE, ID 83712	50.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	08 / 01 / 16	4. BRIAN RAE 2200 WARM SPRINGS AVE STE 106 BOISE, ID 83712	50.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	09 / 01 / 16	5. BRIAN RAE 2200 WARM SPRINGS AVE STE 106 BOISE, ID 83712	50.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	07 / 01 / 16	6. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	08 / 01 / 16	7. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	09 / 01 / 16	8. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	/  /	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	/  /	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	/  /	11.	

Total Amount of Pledged Contributions: \$ 275.00