



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

C-2
Rev. 12/14

Section I

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

Change of address for: Candidate or Political Committee Political Treasurer

Section II

This filing is an: Original Amendment

TYPE OF REPORT

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	\$ 1,200.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 35,368.30	\$ 35,368.30
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 20,250.00	\$ 20,250.00
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
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
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$
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	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$

Expenditures		
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures _____	+ \$
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	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$20,250.00

Loans, Credit Cards and Debt		
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)	= \$

Pledged Contributions		
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, 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
						\$1,200.00

