



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE
(Please Print or Type)

20 JAN 31 PM 01:34

SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson Idahoans for Patient Health		Office Sought (if candidate)		District (if any)	
Mailing Address PO Box 2263		City and Zip Boise 83701		Home Phone	
				Work Phone 2084728817	
Name of Political Treasurer Alysha Prisbrey					
Mailing Address PO Box 2263		City and Zip Boise 83701		Home Phone	
				Work Phone 2084728817	

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 01 / 01 / 2019 through 12 / 31 / 2019

- 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	\$ 0.00
Line 2: Enter Beginning Cash Balance**	\$ 0.00	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 16,591.42	\$ 16,591.42
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 16,591.42	\$ 16,591.42
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 16,581.42	\$ 16,581.42
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 10.00	\$ 10.00
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ 0.00	

*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, Alysha Prisbrey, 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.

Digital Signature
 Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Idahoans for Patient Health

		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors <u>1</u>	+ \$ 10.00
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 0.00
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$ 16,581.42
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)	= \$ 16,591.42

Expenditures		
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures <u>0</u>	+ \$ 0.00
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 0.00
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$ 16,581.42
⑨	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$ 0.00
⑩	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$ 0.00
⑪	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$ 16,581.42

Loans, Credit Cards and Debt		
⑫	Outstanding Balance from previous reporting period	+ \$ 0.00
⑬	New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+ \$ 0.00
⑭	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ \$ 0.00
⑮	Subtotal	= \$ 0.00
⑯	Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- \$ 0.00
⑰	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- \$ 0.00
⑱	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$ 0.00

Pledged Contributions		
⑲	Unitemized Pledged Contributions (\$50 and less) # of Pledges <u>0</u>	+ \$ 0.00
⑳	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$ 0.00
㉑	Total Pledged Contributions this period	= \$ 0.00



**Schedule C
In-Kind Contributions and Expenditures**

Name of Candidate or Committee:	Idahoans for Patient Health
Reporting Period:	First Annual

Date	Contributor	Recipient	Amount	Code	Optional
10/31/2019	New Approach PAC PO Box 33601 Washington, DC 20033	Hilltop Public Solutions 3000 K Street NW Suite 320 Washington, DC 20007	\$5,000.00	W	Explanation: Support: Oppose:
12/31/2019	New Approach PAC PO Box 33601 Washington, DC 20033	Hilltop Public Solutions 3000 K Street NW Suite 320 Washington, DC 20007	\$5,000.00	W	Explanation: Support: Oppose:
11/30/2019	New Approach PAC PO Box 33601 Washington, DC 20033	Hilltop Public Solutions 3000 K Street, NW Suite 320 Washington, DC 20007	\$5,123.00	W	Explanation: Support: Oppose:
12/31/2019	New Approach PAC PO Box 33601 Washington, DC 20033	Marijuana Policy Project PO Box 21824 Washington, DC 20009	\$103.88	G	Explanation: Support: Oppose:
12/31/2019	New Approach PAC PO Box 33601 Washington, DC 20033	Marijuana Policy Project PO Box 21824 Washington, DC 20009	\$1,354.54	W	Explanation: Support: Oppose:
Grand Total:			\$16,581.42		