



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

**SCANNED**

**Section I**

Name of Candidate or Political Committee and Chairperson Idaho Dental Political Action Committee		Office Sought (if candidate) --	District (if any) --
Mailing Address 1220 W. Hays Street	<input type="checkbox"/> Check if address change.	City and Zip Boise, 83702	Home Phone 229-2990
Name of Political Treasurer A. Jerry Davis		Work Phone 343-7543	
Mailing Address 1220 W. Hays Street	<input type="checkbox"/> Check if address change.	City and Zip Boise, 83702	Home Phone 229-2990
		Work Phone 343-7543	

**Section II**

**TYPE OF REPORT**

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from 11 / 18 / 06 through 12 / 31 / 06

- 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 Report an amendment?     Yes     No     
 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, fill in the appropriate dates 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 from - / - / - through - / - / -.

**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 Year*	\$ XXXXXX	\$ 24,184.34
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 21,324.14	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ .00	\$ 30,368.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 21,324.14	\$ 54,552.34
Line 5: Total Expenditures (Enter amount from page 2)	\$ 713.75	\$ 33,941.95
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 20,610.39	\$ 20,610.39
Line 7: Outstanding Debt to Date	\$ .00	

\*This same figure should be entered on line 1 of all reports filed this calendar year.

\*\*You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

**Section V**

**CERTIFICATION**

**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 A. Jerry Davis, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*(Signature)*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee Idaho Dental Political Action Committee	Report Covering the Period From <u>11</u> / <u>18</u> / <u>06</u> to <u>12</u> / <u>31</u> / <u>06</u>
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<b>UNITEMIZED CONTRIBUTIONS</b> Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ <u>0</u>
<b>UNITEMIZED EXPENDITURES</b> Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>4</u>	Total Amount \$ <u>8.00</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ .00
Itemized Contributions (total all Schedule A sheets)	\$ .00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ .00
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 8.00
Itemized Expenditures (total all Schedule B sheets)	\$ 705.75
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ .00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 713.75
<u>1</u> Number of Schedule C-2B pages Attached	
<b>Incurred Expenditures</b>	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ .00
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ .00
Subtotal	= \$ .00
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ .00
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ .00
<u>1</u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ .00

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

Name of Candidate or Committee  
Idaho Dental Political Action Committee

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
____/____/____	1. None	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ _____	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ _____	\$ _____	\$ _____

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee Idaho Dental Political Action Committee
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Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
12 / 6 / 06	1. Citi Cards P.O. Box 6409 The Lakes, NV 88901-6409	\$ 150.00	\$ _____
<b>Purpose of Above Expenditure:</b> Deposit on Lobbyist Conference			
12 / 11 / 06	2. Idaho Panhandle Dental Society c/o Dr. Cheri Bloom, S/T 815 W. Canfield Avenue Coeur d'Alene, ID 83815	\$ 225.00	\$ _____
<b>Purpose of Above Expenditure:</b> "Meet your Legislator" dinner tickets			
12 / 29 / 06	3. Ms. Glenda Nelson c/o Idaho State Dental Association 1220 W. Hays Street Boise, ID 83702	\$ 330.75	\$ _____
<b>Purpose of Above Expenditure:</b> Reimbursement for supplies for legislative packets			
____ / ____ / ____	4.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____ / ____ / ____	5.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____ / ____ / ____	6.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____ / ____ / ____	7.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____ / ____ / ____	8.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
____ / ____ / ____	9.	\$ _____	\$ _____
<b>Purpose of Above Expenditure:</b>			
Subtotals of Columns A & B		\$ 705.75	\$ .00
Total This Page (add columns A & B)		\$ 705.75	