

C-2 Rev. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

FEB -6 PM 2:09

Section I

Form with fields for Name of Candidate or Political Committee and Chairperson, Mailing Address, City and Zip, Home Phone, Work Phone, Name of Political Treasurer, etc.

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.

- Checkboxes for report types: 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.

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).

Table with 3 columns: Line Item, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand, Cash Balance, Total Contributions, Subtotal, Total Expenditures, Cash Balance at Close of Period, Outstanding Debt to Date.

\*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.

Return This Report To: Ben Ysursa, Secretary of State, PO Box 83720, Boise ID 83720-0080, phone: (208) 334-2852, fax: (208) 334-2282

Section V

CERTIFICATION

I Susie Pouliot, 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 (Handwritten signature)

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee <b>Idaho Medical Political Action Committee</b>	Report Covering the Period From <u>1 / 1 / 07</u> to <u>12 / 31 / 07</u>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number _____	Total Amount \$ <u>0.00</u>

<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>24</u>	Total Amount \$ <u>252.55</u>

	Total This Period
<u>6</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 0.00
Itemized Contributions (total all Schedule A sheets)	\$ 7,750.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 7,750.00
<u>2</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 252.55
Itemized Expenditures (total all Schedule B sheets)	\$ 3,150.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 3,402.55
_____ 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)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$
_____ Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$

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

Name of Candidate or Committee Idaho Medical Political Action Committee
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		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
01 / 05 / 07 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. Kantarian, J Chris Idaho Colon & Rectal Surgery Center 222 N 2ND ST #312 ID 83702	\$ 150.00 _____ Calendar Year To Date	\$ _____ _____ Calendar Year To Date	\$ _____ _____ Calendar Year to Date
1 / 19 / 07 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. Groom, C Peter Pocatello Clinic of IM, P.A. 707 N 7TH AVE ID 83201	\$ 150.00 _____ Calendar Year To Date	\$ _____ _____ Calendar Year To Date	\$ _____ _____ Calendar Year to Date
02 / 02 / 07 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. Roser, Steven E Intermountain Orthopaedics 600 N ROBBINS RD #401 ID 83702	\$ 500.00 _____ Calendar Year To Date	\$ _____ _____ Calendar Year To Date	\$ _____ _____ Calendar Year to Date
07 / 01 / 07 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. Robert Seehusen 1361 IRWIN ST Eagle, Id 83616	\$ 150.00 _____ Calendar Year To Date	\$ _____ _____ Calendar Year To Date	\$ _____ _____ Calendar Year to Date
07 / 24 / 07 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. Allen, Suzanne Marie Family Practice Medical Center 777 N RAYMOND ID 83704	\$ 150.00 _____ Calendar Year To Date	\$ _____ _____ Calendar Year To Date	\$ _____ _____ Calendar Year to Date
07 / 24 / 07 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. Brown, Matthew S St. Alphonsus Medical Group 315 E ELM #100 ID 83605	\$ 150.00 _____ Calendar Year To Date	\$ _____ _____ Calendar Year To Date	\$ _____ _____ Calendar Year to Date
07 / 24 / 07 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. Coker, Steven L Idaho Orthopaedic & Sports Clinic 560 MEMORIAL DR ID 83201	\$ 250.00 _____ Calendar Year To Date	\$ _____ _____ Calendar Year To Date	\$ _____ _____ Calendar Year to Date
07 / 24 / 07 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. Dowdle, Mark A Mark A. Dowdle, MD, FACOG 1501 HILAND AVE #C ID 83318	\$ 150.00 _____ Calendar Year To Date	\$ _____ _____ Calendar Year To Date	\$ _____ _____ Calendar Year to Date
07 / 24 / 07 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. Friedman, Robert H Idaho Physical Medicine & Rehab PO BOX 1128 ID 83701	\$ 250.00 _____ Calendar Year To Date	\$ _____ _____ Calendar Year To Date	\$ _____ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ 1,900.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,900.00

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

Name of Candidate or Committee  
**Idaho Medical 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
07 / 24 / 07	1. Garland, Erich W Idaho Falls Neurology 3920 WASHINGTON PKWY ID 83404	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 24 / 07	2. Madden, David M Treasure Valley Imaging 8800 W EMERALD ST ID 83704	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 24 / 07	3. McFarland, Robert M Family Medicine of Coeur d'Alene 700 IRONWOOD DR #101 ID 83814	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 24 / 07	4. McGee, Kraig C 333 N 18TH ST #B ID 83201	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 24 / 07	5. Watkins, Wilfred E Idaho Urology Clinic, P.A. 1613 12TH AVE RD #B ID 83686	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 07 / 07	6. Butuk, David J Meridian Family Medicine 1525 E LEIGH FIELD DR #150 ID 83646	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 07 / 07	7. Colwell, Theodore W OB/GYN Associates, PA 315 E ELM #310 ID 83605	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 07 / 07	8. Griffiths, Russell H Craniofacial/Plastic & Reconstruct 100 E IDAHO ST #303 ID 83712	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 07 / 07	9. Howar, John W Twin Falls Orthopedic PO BOX 1808 ID 0	\$ 150.00	\$	\$
<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		\$ 1,550.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,550.00

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

Name of Candidate or Committee  
**Idaho Medical 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
09 / 07 / 07	1. Lucero, Ernest A Ernest A. Lucero, M.D., PC PO BOX 898 ID 83805	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 07 / 07	2. Stander, Klint H Walter Knox Memorial Hospital 1202 E LOCUST ST ID 83617	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 19 / 07	3. Baxter, Susan E St. Luke's Internal Medicine 4840 N CLOVERDALE RD ID 83714	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 19 / 07	4. Campanale, Ralph P PO BOX 3778 ID 0	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 19 / 07	5. Jefferson, Glenn E Valley Medical Center, PLLC 2315 8TH ST ID 83501	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 19 / 07	6. Johnson, Blake G Intermountain Orthopaedic Clinic 714 N COLLEGE RD #A ID 83301	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 19 / 07	7. Kaltenbaugh, Ori Snake River Orthopaedics 307 ST JOHNS WAY #1 ID 83501	\$ 200.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 19 / 07	8. Olscamp, Adam J Orthopedic Surgery & Sports Medicine 750 SYRINGA #101 ID 83854	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
09 / 19 / 07	9. Walker, Timothy J Valley Medical Center, PLLC 2315 8TH ST ID 83501	\$ 150.00	\$	\$
<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		\$ 1,400.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,400.00

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

Name of Candidate or Committee  
**Idaho Medical Political Action Committee**

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
09 / 19 / 07	1. Weese, Donald L Donald L. Weese, M.D., P.C. 844 N WASHINGTON #400 ID 83301	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
09 / 26 / 07	2. Miller, Warren N Saltzer Medical Group-North 4400 E FLAMINGO AVE ID 83687	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 25 / 07	3. Groom, C Peter Pocatello Clinic of IM, P.A. 707 N 7TH AVE ID 83201	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 25 / 07	4. Kantarian, J Chris Idaho Colon & Rectal Surgery Center 222 N 2ND ST #312 ID 83702	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 25 / 07	5. Liljenquist, David R Rocky Mtn Diabete & Osteoporosis Ctr 2220 E 25TH ST ID 83404	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 25 / 07	6. Liljenquist, John E Rocky Mtn Diabete & Osteoporosis Ctr 2220 E 25TH ST ID 83404	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 25 / 07	7. Schmitt, Don J 1110 IRONWOOD DR ID 83814	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 25 / 07	8. Shaw, Robin Rodrick Western Medical Associates, PLLC PO BOX 2318 ID 83816	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10 / 25 / 07	9. Thurston, Richard K Benewah Community Hospital 229 S 8TH ST ID 83861	\$ 150.00	\$	\$
<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		\$ 1,350.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,350.00

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

Name of Candidate or Committee  
**Idaho Medical 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
10 / 25 / 07	1. Trotta, Francois D Idaho Retina 128 E MALLARD DR ID 83706	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
10 / 25 / 07	2. Vance, Carl D Rocky Mtn Diabete & Osteoporosis Ctr 2220 E 25TH ST ID 83404	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
11 / 09 / 07	3. Davies, Brenda S OB/GYN Associates, PA 315 E ELM #310 ID 83605	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
11 / 09 / 07	4. Duerr, Robert L St. Luke's Idaho Cardiology Assoc. 300 E JEFFERSON ST #101 ID 83712	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
11 / 09 / 07	5. Packer, Flint R Family First Medical Center 3614 WASHINGTON PKWY ID 83404	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
11 / 09 / 07	6. Smith, Donald E Magic Valley Women's Health Clinic 630 ADDISON AVE W #210 ID 83301	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
11 / 09 / 07	7. Timmel, Kevin M Emergency Medicine of Idaho 13960 W WAINWRIGHT ID 83713	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
11 / 09 / 07	8. Writer, Steven L Idaho Heart Care 6140 W CURTISIAN AVE #200 ID 83704	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
11 / 30 / 07	9. Garland, Erich W Idaho Falls Neurology 3920 WASHINGTON PKWY ID 83404	\$ 250.00	\$	\$
<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		\$ 1,300.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,300.00

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

Name of Candidate or Committee  
**Idaho Medical 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
11 / 30 / 07	1. Jackson, Cary V Pocatello Pulmonary 500 S 11TH AVE #305 ID 83201	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
11 / 30 / 07	2. Meier, Mark C Orthopaedic Associates, P.A. 901 N CURTIS RD #501 ID 83706	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
/ /	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<b>Subtotals of Columns A, B &amp; C</b>		\$ 250.00	\$ 0.00	\$ 0.00
<b>Total This Page (add columns A, B &amp; C)</b>				\$ 250.00



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

Name of Candidate or Committee  
Idaho Medical Political Action Committee

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A Cash or Check	Column B In-Kind (non-monetary)
2 / 8 / 07	1. Crandall Swenson & Gleason 1110 N Five Mile Road Boise, ID 83713	\$ 250.00	\$
Purpose of Above Expenditure: Accountants for annual filings <span style="float:right">G</span>			
3 / 19 / 07	2. House of Republican Caucus Statehouse Boise, ID 83720	\$ 50.00	\$
Purpose of Above Expenditure: Fundraiser <span style="float:right">E</span>			
1 / 9 / 07	3. The House & Senate Campaign Committee Statehouse Boise, ID 83720	\$ 50.00	\$
Purpose of Above Expenditure: Fundraiser <span style="float:right">E</span>			
8 / 27 / 07	4. AMPAC 25 Massachusetts Ave NW Ste 600 Washington, DC 20001-7400	\$ 700.00	\$
Purpose of Above Expenditure: Joint Contribution <span style="float:right">C</span>			
9 / 26 / 07	5. AMPAC 25 Massachusetts Ave NW Ste 600 Washington, DC 20001-7400	\$ 700.00	\$
Purpose of Above Expenditure: Joint Contribution <span style="float:right">C</span>			
11 / 17 / 07	6. AMPAC 25 Massachusetts Ave NW Ste 600 Washington, DC 20001-7400	\$ 750.00	\$
Purpose of Above Expenditure: Joint Contribution <span style="float:right">C</span>			
Subtotals of Columns A & B		\$ 2,500.00	\$ 0.00
Total This Page (add columns A & B)			\$ 2,500.00

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

Name of Candidate or Committee  
Idaho Medical Political Action Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
12 / 6 / 07	1. <b>John</b> Goedde for Senate 3959 Jonquil Ct; Coeur d'Alene <del>Boise, ID</del> 83815	\$ 300.00	\$
Purpose of Above Expenditure: Campaign Contribution <span style="float:right">C</span>			
12 / 6 / 7	2. Diana Thomas for House 260 Westlawn Ave; Weiser 83672 <del>Boise, ID</del>	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution <span style="float:right">C</span>			
12 / 10 / 07	3. AMPAC 25 Massachusetts Ave, NW Ste. 600 Washington, DC 20001-7400	\$ 150.00	\$
Purpose of Above Expenditure: Joint Contribution <span style="float:right">C</span>			
/ /	4.	\$	\$
Purpose of Above Expenditure:			
/ /	5.	\$	\$
Purpose of Above Expenditure:			
/ /	6.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 650.00	\$ 0.00
Total This Page (add columns A & B)			\$ 650.00