



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

C-2  
Rev. 10/07

SCANNED

10 OCT 26 PM 5:46

Section I

Name of Candidate or Political Committee and Co-sponsor <b>IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS</b>		Office Sought (if candidate)	District (if any)
Mailing Address <b>402 W CANFIELD AVE STE 3</b>		City and Zip <b>Coeur d'Alene 83815</b>	Home Phone <b>208-424-8234</b>
Name of Political Treasurer <b>CHARLES SWAYZE</b>			
Mailing Address <b>402 W CANFIELD AVE STE 3</b>		City and Zip <b>Coeur d'Alene 83815</b>	Home Phone <b>208-462-9000</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 10 / 1 / 2010 through 10 / 17 / 2010.

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.

**POSTED**

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	\$ 9492.04
Line 2: Enter Beginning Cash Balance**	\$ 2817.04	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 1060.00	\$ 1060.00
Line 4: Subtotal (Add lines 1, 2 and 3)	3877.04 \$ -0.00	\$ 0.00
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 0	\$ 0
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	3877.04 \$ -0.00	\$ 0.00
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ 0	

\*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:  
Ben Ysursa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
Phone: (208) 334-2852  
Fax: (208) 334-2282

I, Charles Swayze hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*Charles Swayze*  
Signature of Political Treasurer

JOE S

**DETAILED SUMMARY**

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

		Total This Period
<b>Contributions</b>		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 1,060.00
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)	= \$ 1,060.00

<b>Expenditures</b>		
⑥	Unitemized Expenditures (less than \$25) # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$
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)	= \$ 0.00

<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	= \$ 0.00
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)	= \$ 0.00

<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)	+ \$
㉑	Total Pledged Contributions this period	= \$ 0.00

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

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

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
<input type="checkbox"/> Primary <input type="checkbox"/> General	1. PLEASE SEE ATTACHED	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	2.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	3.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	4.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	5.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	6.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	7.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	8.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	10.	\$ _____ \$ _____ Calendar Year-To-Date
Total This Page:		S 0.00

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

IACP PAC DONATIONS 10/1/2010 - 10/17/2010

Date	Name	Name Street1	Name Street2	Name City	Name State	Name Zip	Paid	Amount
10/01/2010	ADEPOJU-SIRUCEK, JILL	844 N WASHINGTON	SUITE 400	TWIN FALLS	ID	83301	Paid	10.00
10/01/2010	TORRES, ROOK	5983 W. State Street, Ste. C		Boise	ID	83703	Paid	10.00
10/01/2010	AUBUCHON, SUSAN	3316 1/2 4TH STREET	STE 4A	LEWISTON	ID	83501	Paid	25.00
10/01/2010	BETZ, JOSEPH	3040 N FIVE MILE RD	SUITE C	Boise	ID	83713	Unpaid	25.00
10/01/2010	BURROW, JOAN	427 PARK AVE		LEWISTON	ID	83501	Paid	25.00
10/01/2010	COFFEY, JENNIFER	104 SOUTH DAISY ST	STE. A	SALMON	ID	83467	Paid	25.00
10/01/2010	CRUM, ERIC	3997 N BLUE WING PL		BOISE	ID	83714	Paid	25.00
10/01/2010	GRAY, JON	2161 E CELIA CT		EAGLE	ID	83616	Paid	25.00
10/01/2010	HARPER, DENNIS	10620 HIGHWAY 12		OROFINO	ID	83544	Paid	25.00
10/01/2010	HAUG, ROBERT	102 S WASHINGTON		MOSCOW	ID	83843	Paid	25.00
10/01/2010	INGWERSEN, LANCE	104 S DAISY ST	SUITE A	SALMON	ID	83467	Paid	25.00
10/01/2010	KEPLER, KELI	PO BOX 8052		MOSCOW	ID	83843	Paid	10.00
10/01/2010	KRANZ, JAMES	910 N CURTIS	#C 305	BOISE	ID	83706	Paid	25.00
10/01/2010	LEWIS, KASEY	4900 ROSEPOINTWAY	STE. B	BOISE	ID	83713	Unpaid	25.00
10/01/2010	NIELSON, CHAD	260 FALLS AVE.	STE. D	TWIN FALLS	ID	83301	Paid	25.00
10/01/2010	NORRIS, TROY	6013 W OVERLAND RD	STE. 101	BOISE	ID	83709	Paid	50.00
10/01/2010	OWENS, DAVID	2007 N WHITLEY DR		FRUITLAND	ID	83619	Paid	30.00
10/01/2010	RICKS, JAMIE	2031 E HOSPITALITY LANE	STE 150	BOISE	ID	83716	Paid	25.00
10/01/2010	SMITH, ALAN R	57 E MAIN ST		REXBURG	ID	83440	Paid	25.00
10/01/2010	SWAYZE, CHARLES	402 W CANFIELD AVE	SUITE 3	COEUR D ALE	ID	83815	Paid	25.00
10/01/2010	WEST, THOMAS	PO BOX 3933		KETCHUM	ID	83340	Paid	50.00
10/01/2010	WAITE, ALAN	54 WEST COURT ST		WEISER	ID	83672	Paid	25.00
10/11/2010	MELLOR, STEPHEN	54 PROFESSIONAL PLAZA		REXBURG	ID	83440	Paid	300.00
10/15/2010	WEST, JASON	1188 CALL CREEK DRIVE		POCATELLO	ID	83201	Paid	200.00

Total 2900 - Donations to PAC

1,060.00

1,060.00

**TOTAL**

### SCHEDULE F PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED

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

Directions: Complete this schedule if you were promisee 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 those 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 checked="" type="checkbox"/> General	10, 1, 10	1. KASEY LEWIS 4900 ROSEPOINTWAY, STE. B BOISE, ID 83713	25.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10, 1, 10	2. JOSEPH BETZ 3040 N FIVE MILE RD, ST C BOISE, ID 83713	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General		8.	
<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: \$ 50.00

Transfer the combined total of all Schedule F pages to the Detailed Summary on page 2 line 20.