



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

C-2  
Rev. 12/14

15 MAY 10 PM 3:59

**Section I**

Name of Candidate or Political Committee and Chairperson <b>IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS</b>		Office Sought (If candidate) <b>SECRETARY OF STATE</b>	
Mailing Address <b>13601 W MCMILLAN DR; STE 102-331</b>		City and Zip <b>BOISE 83713</b>	Work Phone <b>(208) 424-8234</b>
Name of Political Treasurer <b>SCOTT CRAWFORD</b>		Home Phone	District (if any)
Mailing Address <b>1109 E PALSTON</b>		City and Zip <b>POST FALLS 83854</b>	Work Phone <b>(208) 777-4000</b>

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	\$ 24,577.13
Line 2: Enter Beginning Cash Balance**	\$ 24,577.13	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 4,980.00	\$ 4,980.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 29,557.13	\$ 29,557.13
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 9,000.00	\$ 9,000.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 20,557.13	\$ 20,557.13
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, SCOTT CRAWFORD  
Name of Political Treasurer, 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

## 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)	+ \$4,980.00
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)	= \$4,980.00
<b>Expenditures</b>		
⑥	Unitemized Expenditures (Less than \$25)      # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$9,000.00
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)	= \$9,000.00
<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	= \$
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)	= \$
<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)	+ \$930.00
㉑	Total Pledged Contributions this period	= \$

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. SUSAN AUBUCHON 3316 1/2 4TH STREET STE 4A LEWISTON, ID 83501	\$ 25.00 \$ 125.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JOSEPH BETZ 11678 W HAZELDALE CT BOISE, ID 83713	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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

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

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

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JOAN BURROW 427 PARK AVE LEWISTON, ID 83501	\$ 25.00 \$ 125.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JENNIFER COFFEY 104 SOUTH DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. JENNIFER COFFEY 104 SOUTH DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. JENNIFER COFFEY 104 SOUTH DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. JENNIFER COFFEY 104 SOUTH DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JENNIFER COFFEY 104 SOUTH DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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

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

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

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. SCOTT CRAWFORD 1109 E PALSTON POST FALLS, ID 83854	\$ 25.00 \$ 125.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. GREGORY FERCH 6624 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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

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

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

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. GEORGE FIEGEL 102 SOUTH WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 125.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. SCOTT FLETCHER 5246 N EAGLE RD BOISE, ID 83713	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. STONEY FOSTER 1675 N MAPLE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. STONEY FOSTER 1675 N MAPLE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. STONEY FOSTER 1675 N MAPLE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. STONEY FOSTER 1675 N MAPLE GROVE RD BOISE, ID 83704	\$ 25.00 \$ 100.00 Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	5.	\$ _____ \$ _____ Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. MARK GIBSON PO BOX 252 MARSING, ID 83639	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 225.00</b>

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

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JON GRAY 5465 N HICKORY RUN AVE BOISE, ID 83713	\$ 25.00 \$ 125.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. LANCE INGWERSEN 104 S DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. LANCE INGWERSEN 104 S DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. LANCE INGWERSEN 104 S DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. LANCE INGWERSEN 104 S DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. LANCE INGWERSEN 104 S DAISY ST STE A SALMON, ID 83467	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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



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

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

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. TIMOTHY KLENA 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. TIMOTHY KLENA 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. TIMOTHY KLENA 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. TIMOTHY KLENA 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. TIMOTHY KLENA 403 S 11TH ST STE 110 BOISE, ID 83702	\$ 25.00 \$ 125.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. COREY MATTHEWS 403 S 11TH ST STE 110 BOISE ID 83702	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. COREY MATTHEWS 403 S 11TH ST STE 110 BOISE ID 83702	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. COREY MATTHEWS 403 S 11TH ST STE 110 BOISE ID 83702	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. COREY MATTHEWS 403 S 11TH ST STE 110 BOISE ID 83702	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. COREY MATTHEWS 403 S 11TH ST STE 110 BOISE ID 83702	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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

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

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

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. LARRY NELSON 2585 CHANNING WAY IDAHO FALLS, ID 83404	\$ 25.00 \$ 125.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. CHAD NIELSON 1330 FILER AVE TWIN FALLS, ID 83301	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. CHAD NIELSON 1330 FILER AVE TWIN FALLS, ID 83301	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. CHAD NIELSON 1330 FILER AVE TWIN FALLS, ID 83301	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. CHAD NIELSON 1330 FILER AVE TWIN FALLS, ID 83301	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. CHAD NIELSON 1330 FILER AVE TWIN FALLS, ID 83301	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 30.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 60.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 90.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 120.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. DAVID OWENS 2007 N WHITLEY DR FRUITLAND, ID 83619	\$ 30.00 \$ 150.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. GREGORY PARSONS 411 W HAYCRAFT STE D-1 COEUR D ALENE, ID 83815	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. GREGORY PARSONS 411 W HAYCRAFT STE D-1 COEUR D ALENE, ID 83815	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. GREGORY PARSONS 411 W HAYCRAFT STE D-1 COEUR D ALENE, ID 83815	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. GREGORY PARSONS 411 W HAYCRAFT STE D-1 COEUR D ALENE, ID 83815	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. GREGORY PARSONS 411 W HAYCRAFT STE D-1 COEUR D ALENE, ID 83815	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 275.00</b>

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

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. BRIAN RAE 2200 WARM SPRINGS AVE STE 106 BOISE, ID 83712	\$ 50.00 \$ 50.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. BRIAN RAE 2200 WARM SPRINGS AVE STE 106 BOISE, ID 83712	\$ 50.00 \$ 100.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. BRIAN RAE 2200 WARM SPRINGS AVE STE 106 BOISE, ID 83712	\$ 50.00 \$ 150.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. BRIAN RAE 2200 WARM SPRINGS AVE STE 106 BOISE, ID 83712	\$ 50.00 \$ 200.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. BRIAN RAE 2200 WARM SPRINGS AVE STE 106 BOISE, ID 83712	\$ 50.00 \$ 250.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DONALD RAE 1149 W BOISE AVE BOISE, ID 83705	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 375.00</b>

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

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JAMIE RICKS 2031 E HOSPITALITY LANE STE 150 BOISE, ID 83716	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JAMIE RICKS 2031 E HOSPITALITY LANE STE 150 BOISE, ID 83716	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JAMIE RICKS 2031 E HOSPITALITY LANE STE 150 BOISE, ID 83716	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JAMIE RICKS 2031 E HOSPITALITY LANE STE 150 BOISE, ID 83716	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JAMIE RICKS 2031 E HOSPITALITY LANE STE 150 BOISE, ID 83716	\$ 25.00 \$ 125.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. TOD J SPAINHOWER 9217 W STATE ST BOISE, ID 83714	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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

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

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

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COEUR D ALENE, ID 83815	\$ 25.00 \$ 25.00 Calendar Year-To-Date
2 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COEUR D ALENE, ID 83815	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COEUR D ALENE, ID 83815	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COEUR D ALENE, ID 83815	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COEUR D ALENE, ID 83815	\$ 25.00 \$ 125.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. ERIK THOMPSON 2999 N LAKEHARBOUR LN #201 BOISE, ID 83703	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. ERIK THOMPSON 2999 N LAKEHARBOUR LN #201 BOISE, ID 83703	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. ERIK THOMPSON 2999 N LAKEHARBOUR LN #201 BOISE, ID 83703	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. ERIK THOMPSON 2999 N LAKEHARBOUR LN #201 BOISE, ID 83703	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. ERIK THOMPSON 2999 N LAKEHARBOUR LN #201 BOISE, ID 83703	\$ 25.00 \$ 125.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 250.00</b>

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

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 40.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 80.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. STEVE HALL 14822 N HIGHWAY 41 RANTORUM, ID 83858	\$ 40.00 \$ 120.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. JON HARMON 9161 W BLACKEAGLE DR BOISE, ID 83709	\$ 25.00 \$ 75.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 100.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 295.00</b>

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

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DENNIS HARPER 10620 HIGHWAY 12 OROFINO, ID 83544	\$ 25.00 \$ 125.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	\$ 25.00 \$ 100.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. DAVID PRICE 9508 W FAIRVIEW AVE BOISE, ID 83704	\$ 600.00 \$ 300.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. TODD REESE 1491 CURLEW DR AMMON, ID 83406	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. TODD REESE 1491 CURLEW DR AMMON, ID 83406	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. TODD REESE 1491 CURLEW DR AMMON, ID 83406	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. TODD REESE 1491 CURLEW DR AMMON, ID 83406	\$ 25.00 \$ 100.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 825.00</b>

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



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

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

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 25.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	\$ 25.00 \$ 100.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. DEVIN SCORESBY 1491 CURLEW DR STE A AMMON, ID 83406	\$ 10.00 \$ 10.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. DEVIN SCORESBY 1491 CURLEW DR STE A AMMON, ID 83406	\$ 10.00 \$ 20.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. DEVIN SCORESBY 1491 CURLEW DR STE A AMMON, ID 83406	\$ 10.00 \$ 30.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. DEVIN SCORESBY 1491 CURLEW DR STE A AMMON, ID 83406	\$ 25.00 \$ 55.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. DEVIN SCORESBY 1491 CURLEW DR STE A AMMON, ID 83406	\$ 25.00 \$ 80.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 25.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 205.00</b>

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

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. LEONARD WARD 122 N STATE ST PRESTON, ID 83263	\$ 80.00 \$ 180.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 50.00 Calendar Year-To-Date
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 150.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 200.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 250.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. THOMAS WEST PO BOX 3933 KETCHUM, ID 83340	\$ 50.00 \$ 300.00 Calendar Year-To-Date
01 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	10. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 25.00 Calendar Year-To-Date
<b>Total This Page:</b>		<b>\$ 430.00</b>

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

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

Name of Candidate or Committee: IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
02 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 50.00 Calendar Year-To-Date
03 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 75.00 Calendar Year-To-Date
04 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 100.00 Calendar Year-To-Date
05 / 01 / 16 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. JOHN WHALEN 1326 N MAIN ST MERIDIAN, ID 83642	\$ 25.00 \$ 125.00 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
<b>Total This Page:</b>		<b>\$ 100.00</b>

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

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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**  
 Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- |   |   |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)  | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's                     | P Postage                                       |
| D Donations & Gifts                                       | S Surveys & Polls                               |
| E Event Expenses  | T Tickets (Events)                              |
| F Food & Refreshments                                     | U Utilities                                     |
| G General Operational Expenses                            | W Wages, Salaries, Benefits & Bonuses           |
| H Independent Expenditures                                | Y Petition Circulators                          |
| L Literature, Brochures, Printing                         | Z Preparation & Production of Advertising       |
| M Management Services                                     |   |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
04 / 22 / 16	1. REDMAN FOR IDAHO PO BOX 40 ATHOL, ID 83801	C	\$ 500.00
04 / 22 / 16	2. SHERYL NUXOLL FOR SENATE PO BOX 442 COTTONWOOD, ID 83522	C	\$ 500.00
04 / 22 / 16	3. TROY FOR IDAHO 2794 HWY 95 GENESEE, ID 83832	C	\$ 1,000.00
04 / 22 / 16	4. MERRILL BEYELER FOR IDAHO LEGISLATURE 4861 LEMHI RD BOX 62 LEADORE, ID 83464	C	\$ 1,000.00
04 / 22 / 16	5. ABBY LEE FOR IDAHO 5370 ELMORE RD FRUITLAND, ID 83619	C	\$ 1,000.00
04 / 22 / 16	6. SYME FOR IDAHO 17498 ALLENDALE RD WILDER, ID 83676	C	\$ 500.00
04 / 22 / 16	7. COMMITTEE TO ELECT MIKE MOYLE 480 N PLUMMER RD STAR, ID 83669	C	\$ 1,000.00
04 / 22 / 16	8. RICH WILLIS FOR IDAHO PO BOX 602 GLENN'S FERRY, ID 83623	C	\$ 500.00
04 / 22 / 16	9. NEW HORIZONS PAC PO BOX 86 BOISE, ID 83701	C	\$ 1,000.00
04 / 22 / 16	10. VOTE JASON WEST PO BOX 2735 POCATELLO, ID 83206	C	\$ 1,000.00
<b>Total This Page:</b>			<b>\$ 8,000.00</b>

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.

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

Name of Candidate or Committee: **IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS**  
 Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- |   |   |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)  | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's                     | P Postage                                       |
| D Donations & Gifts                                       | S Surveys & Polls                               |
| E Event Expenses  | T Tickets (Events)                              |
| F Food & Refreshments                                     | U Utilities                                     |
| G General Operational Expenses                            | W Wages, Salaries, Benefits & Bonuses           |
| H Independent Expenditures                                | Y Petition Circulators                          |
| L Literature, Brochures, Printing                         | Z Preparation & Production of Advertising       |
| M Management Services                                     |   |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
04 / 22 / 16	1. RAYBOULD FOR IDAHO 3215 N 2000 W REXBURG, ID 83440	C	\$ 500.00
04 / 22 / 16	2. ROMRELL FOR IDAHO 512 PARK ST SAINT ANTHONY, ID 83445	C	\$ 500.00
/ /	3.		\$
/ /	4.		\$
/ /	5.		\$
/ /	6.		\$
/ /	7.		\$
/ /	8.		\$
/ /	9.		\$
/ /	10.		\$
<b>Total This Page:</b>			<b>\$ 1,000.00</b>

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.

**SCHEDULE F**  
**PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED**

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

Directions: Complete this schedule if you were promised 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 these 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 type="checkbox"/> General	05 / 01 / 16	1. STONEY FOSTER 1675 N MAPLE GROVE RD BOISE, ID 83704	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	04 / 01 / 16	2. STEVE HALL 14822 N HIGHWAY 41 RATORUM, ID 83858	40.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	05 / 01 / 16	3. STEVE HALL 14822 N HIGHWAY 41 RATORUM, ID 83858	40.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	04 / 01 / 16	4. JON HARMON 9161 W BLACKEAGLE RD BOISE, ID 83709	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	05 / 01 / 16	5. JON HARMON 9161 W BLACKEAGLE RD BOISE, ID 83709	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	04 / 01 / 16	6. DEED HARRISON 950 E RIVERSIDE DR EAGLE, ID 83616	300.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	05 / 01 / 16	7. ROBERT HAUG 102 S WASHINGTON MOSCOW, ID 83843	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	05 / 01 / 16	8. MICHAEL HENZE 9211 W OVERLAND RD BOISE, ID 83709	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	01 / 01 / 16	9. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	02 / 01 / 16	10. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	03 / 01 / 16	11. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	25.00

Total Amount of Pledged Contributions: \$ 580.00

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

**SCHEDULE F**  
**PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED**

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

Directions: Complete this schedule if you were promised 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 these 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 type="checkbox"/> General	04 / 01 / 16	1. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	05 / 01 / 16	2. JAMES KRANZ 910 N CURTIS #C 305 BOISE, ID 83706	25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General	03 / 01 / 16	3. JASON WEST 1188 CALL CREEK DRIVE POCATELLO, ID 83201	300.00
<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: \$ 350.00

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