

8701



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE
(Please Print or Type)

17 JAN 31 PM 2:48

C-2
Rev. 12/14

SECRETARY OF STATE
STATE OF IDAHO

Section I

| | | | | |
|---|---------------------------------------|-------------------------------------|-------------------------------------|-------------------|
| Name of Candidate or Political Committee and Chairperson Idaho Medical Caucus | | Office Sought (if candidate) | | District (if any) |
| Mailing Address PO Box 972 | City and Zip Lewiston 83501 | Home Phone (208) 743-1339 | Work Phone | |
| Name of Political Treasurer Dan J Schmidt | | | | |
| Mailing Address 267 Circle Dr | City and Zip Moscow 83843 | Home Phone | Work Phone (208) 336-1815 | |

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 **1/1/17** through **12/31/17**

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 | \$ 793.80 |
| Line 2: Enter Beginning Cash Balance** | \$ 793.80 | \$ XXXXXX |
| Line 3: Total Contributions (Enter amount from line 5, page 2) | \$ 0.00 | \$ 0.00 |
| Line 4: Subtotal (Add lines 1, 2 and 3) | \$ 793.80 | \$ 793.80 |
| Line 5: Total Expenditures (Enter amount from line 11, page 2) | \$ 793.80 | \$ 793.80 |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4) | \$ 0.00 | \$ 0.00 |
| 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, Dan J Schmidt, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Dan J Schmidt
Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Idaho Medical Caucus

| | | Total This Period |
|---------------|--|-------------------|
| Contributions | | |
| ① | Unitemized Contributions (\$50 and less) # of Contributors <u>0</u> | + \$0.00 |
| ② | Itemized Contributions (Total of all Schedule A sheets) | + \$0.00 |
| ③ | In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets) | + \$0.00 |
| 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) | = \$0.00 |

| | | |
|--------------|---|------------|
| Expenditures | | |
| ⑥ | Unitemized Expenditures (Less than \$25) # of Expenditures <u>0</u> | + \$0.00 |
| ⑦ | Itemized Expenditures (Total of all Schedule B sheets) | + \$793.80 |
| ⑧ | In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets) | + \$0.00 |
| 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) | = \$793.80 |

| | | |
|------------------------------|---|----------|
| 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 B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee: **Idaho Medical Caucus**

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 |
|------------------|--|-----------------|---------------|
| 1 31 17 / / | 1. Family Medicine Residency of Idaho 777 N Raymond St Boise, ID 83704 | D | 793.80 \$ |
| / / | 2. | | \$ |
| / / | 3. | | \$ |
| / / | 4. | | \$ |
| / / | 5. | | \$ |
| / / | 6. | | \$ |
| / / | 7. | | \$ |
| / / | 8. | | \$ |
| / / | 9. | | \$ |
| / / | 10. | | \$ |
| Total This Page: | | | \$ 793.80 |

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