



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

C-2  
Rev. 5/11

**Section I**

|  |                                    |                              |                                   |
|--|------------------------------------|------------------------------|-----------------------------------|
| Name of Candidate or Political Committee and Chairperson<br><b>Idaho State Pharmacy Association PAC / Don Smith, Chair</b> |                                    | Office Sought (if candidate) | District (if any)                 |
| Mailing Address<br><b>1109 W Main St., Suite 331</b>   | City and Zip<br><b>Boise 83702</b> | Home Phone                   | Work Phone                        |
| Name of Political Treasurer<br><b>Pam Eaton</b>  |                                    |                              |                                   |
| Mailing Address<br><b>1109 W Main St., Suite 331</b>   | City and Zip<br><b>Boise 83702</b> | Home Phone                   | Work Phone<br><b>208-342-0010</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 4 / 30 / 12 through 5 / 25 / 12

- 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<br>This Period | COLUMN II<br>Calendar Year<br>to Date |
|--|-------------------------|---------------------------------------|
| Line 1: Cash on Hand January 1, This Calendar Year*                  | \$ XXXXXX               | \$ 100.00                             |
| Line 2: Enter Beginning Cash Balance**                               | \$ 100.00               | \$ XXXXXX                             |
| Line 3: Total Contributions (Enter amount from line 5, page 2)       | \$ 2400.00              | \$ 2400.00                            |
| Line 4: Subtotal (Add lines 1, 2 and 3)                              | \$ 2500.00              | \$ 2500.00                            |
| Line 5: Total Expenditures (Enter amount from line 11, page 2)       | \$ 1112.50              | \$ 1112.50                            |
| Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)      | \$ 1387.50              | \$ 1387.50                            |
| 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 Yursa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
Phone: (208) 334-2852  
Fax: (208) 334-2282

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

*Pam Eaton*  
Signature of Political Treasurer

## DETAILED SUMMARY

Name of Candidate or Committee: Idaho State Pharmacy Association PAC

|                                     |   |   | Total This Period |
|-------------------------------------|---|---|-------------------|
| <b>Contributions</b>                |   |   |                   |
| ①                                   | Unitemized Contributions (\$50 and less) # of Contributors _____  | + | \$ 0              |
| ②                                   | Itemized Contributions (Total of all Schedule A sheets)   | + | \$ 2400.00        |
| ③                                   | In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)  | + | \$ 0              |
| ④                                   | Loans (Total of all New Loan amounts from Schedule D sheets)  | + | \$ 0              |
| ⑤                                   | Total Contributions (Transfer this figure to page 1, Section IV, Line 3)  | = | \$ 2400.00        |
| <b>Expenditures</b>                 |   |   |                   |
| ⑥                                   | Unitemized Expenditures (Less than \$25) # of Expenditures _____  | + | \$ 0              |
| ⑦                                   | Itemized Expenditures (Total of all Schedule B sheets)  | + | \$ 1112.50        |
| ⑧                                   | In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)  | + | \$ 0              |
| ⑨                                   | Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)  | + | \$ 0              |
| ⑩                                   | Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)   | + | \$ 0              |
| ⑪                                   | Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)   | = | \$ 1112.50        |
| <b>Loans, Credit Cards and Debt</b> |   |   |                   |
| ⑫                                   | Outstanding Balance from previous reporting period  | + | \$ 0              |
| ⑬                                   | New Loans received during this reporting period<br>(Total of all New Loan amounts plus Accrued Interest from Schedule D sheets) | + | \$ 0              |
| ⑭                                   | New Credit Card and Debt incurred this reporting period<br>(Total of all New Incurred Debt amounts from Schedule E sheets)      | + | \$ 0              |
| ⑮                                   | Subtotal  | = | \$ 0              |
| ⑯                                   | Repayments of Loans made during this reporting period<br>(Total of all Loan Repayment amounts from Schedule D sheets)           | - | \$ 0              |
| ⑰                                   | Repayments of Credit Card and Debt this reporting period<br>(Total of all Debt Repayment amounts from Schedule E sheets)        | - | \$ 0              |
| ⑱                                   | Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)                          | = | \$ 0              |
| <b>Pledged Contributions</b>        |   |   |                   |
| ⑲                                   | Unitemized Pledged Contributions (\$50 and less) # of Pledges _____   | + | \$ 0              |
| ⑳                                   | Itemized Pledged Contributions this Period (Total of all Schedule F sheets)   | + | \$ 0              |
| ㉑                                   | Total Pledged Contributions this period   | = | \$ 0              |

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

Name of Candidate or Committee: **Idaho State Pharmacy Association PAC**

| Date Received   | Full Name, Mailing Address and Zip Code of Contributor   | Cash or Check   |
|---|--|---|
| 5 / 18 / 12<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 1. Interlake Pharmacy<br>700 Ironwood Drive<br>Coeur d'Alene, ID 83814                                   | 500.00<br>\$ _____<br>500.00<br>\$ _____<br>Calendar Year-To-Date |
| 5 / 18 / 12<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 2. Jack's Pharmacy<br>103 E College Ave<br>St. Maries, ID 83861  | 500.00<br>\$ _____<br>500.00<br>\$ _____<br>Calendar Year-To-Date |
| 5 / 18 / 12<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 3. Medicine Man West Pharmacy<br>802 E Medical Court<br>Post Falls, ID 83854                             | 500.00<br>\$ _____<br>500.00<br>\$ _____<br>Calendar Year-To-Date |
| 5 / 18 / 12<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 4. Osburn Drug Co.<br>Lavigne Drug Group<br>PO Box 2170<br>Osburn, ID 83849                              | 500.00<br>\$ _____<br>500.00<br>\$ _____<br>Calendar Year-To-Date |
| 5 / 18 / 12<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 5. Trone Health Services, Inc.<br>DBA Medicap Pharmacy #8362<br>2790 W Cherry Lane<br>Meridian, ID 83642 | 200.00<br>\$ _____<br>200.00<br>\$ _____<br>Calendar Year-To-Date |
| 5 / 18 / 12<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General | 6. Trone Health Services, Inc.<br>DBA Medicap Pharmacy #8391<br>PO Box 54<br>Parma, ID 83660             | 200.00<br>\$ _____<br>200.00<br>\$ _____<br>Calendar Year-To-Date |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General         | 7.   | \$ _____<br>\$ _____<br>Calendar Year-To-Date                     |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General         | 8.   | \$ _____<br>\$ _____<br>Calendar Year-To-Date                     |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General         | 9.   | \$ _____<br>\$ _____<br>Calendar Year-To-Date                     |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General         | 10.  | \$ _____<br>\$ _____<br>Calendar Year-To-Date                     |
| <b>Total This Page:</b>   |  | <b>\$ 2400.00</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 State Pharmacy Association PAC

Purpose Codes

- |  |   |
|--|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV & Internet)           | 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           |
| L Literature, Brochures, Printing                        | Y Petition Circulators                          |
| M Management Services                                    | Z Preparation & Production of Advertising       |

| Date Spent                | Full Name, Mailing Address and Zip Code of Recipient | Purpose Code | Cash or Check       |
|---------------------------|--|--------------|---------------------|
| 5 12 12<br>____/____/____ | 1. ORRA/SGS<br>1330 Lee Road<br>Orlando, FL 32810    | L, P         | 1112.50<br>\$ _____ |
| ____/____/____            | 2.   |              | \$ _____            |
| ____/____/____            | 3.   |              | \$ _____            |
| ____/____/____            | 4.   |              | \$ _____            |
| ____/____/____            | 5.   |              | \$ _____            |
| ____/____/____            | 6.   |              | \$ _____            |
| ____/____/____            | 7.   |              | \$ _____            |
| ____/____/____            | 8.   |              | \$ _____            |
| ____/____/____            | 9.   |              | \$ _____            |
| ____/____/____            | 10.  |              | \$ _____            |
| <b>Total This Page:</b>   |  |              | <b>\$ 0</b>         |

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