



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

C-2  
Rev. 5/11

Section I

12 OCT 30 AM 10:23

Name of Candidate or Political Committee and Chairperson <b>Idaho Optometric Physicians PAC</b>		Office Sought (if candidate)	District (if any)
Mailing Address <b>8445 N. Gov't way</b>	City and Zip <b>Hayden 83835</b>	Home Phone <b>STATE OF IDAHO</b>	Work Phone <b>772-3208</b>
Name of Political Treasurer <b>DR. Sorensen</b>			
Mailing Address <b>same</b>	City and Zip	Home Phone	Work Phone

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 \_\_\_/\_\_\_/\_\_\_ 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	\$ 12,164.96
Line 2: Enter Beginning Cash Balance**	\$ 9,714.96	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 500.00	\$ _____
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 10,214.96	\$ _____
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 0	\$ _____
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 10,214.96	\$ _____
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, Dr. Robert A. Sorensen, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Dr. Robert A. Sorensen  
Signature of Political Treasurer

## DETAILED SUMMARY

Name of Candidate or Committee: Idaho Optometric Physicians PAC

		Total This Period
<b>Contributions</b>		
①	Unitemized Contributions (\$50 and less) # of Contributors <u>2</u>	+ \$ <u>0</u>
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ <u>500.00</u>
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$ <u>—</u>
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$ <u>—</u>
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$ <u>500.00</u>

<b>Expenditures</b>		
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures <u>2</u>	+ \$ <u>0</u>
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ <u>—</u>
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$ <u>—</u>
⑨	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$ <u>—</u>
⑩	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$ <u>—</u>
⑪	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$ <u>0</u>

<b>Loans, Credit Cards and Debt</b>		<u>N/A</u>
⑫	Outstanding Balance from previous reporting period	+ \$ <u>—</u>
⑬	New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+ \$ <u>—</u>
⑭	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ \$ <u>—</u>
⑮	Subtotal	= \$ <u>—</u>
⑯	Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- \$ <u>—</u>
⑰	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- \$ <u>—</u>
⑱	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$ <u>—</u>

<b>Pledged Contributions</b>		
⑲	Unitemized Pledged Contributions (\$50 and less) # of Pledges <u>2</u>	+ \$ <u>—</u>
⑳	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$ <u>—</u>
㉑	Total Pledged Contributions this period	= \$ <u>—</u>

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

Name of Candidate or Committee:

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
10/03/12 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. DR. Chad Cleverly Boise Vision Care 3293 N Milwaukee Boise ID 83704	\$ 100.00 \$ _____ Calendar Year-To-Date
10/05/12 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. DR. Lavar Kofoed Eyemart Express 291 N. Milwaukee Boise ID 83704	\$ 100.00 \$ _____ Calendar Year-To-Date
10/18/12 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. DR. Richard Murray 10454 W Overland Rd. Boise ID 83709	\$ 100.00 \$ _____ Calendar Year-To-Date
10/22/12 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. DR. Jeff Collins Oregon Trail Eye Care 152 South. Main Soda Springs ID 83276	\$ 100.00 \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	5. DR. Jared Birch Westside EyeCare 189 Panchari Drive Idaho Falls, ID 83402	\$ 100.00 \$ _____ 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>\$ 500.00</b>

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