



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

SCANNED

2005 JAN 31 AM 8:31

Section I

Name of Candidate or Political Committee and Chairperson IDAHO HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE		Office Sought (if candidate) SECRETARY OF STATE	District (if any)
Mailing Address PO Box 1278	<input type="checkbox"/> Check if address change.	City and Zip Boise, 83701	Home Phone 338-5100
Name of Political Treasurer STEVEN A MILLARD			
Mailing Address P O BOX 1278	<input type="checkbox"/> Check if address change.	City and Zip BOISE, ID 83701	Home Phone (208) 939-4761
			Work Phone 338-5100

Section II

TYPE OF REPORT

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from 1 / 1 / 2005 through 12 / 31 / 2005

- | | | |
|---|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> October 10 Pre-General Report |
| <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> 30 Day Post-General Report | <input checked="" type="checkbox"/> Annual Report |
| <input type="checkbox"/> Semi-Annual Report (Statewide Candidates Only) | | |

Is this Report an amendment? Yes No 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, fill in the appropriate dates 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 from _____ / _____ / _____ through _____ / _____ / _____.

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 Year*	\$ <u>XXXXXX</u>	\$ <u>16,306.60</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>16,306.60</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>26,340.00</u>	\$ <u>26,340.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>42,646.60</u>	\$ <u>42,646.60</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>10,029.90</u>	\$ <u>10,029.90</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>32,616.70</u>	\$ <u>32,616.70</u>
Line 7: Outstanding Debt to Date	\$ <u>0.00</u>	

*This same figure should be entered on line 1 of all reports filed this calendar year.

**You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Return This Report To:
Ben Yursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V

CERTIFICATION

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

Steven A. Millard
Signature of Political Treasurer

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
IDAHO HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
03/04/2005	1. Senate Republican Caucus STATEHOUSE Boise, ID 83720	\$ 100.00	
Purpose of Above Expenditure: CONTRIBUTION			
03/15/2005	2. House Democrats STATEHOUSE Boise, ID 83720	\$ 200.00	
Purpose of Above Expenditure: CONTRIBUTION			
03/23/2005	3. Senate Democratic Caucus Statehouse Boise, ID 83702	\$ 200.00	
Purpose of Above Expenditure: CONTRIBUTION			
04/04/2005	4. AHAPAC-American Hospital Association FEDERAL 325 Seventh Street, NW Washington, DC 20004	\$ 3,635.00	
Purpose of Above Expenditure: CONTRIBUTION			
06/07/2005	5. ADA COUNTY REPUBLICAN PARTY P O BOX 2267 BOISE, ID 83701	\$ 500.00	
Purpose of Above Expenditure: CONTRIBUTION			
06/08/2005	6. AHAPAC-American Hospital Association FEDERAL 325 Seventh Street, NW Washington, DC 20004	\$ 2,283.50	
Purpose of Above Expenditure: CONTRIBUTION			
06/08/2005	7. Fund for Political Education 325 Seventh Street, NW Washington, DC 20004	\$ 210.00	
Purpose of Above Expenditure: CONTRIBUTION			
07/29/2005	8. Garrett, Kathie 3227 Crescent Rim Dr Boise, ID 83706	\$ 260.00	
Purpose of Above Expenditure: CONTRIBUTION			
09/15/2005	9. Garrett, Kathie 3227 Crescent Rim Dr Boise, ID 83706	\$ 40.00	
Purpose of Above Expenditure: CONTRIBUTION			
Subtotals of Columns A & B		\$ 7,428.50	\$ 0.00
Total This Page (add columns A & B)			\$ 7,428.50

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

Name of Candidate or Committee IDAHO HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
09/15/2005	1. McGee, John 1601 Idaho Ave Caldwell, ID 83605	\$ 300.00	\$ _____
Purpose of Above Expenditure: John McGee, STATE SENATE 10th ID			
09/23/2005	2. AHAPAC-American Hospital Association FEDERAL 325 Seventh Street, NW Washington, DC 20004	\$ 1,093.00	\$ _____
Purpose of Above Expenditure: CONTRIBUTION			
12/20/2005	3. AHAPAC-American Hospital Association FEDERAL 325 Seventh Street, NW Washington, DC 20004	\$ 1,208.40	\$ _____
Purpose of Above Expenditure: CONTRIBUTION			
_____	4. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
_____	5. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
_____	6. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
_____	7. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
_____	8. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
_____	9. _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
Subtotals of Columns A & B		\$ 2,601.40	\$ 0.00
Total This Page (add columns A & B)			\$ 2,601.40