



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

POSTED

SCANNED

2006 FEB -1 AM 8:38

Section I

Name of Candidate or Political Committee and Chairperson Idaho Health Care Association		Office Sought (if candidate)	District (if any)	
Mailing Address 802 W. Bannock, Suite 304	<input type="checkbox"/> Check if address change.	City and Zip Boise 83702	Home Phone 208-939-3641	Work Phone 208-343-9735
Name of Political Treasurer Robert Vande Merwe				
Mailing Address same	<input type="checkbox"/> Check if address change.	City and Zip same	Home Phone same	Work Phone same

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 01 / 01 / 05 through 12 / 31 / 05

- 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 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*	\$ XXXXXX	\$ 2,599.76
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 2,599.76	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 8,659.00	\$ 8,659.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 11,258.76	\$ 11,258.76
Line 5: Total Expenditures (Enter amount from page 2)	\$ 5,396.54	\$ 5,396.54
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 5,862.22	\$ 5,862.22
Line 7: Outstanding Debt to Date	\$ _____	

*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 Robert Vande Merwe 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 PAGE

Name of Candidate or Committee IDAHO HEALTH CARE ASSOCIATION	Report Covering the Period From 01 / 01 / 05 to 12 / 31 / 05
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UNITEMIZED CONTRIBUTIONS

Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number	191	Total Amount \$	1,046.00
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UNITEMIZED EXPENDITURES

Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number	12	Total Amount \$	116.00
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	Total This Period
7 Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 1,046.00
Itemized Contributions (total all Schedule A sheets)	\$ 7,613.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 8,659.00
1 Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 116.00
Itemized Expenditures (total all Schedule B sheets)	\$ 5,280.54
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 5,396.54
Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$
Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

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

Name of Candidate or Committee
Idaho Health Care Association

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
07 / 22 / 05	1. SHAUNA KRAUS 23 S. 700 W. PAUL, ID 83347	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
7 / 22 / 05	2. DEBBIE MILLS 2005 N. STONEVIEW PLACE BOISE, ID 83702	\$ 50.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
07 / 22 / 05	3. NANCY SHARP 14026 ROCHESTER DRIVE BOISE, ID 83713	\$ 115.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
07 / 22 / 05	4. BRENDA ADAMS 108 COVE LANE GREAT FALLS, MT 59404-6124	\$ 201.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
07 / 22 / 05	5. MICHELLE PURSER ROUTE 1, BOX 120-A MOORE, ID 83255	\$ 80.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
07 / 22 / 05	6. STEVE MOULTON 2408 MILL ROAD EMMETT, ID 83617	\$ 50.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
07 / 22 / 05	7. ANNETTE TOTTEN 4527 BETHEL STREET BOISE, ID 83706	\$ 105.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
07 / 22 / 05	8. PATTIE DENNIS 2405 E. 2450 N. TWIN FALLS, ID 83301	\$ 151.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
07 / 22 / 05	9. DEBBIE FREEZE 1606 BIRCH AVE. LEWISTON, ID 83501	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year to Date</small>
Subtotals of Columns A, B & C		\$ 952.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 952.00

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

Name of Candidate or Committee
IDAHO HEALTH CARE ASSOCIATION

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Leader	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
07 / 22 / 05	1. MARY FLOYD 3011 IOWA AVE CALDWELL, ID 83605	\$ 57.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	2. SHAYNE PRATHER 13581 W. WALDEMAR BOISE, ID 83712	\$ 305.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	3. JUDY TINDALL 3625 Vaughn St. Pocatello ID 83204	\$ 50.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	4. SHERI ROGERS 1475 N. Cole Rd Boise ID 83704	\$ 257.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	5. SUSAN SIMMS 1411 Falls Ave E Twin Falls ID 83301	\$ 90.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	6. SHEILA BRADY 210 LaCrosse St. Coeur d'Alene, ID 83814	\$ 158.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	7. J. LYNN VANTHIEL 3315 8th Street Lewiston 83501	\$ 81.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	8. LAURIE CARLYLE 3315 8th Street Lewiston, ID 83501	\$ 105.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	9. SHAW PHILLIPS HEARTS FOR HOSPICE 4869 Malad St, Suite D Boise ID 83705	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 1,201.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,201.00

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

Name of Candidate or Committee
IDAHO HEALTH CARE ASSOCIATION

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Leader	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. RAMONA JONES 1014 Burrell Ave Lewiston ID 83501	\$ 236.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. RONALD BARNES 2870 Juniper Dr. Lewiston, ID 83501	\$ 125.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. PAMELA SMITH 404 N. Horton Nampa ID 83651	\$ 80.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. TRINITY MISSION HEALTH & REHAB 2105 12th Ave Nampa ID 83684	\$ 130.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. MEDICAL STAFFING NETWORK 8150 W. Emerald, Suite 140 Boise ID 83704	\$ 100.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. LEGACY HOME CARE 680 S. Progress Ave. Suite 7 Meridian ID 83642	\$ 50.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. SUNHEALTH BEHAVIORAL OF BOISE 8050 Northview St. Boise ID 83704	\$ 65.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. TWIN FALLS CARE CENTER 674 Eastland Dr Twin Falls, ID 83301	\$ 65.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. IDAHO FALLS HEALTH & REHAB 3111 Channing Way Idaho Falls, ID 83404	\$ 65.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 925.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 925.00

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

Name of Candidate or Committee
IDAHO HEALTH CARE ASSOCIATION

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
07 / 22 / 05	1. WESTERN HEALTH CARE CORP 1475 N. Cole Road Boise ID 83704	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	2. PREFERRED COMMUNITY HOMES 440 W. Pennwood St, Suite 200 Meridian, ID 83642	\$ 75.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	3. BOISE HEALTH & REHAB 1001 S. Hilton Boise ID 83705	\$ 150.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	4. LIFE CARE OF IDAHO FALLS 2725 E. 17th St. Idaho Falls, ID 83406	\$ 75.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	5. MT. VIEW CARE CENTER 500 Polk Street E. Kimberly, ID 83341	\$ 75.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	6. NATIONWIDE HEALTH PROPERTIES 1019 Regents Blvd #201 Fircrest, WA 98464	\$ 75.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	7. CAPITOL CARE CENTER 8211 Ustick Road Boise ID 83647	\$ 65.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	8. HEALTHPOINT, LLC 4902 Childs Road Lake Oswego, OR 97035	\$ 65.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
07 / 22 / 05	9. SUNBRIDGE CARE/REHAB OF MERIDIAN 1111 Pine St Meridian, ID 83642	\$ 195.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 875.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 875.00

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

Name of Candidate or Committee
IDAHO HEALTH CARE ASSOCIATION

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
07 / 22 / 05	1. EMMETT REHAB AND HEALTHCARE 714 N. Butte Ave. Emmett, ID 83617	\$ 65.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
07 / 22 / 05	2. SUNBRIDGE CARE/REHAB OF MCCALL Box 209D McCall ID 83638	\$ 260.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
07 / 22 / 05	3. SUPERIOR CARE PHARMACY 2280 W. Alexander St. Salt Lake City, UT 84119	\$ 65.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
07 / 22 / 05	4. BEN SCHMITT 121 Clark Creek Loop Montana, City, MT 59634	\$ 65.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
07 / 22 / 05	5. REXBURG NURSING & REHAB 660 S. 200 West Rexburg, ID 83440	\$ 260.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
07 / 22 / 05	6. SUNBRIDGE CARE/REHAB OF NAMPA 2609 Sunnybrook Pr. Nampa, ID 83686	\$ 65.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
07 / 22 / 05	7. GULF SOUTH MEDICAL SUPPLY 11977 S. 3085 W. Riverton, UT 84065	\$ 165.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
07 / 22 / 05	8. MT. HOOD CHEMICAL 4444 NW Yeon Portland, OR 97210	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
07 / 22 / 05	9. CASCADE CARE CENTER 2814 S. Indiana Ave Caladwell, ID 83605	\$ 65.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
Subtotals of Columns A, B & C		\$ 1,110.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,110.00

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

Name of Candidate or Committee
IDAHO HEALTH CARE ASSOCIATION

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
07 / 22 / 05	1. GRANGEVILLE HEALTH & REHAB 410 E. North Second Grangeville ID 83530	\$ 455.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 22 / 05	2. NAMPA CARE CENTER 404 Horton Nampa ID 83651	\$ 130.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 22 / 05	3. OWYHEE HEALTH & REHAB 108 W. Owyhee Homedale, ID 83628	\$ 165.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 22 / 05	4. WEISER CARE CENTER 331 E. Park Street Weiser, ID 83672	\$ 65.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 22 / 05	5. PARKE VIEW CARE CENTER 2303 Parke Ave. Burley, ID 83318	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 22 / 05	6. PORTABLE X-RAY OF IDAHO 2399 S. Orchard St., Ste 202A Boise ID 83705	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 22 / 05	7. SUNHEALTH BEHAVIORAL OF BOISE 8050 Northview St. Boise ID 83704	\$ 260.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 22 / 05	8. QUALIS HEALTH 720 Park Blvd, Suite #120 Boise ID 83712	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 22 / 05	9. KINDRED HEALTH CARE CORP 1001 S. Hilton Boise ID 83705	\$ 300.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ 1,675.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,675.00

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

Name of Candidate or Committee
IDAHO HEALTH CARE ASSOCIATION

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. FRANKLIN CO. MEDICAL CTR. 44 N. 1st East Preston, ID 83263	\$ 65.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. PEOPLE FIRST Rehab. 319 Canal St. Newport Beach, CA 92663	\$ 100.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. INNOVENTURE HEALTHCARE MANAGEMENT PO Box 2524 Pocatello, ID 83206-2524	\$ 65.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. HEALTHCARE SERVICES GROUP 58767 Parkwood Dr. St. Helens, OR 97051	\$ 100.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. EMMETT KOELSCH COACHES, INC. 11601 CYPRUS WAY MUKILTEO, WA 98275	\$ 250.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. WESTCARE MANAGEMENT 3155 River Road #100 Salem, OR 97302	\$ 65.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. EMERSON OHOUSE RIVERPOINTE 5335 SW MEADOWS RD, SUITE 190 LAKE OSWEGO, OR 97035	\$ 100.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 22 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. RODNEY ROE 24900 MARKET ROAD PARMA, ID 83660	\$ 65.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
06 / 07 / 05 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. GREG MAURER 960 N 13TH E MOUNTAIN HOME, ID 83647	\$ 65.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
Subtotals of Columns A, B & C		\$ 875.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 875.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee IDAHO HEALTH CARE ASSOCIATION
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		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
07 / 16 / 05	1. LANDMARK PROMOTIONS PO BOX 44259 BOISE, ID 83711	\$ 374.60	\$
Purpose of Above Expenditure: GOLF BALLS FOR GOLF TOURNAMENT			
08 / 22 / 05	2. CITIZENS FOR KATHIE GARRETT 3227 CRESCENT RIM DRIVE BOISE, ID 83713	\$ 120.00	\$
Purpose of Above Expenditure: RETIRE THE 2004 DEBT/BIRTHDAY CELEBRATION			
07 / 23 / 05	3. QUAIL HOLLOW GOLF CLUB 4520 N 36TH STREET BOISE, ID 83703	\$ 4,650.94	\$
Purpose of Above Expenditure: 2005 GOLF TOURNAMENT/LUNCH AND BBQ			
07 / 12 / 05	4. COPY MAX 8551 W. FRANKLIN ROAD BOISE, ID 83709	\$ 135.00	\$
Purpose of Above Expenditure:			
/ /	5.	\$	\$
Purpose of Above Expenditure:			
/ /	6.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 5,280.54	\$ 0.00
Total This Page (add columns A & B)			\$ 5,280.54