

C-2 Rev. 04/04



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

Section I

Form for Section I containing candidate information: Idaho Health Care Association, Robert Vande Merwe, Boise 83702.

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 11 / 18 / 2006 through 12 / 31 / 2006

- Checkboxes for report types: 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.

Is this Report an amendment? [X] Yes [ ] No Is this a Termination Report? [ ] Yes [X] 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.

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).

Table with 3 columns: Description, COLUMN I This Period, and COLUMN II Calendar Year to Date. Rows include Cash on Hand, Cash Balance, Total Contributions, Subtotal, Total Expenditures, Cash Balance at Close of Period, and 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.

Section V

CERTIFICATION

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, 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 <u>11</u> / <u>18</u> / 2008 to <u>12</u> / <u>31</u> / 2009
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**UNITEMIZED CONTRIBUTIONS**  
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 5 Total Amount \$ 2.14

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

Total Number 0 Total Amount \$ 0.00

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 2.14
Itemized Contributions (total all Schedule A sheets)	\$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 2.14
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 0.00
Itemized Expenditures (total all Schedule B sheets)	\$ 290.02
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)	\$ 290.02
<u>0</u> Number of Schedule C-2B pages Attached	
<b>Incurring Expenditures</b>	
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)	= \$
<u>0</u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$

Amended

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

Page 3 of 3

Name of Candidate or Committee  
Idaho Health Care Association

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
08, 15, 06	<sup>1.</sup> Wells Fargo Bank - Bank Charges P.O. Box 6995 Portland, OR 97228	\$ 56.35	\$
Purpose of Above Expenditure: Aug Bank Charges			
09, 15, 06	<sup>2.</sup> Wells Fargo Bank - Bank Charges P.O. Box 6995 Portland, OR 97228	\$ 39.75	\$
Purpose of Above Expenditure: Sept Bank Charges			
10, 15, 06	<sup>3.</sup> Wells Fargo Bank - Bank Charges P.O. Box 6995 Portland, OR 97228	\$ 36.92	\$
Purpose of Above Expenditure: Oct Bank Charges			
11, 15, 06	<sup>4.</sup> Wells Fargo Bank - Bank Charges P.O. Box 6995 Portland, OR 97228	\$ 36.00	\$
Purpose of Above Expenditure: Nov Bank Charges			
12, 15, 06	<sup>5.</sup> Wells Fargo Bank - Bank Charges P.O. Box 6995 Portland, OR 97228	\$ 121.00	\$
Purpose of Above Expenditure: Dec Bank Charges			
	<sup>6.</sup>	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 290.02	\$ 0.00
Total This Page (add columns A & B)			\$ 290.02