



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

SCANNED

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Idaho Health Care Association</b>		Office Sought (if candidate)	District (if any)
Mailing Address <b>802 W. Bannock, Suite 304</b>	<input type="checkbox"/> Check if address change	City and Zip <b>Boise 83702</b>	Home Phone <b>208-939-3641</b>
Name of Political Treasurer <b>Robert Vande Merwe</b>		Work Phone <b>208-348-9735</b>	
Mailing Address <b>same as above</b>	<input type="checkbox"/> Check if address change	City and Zip	Home Phone
		Work Phone	

**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 06 / 03 / 06 through 09 / 30 / 06

- 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).

	<b>COLUMN I This Period</b>	<b>COLUMN II Calendar Year to Date</b>
Line 1: Cash on Hand January 1, This Year*	\$ XXXXXX	\$ 5,862.22
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 4,856.45	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 11,078.00	\$ 11,313.73
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 15,734.45	\$ 17,175.95
Line 5: Total Expenditures (Enter amount from page 2)	\$ 12,736.67	\$ 14,178.17
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 2,997.78	\$ 2,997.78
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.

*Robert Vande Merwe*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <b>Idaho Health Care Association</b>	Report Covering the Period From <b>06 / 03 / 06</b> to <b>09 / 30 / 06</b>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <b>97</b>	Total Amount \$ <b>543.00</b>
<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number _____	Total Amount \$ _____

	Total This Period
<b>9</b> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <b>543.00</b>
Itemized Contributions (total all Schedule A sheets)	\$ <b>10,535.00</b>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <b>11,078.00</b>
<b>7</b> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ <b>12,736.67</b>
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)	\$ <b>12,736.67</b>
Number of Schedule C-2B pages Attached	
<b>Incurred 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)	= \$
Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$

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

06 OCT 31 PM 2:05

SECRETARY OF STATE  
STATE OF IDAHO

Name of Candidate or Committee  
Idaho Health Care Association

Date/Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
07 / 18 / 06	1. Shauna Kraus 2303 Parke Ave. Burley, ID 83318	\$ 85.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
07 / 18 / 06	2. Paula Wageman 2302 Parke Ave. Burley, ID 83318	\$ 60.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
07 / 18 / 06	3. Lisa Lloyd 1060 Flannigan Creek Rd. Viola, ID 83872	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
07 / 18 / 06	4. Lisa Worthington 2800 S. Bo Daniel Lane Nampa, ID 83687	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
07 / 18 / 06	5. Lisa Worthington 2800 S. Bo Daniel Lane Nampa, ID 83687	\$ 40.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 140.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
07 / 18 / 06	6. Sonjia Yates 2831 W. Piazza Dr. Meridian, ID 83642	\$ 95.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
07 / 18 / 06	7. Delta Holloway 1475 N. Cole Road Boise, ID 83704	\$ 75.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
07 / 18 / 06	8. Julie Walls 404 Horton Nampa ID 83651	\$ 54.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year To Date
07 / 18 / 06	9. Leann Wartchow PO Box 145 Arco ID 83213	\$ 60.00	\$	\$
<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		\$ 639.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 639.00

**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 / 18 / 06 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Renee Naylor 440 W. Pennwood, Suite 200 Meridian, ID 83642	\$ 51.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 18 / 06 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. John Sehingson 1204 Shriver Road Orofino, ID 83544	\$ 80.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 18 / 06 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. Sheila Brady 1001 S. Hilton Boise, ID 83705	\$ 215.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 18 / 06 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. Joy Baker 420 Rowe Street Moscow, ID 83843	\$ 84.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 18 / 06 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. John Sehingson 1204 Shriver Road Orofino, ID 83544	\$ 51.00	\$	\$
		\$ 131.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 18 / 06 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. Debbie Freeze 3315 8th Street Lewiston, ID 83501	\$ 300.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 18 / 06 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. Karen Moser 331 E. Park Weiser ID 83672	\$ 90.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 18 / 06 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8. Tall Emerson	\$ 55.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 18 / 06 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9. Anthony Decker 440 W. Pennwood Ste 200 Meridian ID 83642	\$ 100.00	\$	\$
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
Subtotals of Columns A, B & C		\$ 1,026.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,026.00

**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 / 18 / 06	1. Joe Bleymaier, Jr. 6645 Lakeside Dr. Boise, ID 83703	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 18 / 06	2. Bill Southerland 2729 Haven Dr. Eagle, ID 83616	\$ 240.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 18 / 06	3. Rodney Rowe 24900 Market Road Parma, ID 83660	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 19 / 06	4. Legacy Home Care 680 S. Progress Ave., Suite 7 Meridian, ID 83642	\$ 240.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 19 / 06	5. Mike Sharp 14026 Rochester Dr. Boise, ID 83713	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 19 / 06	6. Aspen Park Health 420 Rowe Street Moscow, ID 83843	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 19 / 06	7. Becky Aubertin 703 S. Americana Blvd, Suite 190 Boise, ID 83702	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 19 / 06	8. Robbe Redford 2870 Juniper Dr. Lewiston, ID 83501	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 19 / 06	9. Danny Lee 8930 SW Gemini Dr. Beaverton, OR 97008	\$ 70.00	\$	\$
<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		\$ 970.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 970.00

**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 / 19 / 06	1. Travis Holding 1133 W. Yosemite Dr. Meridian, ID 83642	\$ 80.00	\$	\$
<input type="checkbox"/> Primary		\$	\$	\$
<input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year To Date
06 / 19 / 06	2. McKesson Medical PO Box 831 Liberty Lakes, WA 99019	\$ 200.00	\$	\$
<input type="checkbox"/> Primary		\$	\$	\$
<input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
06 / 29 / 06	3. Hearts for Hospice 677 Quality Drive, #201 American Fork, UT 84003	\$ 200.00	\$	\$
<input type="checkbox"/> Primary		\$	\$	\$
<input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 11 / 06	4. Hillcrest Assisted Living 1093 S. Hilton St. Boise, ID 83705	\$ 200.00	\$	\$
<input type="checkbox"/> Primary		\$	\$	\$
<input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 11 / 06	5. Emerson House at Riverpointe 5335 SW Meadows Road, Suite 190 Lake Oswego, OR 97035	\$ 500.00	\$	\$
<input type="checkbox"/> Primary		\$	\$	\$
<input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 11 / 06	6. James Roberts 8236 Waterside Ave. Nampa, ID 83687	\$ 70.00	\$	\$
<input type="checkbox"/> Primary		\$	\$	\$
<input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 11 / 06	7. Mary Jane Humphrey PO Box 409 Twin Falls, ID 83303	\$ 100.00	\$	\$
<input type="checkbox"/> Primary		\$	\$	\$
<input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
08 / 24 / 06	8. Western Health Care Corp 1475 S. Cole Road Boise, ID 83704	\$ 200.00	\$	\$
<input type="checkbox"/> Primary		\$	\$	\$
<input type="checkbox"/> General		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
08 / 24 / 06	9. SunHealth Behavioral Health 8050 Northview Street Boise, ID 83704	\$ 200.00	\$	\$
<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		\$ 1,750.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,750.00

**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
08 / 24 / 06	1. Medical Staffing Network 703 S. Americana Blvd, Suite 190 Boise, ID 83702	\$ 200.00	\$ _____	\$ _____
<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>
08 / 24 / 06	2. NW Mobile Services 6525 216th Street SW, Suite N Lynnwood, WA 98036	\$ 200.00	\$ _____	\$ _____
<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>
08 / 24 / 06	3. Superior Care Pharmacy 2280 W. Alexander Street Salt Lake City, UT 84119	\$ 150.00	\$ _____	\$ _____
<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>
08 / 24 / 06	4. Hansen, Hunter & Co., 8930 SW Gemini Dr. Beaverton, OR 97008	\$ 200.00	\$ _____	\$ _____
<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>
08 / 24 / 06	5. Idaho Home Infusion 10464 Garverdale Court, Suite 706 Boise, ID 83704	\$ 500.00	\$ _____	\$ _____
<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 / 06	6. PharMerica 30102 36th Place South Auburn, WA 98001	\$ 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 / 30 / 06	7. Caldwell Care Center 210 Cleveland Blvd Caldwell, ID 83605	\$ 240.00	\$ _____	\$ _____
<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 / 30 / 06	8. Superior Care Pharmacy 2280 W. Alexander Street Salt Lake City, UT 84119	\$ 140.00	\$ _____	\$ _____
<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 / 30 / 06	9. Milestone Decisions 611 S. Main Moscow, ID 83843	\$ 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>
Subtotals of Columns A, B & C		\$ 1,790.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,790.00

**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 / 30 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	1. Sanner & Associates 13380 W. Wittenburg St Boise, ID 83713	\$ 70.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 30 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	2. Life Care Center of Lewiston 325 Warner Dr. Lewiston, ID 83501	\$ 160.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 30 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	3. Beacon Rehab of Pocatello 1200 Hospital Way Pocatello, ID 83201	\$ 160.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 30 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	4. Nampa Care Center 404 Horton Nampa, ID 83651	\$ 80.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 30 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	5. Aspen Park Healthcare 420 Rowe Street Moscow, ID 83843	\$ 80.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 30 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	6. Capitol Care Center 8211 Ustick Road Boise, ID 83704	\$ 80.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 30 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	7. Idaho Falls Health & Rehab 3111 Channing Way Idaho Falls, ID 83404	\$ 80.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 30 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	8. Caldwell Care Center 210 Cleveland Blvd Caldwell, ID 83605	\$ 80.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
07 / 30 / 06 <input type="checkbox"/> Primary <input type="checkbox"/> General	9. Preferred Community Homes 440 W. Pennwood, Suite 200 Meridian, ID 83642	\$ 210.00	\$	\$
		Calendar Year To Date	Calendar Year To Date	Calendar Year to Date
Subtotals of Columns A, B & C		\$ 1,000.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,000.00



**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 / 29 / 06	1. Bridgeview Estates 1828 Bridgeview Blvd Twin Falls, ID 83301	\$ 160.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 29 / 06	2. Medical Staffing Network 703 S. Americana Blvd, Suite 190 Boise, ID 83702	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 29 / 06	3. Irwin Rogers Insurance 410 S. Orchard, #168 Boise, ID 83705	\$ 140.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 29 / 06	4. Hansen Hunter & Co. 8930 SW Gemini Dr. Beaverton, OR 97008	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 29 / 06	5. Royal Plaza Care Center 2870 Juniper Dr. Lewiston, ID 83501	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 29 / 06	6. SunBridge Care of Emmett 501 W. Idaho Blvd Emmett, ID 83617	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 29 / 06	7. Owyhee Health/Rehab 108 W. Owyhee Homedale, ID 83628	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 29 / 06	8. SunBridge of Meridian 1111 W. Pine Ave. Meridian, ID 83642	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
07 / 29 / 06	9. SunBridge of McCall Box 2090 McCall, ID 83638	\$ 280.00	\$	\$
<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		\$ 1,000.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,000.00

**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
06 / 30 / 06	1. Western Health Care Corp. 1475 S. Cole Road Boise, ID 83704	\$ 70.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 30 / 06	2. Grangeville Health/Rehab Center 410 E. North Second Grangeville, ID 83530	\$ 280.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 28 / 06	3. SunBridge of Twin Falls 640 Filer Ave West Twin Falls, ID 83301	\$ 140.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 28 / 06	4. Boise Health & Rehab 1001 S. Hilton Boise, ID 83705	\$ 70.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 28 / 06	5. Emmett Rehab/Healthcare 714 N. Butte Ave. Emmett, ID 83617	\$ 70.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 28 / 06	6. Preferred Community Homes 440 W. Pennwood, Suite 200 Meridian, ID 83642	\$ 70.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 28 / 06	7. Boise Health & Rehab 1001 S. Hilton Boise, ID 83705	\$ 140.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 28 / 06	8. Aspen Transitional Rehabilitation 2867 Copper Point Dr. Meridian, ID 83642	\$ 280.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 28 / 06	9. Caldwell Care Center 210 Cleveland Blvd Caldwell, ID 83605	\$ 70.00	\$ _____	\$ _____
<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		\$ 1,190.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 1,190.00

**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
06 / 20 / 06	1. Nampa Care Center 404 Horton Nampa, ID 83651	\$ 140.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 20 / 06	2. SunBridge of Nampa 2609 Sunnybrook Drive Nampa, ID 83686	\$ 140.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 20 / 06	3. SunHealth Behavioral Health 8050 Northview Boise, ID 83704	\$ 280.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 02 / 06	4. Canyon West Health & Rehab 2814 S. Indiana Ave. Caldwell, ID 83605	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 02 / 06	5. Weiser Care Center 331 E. Park Street Weiser, ID 83672	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
06 / 01 / 06	6. InnoVenture Healthcare Management 2552 Oneida Street Pocatello, ID 83201	\$ 70.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
9 / 12 / 06	7. Scott Burpee 200 Powell Road St. Maries, ID 83861	\$ 400.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
/ /	8.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
/ /	9.	\$	\$	\$
<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		\$ 770.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 770.00

400.00  
1170.00

10535

**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)
08 / 22 / 06	<sup>1.</sup> Kathie Garrett 3227 Crescent Rim Drive Boise, ID 83706	\$ 240.00	\$ _____
Purpose of Above Expenditure: Lobster Feed/Birthday Celebration			
08 / 22 / 06	<sup>2.</sup> Carlos Bilbao 2062 Corral Road Emmett, ID 83617	\$ 250.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
08 / 24 / 06	<sup>3.</sup> Patti Anne Lodge PO Box 96 Huston, ID 83630	\$ 100.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
08 / 24 / 06	<sup>4.</sup> Robert L. Geddes 370 Mountain View Ave. Soda Springs, ID 83276	\$ 100.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
08 / 24 / 06	<sup>5.</sup> Brent Hill 1010 South 2nd East Rexburg, ID 83440	\$ 100.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
08 / 24 / 06	<sup>6.</sup> John W. Goedde 525 B West Harrison Ave Coeur d' Alene, ID 83814	\$ 100.00	\$ _____
Purpose of Above Expenditure: Campaign Contribution			
Subtotals of Columns A & B		\$ 890.00	\$ 0.00
Total This Page (add columns A & B)			\$ 890.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

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 / 24 / 06	1. Joe Stegner 216 Prospect Blvd. Lewiston, ID 83501	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
08 / 24 / 06	2. John McGee 1601 Idaho Ave. Caldwell, ID 83605	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
08 / 29 / 06	3. Kathie Garrett 3227 Crescent Rim Drive Boise, ID 83706	\$ 500.00	\$
Purpose of Above Expenditure: Campaign Contribution			
08 / 28 / 06	4. Robert Ring 406 Spruce Street Caldwell, ID 83605	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
08 / 28 / 06	5. Darrell Bolz 3412 College Ave. Caldwell, ID 83605	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	6. Shawn A. Keough PO Box 101 Sandpoint, ID 83864	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
Subtotals of Columns A & B		\$ 1,400.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,400.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee Idaho Health Care Association
---

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
09 / 06 / 06	<sup>1.</sup> Mary Lou Shepherd 273 Crescent Drive Wallace, ID 83878	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	<sup>2.</sup> RJ Dick Harwood 81527 Hwy 3 South St. Maries, ID 83861	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	<sup>3.</sup> John Rusche 1405 27th Ave. Lewiston, ID 83501	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	<sup>4.</sup> Paul E. Shepherd 906 N. McArthur Riggins, ID 83549	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	<sup>5.</sup> Curt McKenzie 1911 Candlewood Dr. Nampa, ID 83686	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	<sup>6.</sup> Brent Crane 1217 W. Hawaii Ave. Nampa, ID 83686	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
Subtotals of Columns A & B		\$ 700.00	\$ 0.00
Total This Page (add columns A & B)			\$ 700.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee Idaho Health Care Association
---

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
09 / 06 / 06	1. Mike Moyle 480 N. Plummer Star, ID 83669	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	2. Max C. Black 3731 Buckingham Dr. Boise, ID 83704	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	3. Margaret Henbest 6441 Plantation Lane Boise, ID 83703	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	4. Elliott Werk 6810 Randolph Dr. Boise, ID 83709	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	5. Debbie Field 3236 Chickory Boise, ID 83706	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	6. Pete Nielsen 3955 S. 136 W. Mountain Home, ID 83647	\$ 200.00	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 800.00	\$ 0.00
Total This Page (add columns A & B)			\$ 800.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee <b>Idaho Health Care Association</b>
--

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
09 / 06 / 06	1. Charles Coiner 2138 Hillcrest Dr. Twin Falls, ID 83301	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	2. Sharon L. Block 1093 Lakewood Dr. Twin Falls, ID 83301	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	3. Wendy Jaquet PO Box 783 Ketchum, ID 83340	\$ 100.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	4. Dean Cameron 1101 Ruby Dr. Rupert, ID 83350	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	5. Denton Darrington 302 S. Hwy 77 Declo, ID 83323	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 06 / 06	6. Tom Loertscher 1357 Bone Road Iona, ID 83427	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
Subtotals of Columns A & B		\$ 1,000.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,000.00



**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee  
Idaho Health Care Association

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
09 / 06 / 06	1. Janice McGeachin 6121 N. 5th W. Idaho Falls, ID 83401	\$ 300.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 15 / 06	2. Joyce Broadsword PO Box 76 Cocolalla, ID 83813	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
09 / 15 / 06	3. Dick Harwood 81527 Hwy 3 South St. Maries, ID 83861	\$ 200.00	\$
Purpose of Above Expenditure: Campaign Contribution			
/ /	4.	\$	\$
Purpose of Above Expenditure:			
/ /	5.	\$	\$
Purpose of Above Expenditure:			
/ /	6.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 700.00	\$ 0.00
Total This Page (add columns A & B)			\$ 700.00

5490

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee  
Idaho Health Care Association

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
06 / 15 / 06	1. Landmark Promotions PO Box 44259 Boise, ID 83711	\$ 417.32	\$
Purpose of Above Expenditure: GOLF BALLS FOR GOLF TOURNAMENT			
07 / 20 / 06	2. Quail Hollow Golf Club 4520 N. 36th St. Boise, ID 83703	\$ 5,348.30	\$
Purpose of Above Expenditure: Golf Tournament/Lunch Fees			
07 / 26 / 06	3. B-Line Signs, Inc. 8959 W. State Street Boise, ID 83714	\$ 631.05	\$
Purpose of Above Expenditure: Golf Hole Sponsor Signs			
08 / 14 / 06	4. Joyce Broadsword PO Box 76 Cocolalla, ID 83813	\$ 750.00	\$
Purpose of Above Expenditure: Campaign Contribution			
08 / 21 / 06	5. AHCA - PAC Sweepstakes 1201 L Street SW Washington DC 10036	\$ 100.00	\$
Purpose of Above Expenditure: Pd IHCA-PAC by accident - forwarded on to AHCA			
/ /	6.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 7,246.67	\$ 0.00
Total This Page (add columns A & B)			\$ 7,246.67

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