

SCANNED

*Posted*

C-2 Rev. 04/04



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

05 MAY 16 4:09  
SECRETARY OF STATE  
STATE OF IDAHO

**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>PO Box 2623</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>Boise 83702</b>	Home Phone <b>208-939-3641</b>	Work Phone <b>208-343-9735</b>
Name of Political Treasurer <b>Robert Vande Merwe</b>				
Mailing Address <b>same as above</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>same</b>	Home Phone <b>same</b>	Work Phone <b>same</b>

**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 / 2006 through 05 / 07 / 2006

- 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*	\$ <u>XXXXXX</u>	\$ <u><del>7,553.66</del> 5862.22</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	<u>5,862.22</u> <del>7,553.66</del>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>123.24</u> ✓	\$ <u>123.24</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	<u>5985.46</u> <del>7,676.90</del>	\$ <u><del>7,676.90</del> 5985.46</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1,380.50</u> ✓	\$ <u>1,380.50</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	<u>4604.96</u> <del>6,296.40</del>	\$ <u><del>6,296.40</del> 4604.96</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.

**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]*  
Signature of Political Treasurer

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

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee Idaho Health Care Association	Report Covering the Period From <u>01 / 01 / 06</u> to <u>05 / 07 / 06</u>
-----------------------------------------------------------------	-------------------------------------------------------------------------------

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

Total Number 45 Total Amount \$ 123.24

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

Total Number 4 Total Amount \$ 20.00

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 123.24
Itemized Contributions (total all Schedule A sheets)	\$ 0.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 123.24
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 20.00
Itemized Expenditures (total all Schedule B sheets)	\$ 1,360.50
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ 0.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 1,380.50
<u>0</u> 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)	\$ 0.00
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ 0.00
Subtotal	= \$ 0.00
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ 0.00
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ 0.00
<u>0</u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ 0.00

### 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
1.	NONE	\$ _____	\$ _____	\$ _____
<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>
2.		\$ _____	\$ _____	\$ _____
<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>
3.		\$ _____	\$ _____	\$ _____
<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>
4.		\$ _____	\$ _____	\$ _____
<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>
5.		\$ _____	\$ _____	\$ _____
<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>
6.		\$ _____	\$ _____	\$ _____
<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.		\$ _____	\$ _____	\$ _____
<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>
8.		\$ _____	\$ _____	\$ _____
<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>
9.		\$ _____	\$ _____	\$ _____
<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>
<b>Subtotals of Columns A, B &amp; C</b>		\$ 0.00	\$ 0.00	\$ 0.00
<b>Total This Page (add columns A, B &amp; C)</b>				\$ 0.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

Page	of
4	4

**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)
02 / 14 / 06	1. Holly McQuinn Portneuf Care Center 527 Memorial Drive Pocatello, ID 83201	\$ 60.50	\$
Purpose of Above Expenditure: 50/50 Raffle Winner - Winter Workshop			
03 / 13 / 06	2. Idaho Senate Democratic Caucus PO Box 575 Boise, ID 83701	\$ 100.00	\$
Purpose of Above Expenditure: Sine Die 2006			
04 / 17 / 06	3. Rep. Robert Ring 406 Spruce Street Caldwell, ID 83605	\$ 500.00	\$
Purpose of Above Expenditure: Campaign contribution			
04 / 17 / 06	4. Rep. Carlos Bilbao 2062 Corral Road Emmett, ID 83617	\$ 250.00	\$
Purpose of Above Expenditure: Campaign contribution			
04 / 17 / 06	5. Rep. Tom Loertscher 1357 Bone Road Iona, ID 83427	\$ 100.00	\$
Purpose of Above Expenditure: Campaign contribution			
05 / 03 / 06	6. Rep. Kathie Garrett 3227 Crescent Rim Dr. Boise, ID 83706	\$ 350.00	\$
Purpose of Above Expenditure: Campaign contribution			
Subtotals of Columns A & B		\$ 1,360.50	\$ 0.00
Total This Page (add columns A & B)			\$ 1,360.50