



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

C-2  
Rev. 12/14

16 OCT 11 PM 12:55

Section I

Name of Candidate or Political Committee and Chairperson <b>Idaho Health Care Association</b>		Office Sought (if candidate) <b>SECRETARY OF STATE</b>	District (if any)
Mailing Address <b>1524 W. Cayuse Creek Dr.</b>	City and Zip <b>Meridian, 83646</b>	Home Phone <b>208-294-2985</b>	Work Phone <b>208-343-9735</b>
Name of Political Treasurer <b>Robert Vande Merwe</b>			
Mailing Address <b>Same as above</b>	City and Zip	Home Phone	Work Phone

Change of address for: Candidate or Political Committee  Political Treasurer

Section II

TYPE OF REPORT

This filing is an:  Original  Amendment

This report is for the period from **5/28/16** through **9/30/16**.

- 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 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 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.

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 Calendar Year*	\$ XXXXXX	\$ 48,615.05
Line 2: Enter Beginning Cash Balance**	\$ 47,015.05	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 0	\$ 6,400.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 47,015.05	\$ 55,015.05
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 17,250.00	\$ 25,250.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 29,765.05	\$ 29,765.05
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ 0	

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

\*\*This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.

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

Section V

Return This Report To:  
Lawrence Denney  
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  
Name of Political Treasurer

report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*[Signature]*  
Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Idaho Health Care Association

		Total This Period
<b>Contributions</b>		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$ <u>0</u>

<b>Expenditures</b>		
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ <u>17,250.00</u>
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$
⑨	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$
⑩	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$
⑪	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$ <u>17,250.00</u>

<b>Loans, Credit Cards and Debt</b>		
⑫	Outstanding Balance from previous reporting period	+ \$
⑬	New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+ \$
⑭	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ \$
⑮	Subtotal	= \$
⑯	Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- \$
⑰	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- \$
⑱	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= \$ <u>0</u>

<b>Pledged Contributions</b>		
⑲	Unitemized Pledged Contributions (\$50 and less) # of Pledges _____	+ \$
⑳	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$
㉑	Total Pledged Contributions this period	= \$ <u>0</u>

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

Name of Candidate or Committee: Idaho Health Care Association

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Primary <input type="checkbox"/> <input type="checkbox"/> General	1. <u>na</u>	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Primary <input type="checkbox"/> <input type="checkbox"/> General	2.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Primary <input type="checkbox"/> <input type="checkbox"/> General	3.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Primary <input type="checkbox"/> <input type="checkbox"/> General	4.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Primary <input type="checkbox"/> <input type="checkbox"/> General	5.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Primary <input type="checkbox"/> <input type="checkbox"/> General	6.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Primary <input type="checkbox"/> <input type="checkbox"/> General	7.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Primary <input type="checkbox"/> <input type="checkbox"/> General	8.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Primary <input type="checkbox"/> <input type="checkbox"/> General	9.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Primary <input type="checkbox"/> <input type="checkbox"/> General	10.	\$ _____ \$ _____ Calendar Year-To-Date
Total This Page:		\$ <u>0</u>

Transfer the combined total of all Schedule A pages to the Detailed Summary on page 2 line 2.

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee: **Idaho Health Care Association**

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- |   |   |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)  | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's                     | P Postage                                       |
| D Donations & Gifts                                       | S Surveys & Polls                               |
| E Event Expenses  | T Tickets (Events)                              |
| F Food & Refreshments                                     | U Utilities                                     |
| G General Operational Expenses                            | W Wages, Salaries, Benefits & Bonuses           |
| H Independent Expenditures                                | Y Petition Circulators                          |
| L Literature, Brochures, Printing                         | Z Preparation & Production of Advertising       |
| M Management Services                                     |   |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
7 / 14 / 16	1. Rusche for House, Representative John Rusche 1405 27th Avenue Lewiston, ID 83501	C	1223 \$ 1,000.00
9 / 20 / 16	2. Winder for Senate Chuck Winder Classic 5528 N Ebbetts Avenue, Boise, ID 83713	E - Golf Classic	1224 \$ 500.00
9 / 30 / 16	3. Lieutenant Governor Brad Little State Capitol Building, Boise, ID 83720-0057	C	1226 \$ 500.00
9 / 30 / 16	4. Senator Cherie Buckner-Webb 2304 W Bella Street Boise, ID 83702	C	1250 \$ 500.00
9 / 30 / 16	5. Senator Grant Burgoyne 2203 Mountain View Drive Boise, ID 83706	C	1238 \$ 500.00
9 / 30 / 16	6. Senator Bart Davis 2638 Bellin Circle Idaho Falls, ID 83402	C	1249 \$ 400.00
9 / 30 / 16	7. Senator Jim Guthrie PO Box 12, Inkom, ID 83245	C	1245 \$ 400.00
9 / 30 / 16	8. Senator Marv Hagedorn 5285 W Ridgeside Street Meridian, ID 83646	C	1243 \$ 500.00
9 / 30 / 16	9. Senator Lee Heider 1631 Richmond Drive, Twin Falls, ID 83301	C	1244 \$ 500.00
9 / 30 / 16	10. Senator Brent Hill 1010 S 2nd E Rexburg, ID 83440	C	1246 \$ 500.00
<b>Total This Page:</b>			<b>\$ 5,300.00</b>

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee: Idaho Health Care Association

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- |   |   |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)  | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's                     | P Postage                                       |
| D Donations & Gifts                                       | S Surveys & Polls                               |
| E Event Expenses  | T Tickets (Events)                              |
| F Food & Refreshments                                     | U Utilities                                     |
| G General Operational Expenses                            | W Wages, Salaries, Benefits & Bonuses           |
| H Independent Expenditures                                | Y Petition Circulators                          |
| L Literature, Brochures, Printing                         | Z Preparation & Production of Advertising       |
| M Management Services                                     |   |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
9 / 30 / 16	11. Senator Maryanne Jordan 312 N Atlantic Street Boise, ID 83706	C	1242 400.00 \$
9 / 30 / 16	12. Senator Shawn Keough PO Box 101 Sandpoint, ID 83864	C	1235 500.00 \$
9 / 30 / 16	13. Senator Todd Lakey 34 S Bingham Street Nampa, ID 83651	C	1247 500.00 \$
9 / 30 / 16	14. Senator Fred Martin 3672 Tumbleweed Place Boise, ID 83713	C	1241 1,000.00 \$
9 / 30 / 16	15. Senator Bob Nonini 5875 W Harbor Drive Coeur d'Alene, ID 83814	C	1237 400.00 \$
9 / 30 / 16	16. Senator Dan Schmidt 267 Circle Drive Moscow, ID 83843	C	1240 500.00 \$
9 / 30 / 16	17. Senator Mary Souza PO Box 2223 Coeur d'Alene, ID 83816	C	1236 400.00 \$
9 / 30 / 16	18. Senator Steven Thayn 5655 Hillview Road Emmett, ID 83617	C	1239 250.00 \$
9 / 30 / 16	19. Senator Chuck Winder 5528 N Ebbetts Avenue Boise, ID 83713	C	1248 200.00 \$
9 / 30 / 16	20. Paul Amador for House 333 W Vista Drive, Coeur d'Alene, ID 83815	C	1253 250.00 \$
Total This Page: <u>2</u>			\$ 4,400.00 ✓

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee: Idaho Health Care Association

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- |   |   |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)  | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's                     | P Postage                                       |
| D Donations & Gifts                                       | S Surveys & Polls                               |
| E Event Expenses  | T Tickets (Events)                              |
| F Food & Refreshments                                     | U Utilities                                     |
| G General Operational Expenses                            | W Wages, Salaries, Benefits & Bonuses           |
| H Independent Expenditures                                | Y Petition Circulators                          |
| L Literature, Brochures, Printing                         | Z Preparation & Production of Advertising       |
| M Management Services                                     |   |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
9 / 30 / 16	21. Representative Robert Anderst 7401 E Grey Lag Drive Nampa, ID 83687	C	1262 400.00 \$ _____
9 / 30 / 16	22. Representative Scott Bedke PO Box 89 Oakley, ID 83346	C	1267 500.00 \$ _____
9 / 30 / 16	23. Representative Thomas Dayley 4892 S Willandra Way Boise, ID 83709	C	1257 500.00 \$ _____
9 / 30 / 16	24. Representative Mat Erpelding PO Box 1697 Boise, ID 83701	C	1269 500.00 \$ _____
9 / 30 / 16	25. Representative Brandon Hixon 910 N Plateau Avenue Caldwell, ID 83605	C	1256 500.00 \$ _____
9 / 30 / 16	24. Representative Thomas Loertscher 1357 Bone Rd Iona, ID 83427	C	1264 250.00 \$ _____
9 / 30 / 16	27. Representative Lynn Luker 514 S El Blanco Drive Boise, ID 83709	C	1260 500.00 \$ _____
9 / 30 / 16	28. Representative Luke Malek PO Box 363 Coeur d'Alene, ID 83816	C	1254 500.00 \$ _____
9 / 30 / 16	29. Representative Mike Moyle 480 N Plummer Road Star, ID 83669	C	1268 500.00 \$ _____
9 / 30 / 16	30. Representative Kelley Packer PO Box 147, 104 Mountain View Drive McCammon, ID 83250	C	1265 500.00 \$ _____
Total This Page: 3			\$ 4,650.00 -

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.

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

Name of Candidate or Committee: Idaho Health Care Association

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- |   |   |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)  | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's                     | P Postage                                       |
| D Donations & Gifts                                       | S Surveys & Polls                               |
| E Event Expenses  | T Tickets (Events)                              |
| F Food & Refreshments                                     | U Utilities                                     |
| G General Operational Expenses                            | W Wages, Salaries, Benefits & Bonuses           |
| H Independent Expenditures                                | Y Petition Circulators                          |
| L Literature, Brochures, Printing                         | Z Preparation & Production of Advertising       |
| M Management Services                                     |   |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
9 / 30 / 16	31. Representative Christy Perry 8791 Elkhorn Lane Nampa, ID 83686	C	1258 500.00 \$
9 / 30 / 16	32. Representative Eric Redman PO Box 40 Athol, ID 83801	C	1251 500.00 \$
9 / 30 / 16	33. Representative John Rusche 1405 27th Avenue Lewiston, ID 83501	C	1255 500.00 \$
9 / 30 / 16	34. Representative Jeff Thompson 1739 Peggy's Lane Idaho Falls, ID 83402	C	1261 250.00 \$
9 / 30 / 16	35. Representative Janet Trujillo PO Box 50617 Idaho Falls, ID 83405	C	1266 250.00 \$
9 / 30 / 16	36. Representative Fred Wood PO Box 1207 Burley, ID 83318-0828	C	1259 500.00 \$
9 / 30 / 16	37. Representative Rick Youngblood 12612 Smith Avenue Nampa, ID 83651	C	1263 400.00 \$
			\$
			\$
			\$
Total This Page: 4			\$ 2,900.00 /

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7. \*

Grand Total : \$ 17,250.00 \*

**SCHEDULE C**  
**IN-KIND CONTRIBUTIONS and EXPENDITURES**

Name of Candidate or Committee: Idaho Health Care Association

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- |   |   |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)  | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's                     | P Postage                                       |
| D Donations & Gifts                                       | S Surveys & Polls                               |
| E Event Expenses  | T Tickets (Events)                              |
| F Food & Refreshments                                     | U Utilities                                     |
| G General Operational Expenses                            | W Wages, Salaries, Benefits & Bonuses           |
| H Independent Expenditure                                 | Y Petition Circulators                          |
| L Literature, Brochures, Printing                         | Z Preparation & Production of Advertising       |
| M Management Services                                     |   |

1.	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Primary <input type="checkbox"/> General                 </div> <div style="width: 50%;">Contributor Name, Mailing Address and Zip Code</div> <div style="width: 30%; text-align: right;">                     \$ _____                      \$ _____                      Calendar Year-To-Date                 </div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">Expenditure Name, Mailing Address and Zip Code</div> <div style="width: 5%; text-align: center;">\$</div> <div style="width: 30%;">Purpose Code(s)</div> </div>	
2.	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Primary <input type="checkbox"/> General                 </div> <div style="width: 50%;">Contributor Name, Mailing Address and Zip Code</div> <div style="width: 30%; text-align: right;">                     \$ _____                      \$ _____                      Calendar Year-To-Date                 </div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">Expenditure Name, Mailing Address and Zip Code</div> <div style="width: 5%; text-align: center;">\$</div> <div style="width: 30%;">Purpose Code(s)</div> </div>	
3.	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Primary <input type="checkbox"/> General                 </div> <div style="width: 50%;">Contributor Name, Mailing Address and Zip Code</div> <div style="width: 30%; text-align: right;">                     \$ _____                      \$ _____                      Calendar Year-To-Date                 </div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">Expenditure Name, Mailing Address and Zip Code</div> <div style="width: 5%; text-align: center;">\$</div> <div style="width: 30%;">Purpose Code(s)</div> </div>	
4.	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Primary <input type="checkbox"/> General                 </div> <div style="width: 50%;">Contributor Name, Mailing Address and Zip Code</div> <div style="width: 30%; text-align: right;">                     \$ _____                      \$ _____                      Calendar Year-To-Date                 </div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">Expenditure Name, Mailing Address and Zip Code</div> <div style="width: 5%; text-align: center;">\$</div> <div style="width: 30%;">Purpose Code(s)</div> </div>	
Expenditure Total: (Transfer the combined total of all Expenditures on Schedule C pages to the Detailed Summary, page 2 line 8)		\$ _____
Contributor Total: (Transfer the combined total of all Contributors on Schedule C pages to the Detailed Summary, page 2 line 3)		\$ _____



SCHEDULE D - LOANS

Name of Candidate or Committee: Idaho Health Care Association

Each Lender to your campaign should be listed separately. Each time a loan is received or you loan money to the campaign, it must be listed as a separate item. Each new loan from any Lender must be listed as a new item from that Lender. You may have the same Lender listed more than once. Except for a candidate making a loan to his or her own campaign, loans from any Lender cannot exceed contribution limits laid out in Section 67-6610A, Idaho Code, even if it is repaid in full.

Any loan(s) with a balance(s) appearing on the last report must be listed below with the amount in the Previous Balance column. Any new loan amounts should be listed in the New Loan column. Any interest accrued should be listed in the Interest Accrued column. If a payment was made on the loan, list it in the Repayments column. Note: Any loan that was repaid in full in a previous reporting period does not need to be listed. The Outstanding Balance column is the Previous Balance plus new loans and accrued interest less any repayments.

Name, Mailing Address and Zip Code of Lender (Candidate, Individual or Business)	Previous Balance of loan at the end of the last reporting period	New Loan amount received during this reporting period	Interest accrued during this reporting period	Repayments of Loan during this reporting period	Balance outstanding at the end of this reporting period
1. nla		Date: ___/___/___ Amount: \$ _____		Date: ___/___/___ Amount: \$ _____	
2.		Date: ___/___/___ Amount: \$ _____		Date: ___/___/___ Amount: \$ _____	
3.		Date: ___/___/___ Amount: \$ _____		Date: ___/___/___ Amount: \$ _____	
4.		Date: ___/___/___ Amount: \$ _____		Date: ___/___/___ Amount: \$ _____	
5.		Date: ___/___/___ Amount: \$ _____		Date: ___/___/___ Amount: \$ _____	
6.		Date: ___/___/___ Amount: \$ _____		Date: ___/___/___ Amount: \$ _____	
7.		Date: ___/___/___ Amount: \$ _____		Date: ___/___/___ Amount: \$ _____	

	Previous	Received	Interest	Repayments	Ending Balance
Previous Total: \$					
Received Total: \$					
(Transfer the combined total of all received loans to the Detailed Summary, page 2 line 4)					
Interest Total: \$					
Repayments Total: \$					
(Transfer the combined total of all loan repayments to the Detailed Summary, page 2 line 9 & 16)					
Ending Balance Total: \$					

(NOTE: Transfer the combined total of all Accrued Interest and Received Loans to the Detailed Summary, page 2 line 13)

SCHEDULE E - CREDIT CARDS and DEBT

Name of Candidate or Committee: Idaho Health Care Association

Each incurred expense not yet paid (i.e. credit card purchases and debt) should be listed on a separate line. Each time you make purchases with a credit card or incur debt, it is considered to be a separate item. However, you will maintain a single item for each credit card and add purchases to that item. Each Creditor listed below with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where and when the debt was incurred.

Credit Cards are considered debt to the campaign. Regardless of whether the credit card is repaid when the statement is received, all credit card transactions will appear on Schedule E and E-1. However, only Repayments of Debt during this reporting period appear in the Expenditure Section of the Detailed Summary Page.

Any creditor(s) with a balance(s) appearing on the last report must be listed below with the amount in the Previous Balance column. Any new debt should be listed in the New Debt column, including any accrued interest. If a payment was made on the debt, list it in the Repayments column. Note: Any debt that was repaid in full in a previous reporting period does not need to be listed. The Outstanding Balance column is the Previous Balance plus New Debt less any Repayments of Debt.

Name, Mailing Address and Zip Code of Creditor (Candidate, Individual or Business)	Previous Balance of debt at the end of the last reporting period	New Debt amount incurred during this reporting period	Repayments of Debt during this reporting period	Balance outstanding at the end of this reporting period
1. <u>n/a</u>		Date: _____ Amount: _____ \$ _____	Date: _____ Amount: _____ \$ _____	
2.		Date: _____ Amount: _____ \$ _____	Date: _____ Amount: _____ \$ _____	
3.		Date: _____ Amount: _____ \$ _____	Date: _____ Amount: _____ \$ _____	
4.		Date: _____ Amount: _____ \$ _____	Date: _____ Amount: _____ \$ _____	
5.		Date: _____ Amount: _____ \$ _____	Date: _____ Amount: _____ \$ _____	
6.		Date: _____ Amount: _____ \$ _____	Date: _____ Amount: _____ \$ _____	

	Previous	Incurred	Repayments	Ending Balance
--	----------	----------	------------	----------------

Previous Total: \$

Incurred Total: \$  
(Transfer the combined total of all incurred debt to the Detailed Summary, page 2 line 14)

Repayments Total: \$  
(Transfer the combined total of all debt repayments to the Detailed Summary, page 2 line 10 & 17)

Ending Balance Total: \$ 0

SCHEDULE E-1 - CREDIT CARD and DEBT ITEMIZATION

Name of Candidate or Committee: Idaho Health Care Association

Name of Creditor from Schedule E:

Each Creditor listed on Schedule E with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where and when the debt was incurred.

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- B Broadcast Advertising (Radio, TV, Internet & Telephone)
- C Contributions to Candidates & PAC's
- D Donations & Gifts
- E Event Expenses
- F Food & Refreshments
- G General Operational Expenses
- H Independent Expenditure
- I Interest Accrued & Finance Charges
- L Literature, Brochures, Printing
- M Management Services
- N Newspaper & Other Periodical Advertising
- O Other Advertising (Yard Signs, Buttons, etc.)
- P Postage
- S Surveys & Polls
- T Tickets (Events)
- U Utilities
- W Wages, Salaries, Benefits & Bonuses
- Y Petition Circulators
- Z Preparation & Production of Advertising

Date Incurred	Full Name, Mailing Address and Zip Code of Expenditure	Purpose Code(s)	Amount
___/___/___	1. nla		\$ _____
___/___/___	2.		\$ _____
___/___/___	3.		\$ _____
___/___/___	4.		\$ _____
___/___/___	5.		\$ _____
___/___/___	6.		\$ _____
___/___/___	7.		\$ _____
___/___/___	8.		\$ _____
___/___/___	9.		\$ _____
Total This Page:			\$ 0

The total of itemization for this creditor should equal the new loan amount listed on Schedule E for this creditor.

**SCHEDULE F**  
**PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED**

Name of Candidate or Committee: Idaho Health Care Association

Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Pledged For	Date Pledged	Full Name, Mailing Address and Zip Code of Contributor	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	1. <u>nk</u>	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	2.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	11.	

Total Amount of Pledged Contributions: \$ 0

Transfer the combined total of all Schedule F pages to the Detailed Summary on page 2 line 20.