

6059



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

C-2
Rev. 12/14

16 DEC -6 PM 5:18

SECRETARY OF STATE

Section I

Name of Candidate or Political Committee and Chairperson Idaho Health Care Association		Office Sought (if candidate) SECRETARY OF STATE District (if any)	
Mailing Address 1524 W Cayuse Creek Drive	City and Zip Meridian 83646	Home Phone (208) 794-2985	Work Phone (208) 343-9735
Name of Political Treasurer Robert Vande Merwe			
Mailing Address same as above	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 10/24/16 through 11/18/16

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	\$ 48,515.05
Line 2: Enter Beginning Cash Balance**	\$ 29,815.05	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 250.00	\$ 6,900.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 30,065.05	\$ 55,415.05
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 100.00	\$ 25,450.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 29,965.05	\$ 29,965.05
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ 0.00	

*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 of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Idaho Health Care Association

	Total This Period
Contributions	
① Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$
② Itemized Contributions (Total of all Schedule A sheets)	+ \$250.00
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)	= \$250.00

Expenditures	
⑥ Unitemized Expenditures (Less than \$25) # of Expenditures _____	+ \$
⑦ Itemized Expenditures (Total of all Schedule B sheets)	+ \$100.00
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)	= \$100.00

Loans, Credit Cards and Debt	
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)	= \$0.00

Pledged Contributions	
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	= \$0.00

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
11 / 8 / 16 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Guardian Angel Homes - Post Falls 1050 E Mullan Ave Post Falls, ID 83854	\$ 250.00 \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	2.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	3.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	4.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	5.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	6.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	7.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	8.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	10.	\$ _____ \$ _____ Calendar Year-To-Date
Total This Page:		\$ 250.00

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
10 / 26 / 16	1. Representative Sue Chew 1304 Lincoln Ave. Boise, ID 83706	C	\$ 100.00
	2.		\$
	3.		\$
	4.		\$
	5.		\$
	6.		\$
	7.		\$
	8.		\$
	9.		\$
	10.		\$
Total This Page:			\$ 100.00

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

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.	Contributor Name, Mailing Address and Zip Code	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code	Purpose Code(s)
	\$ _____	
2.	Contributor Name, Mailing Address and Zip Code	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code	Purpose Code(s)
	\$ _____	
3.	Contributor Name, Mailing Address and Zip Code	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code	Purpose Code(s)
	\$ _____	
4.	Contributor Name, Mailing Address and Zip Code	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code	Purpose Code(s)
	\$ _____	
Expenditure Total:		\$ 0.00
(Transfer the combined total of all Expenditures on Schedule C pages to the Detailed Summary, page 2 line 8)		
Contributor Total:		\$ 0.00
(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 87-6610A, 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.		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:	\$ 0.00				
Received Total:		\$ 0.00			
(Transfer the combined total of all received loans to the Detailed Summary, page 2 line 4)					
		Interest Total:	\$ 0.00		
		Repayments Total:		\$ 0.00	
(Transfer the combined total of all loan repayments to the Detailed Summary, page 2 line 9 & 16)					
		Ending Balance Total:			\$ 0.00

(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.		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: \$ 0.00

Incurred Total:
(Transfer the combined total of all incurred debt to the Detailed Summary, page 2 line 14) \$ 0.00

Repayments Total:
(Transfer the combined total of all debt repayments to the Detailed Summary, page 2 line 10 & 17) \$ 0.00

Ending Balance Total: \$ 0.00

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

Date Incurred	Full Name, Mailing Address and Zip Code of Expenditure	Purpose Code(s)	Amount
____/____/____	1.		\$ _____
____/____/____	2.		\$ _____
____/____/____	3.		\$ _____
____/____/____	4.		\$ _____
____/____/____	5.		\$ _____
____/____/____	6.		\$ _____
____/____/____	7.		\$ _____
____/____/____	8.		\$ _____
____/____/____	9.		\$ _____
Total This Page:			\$ 0.00

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	____/____/____	1.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	2.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	____/____/____	11.	

Total Amount of Pledged Contributions: \$ 0.00

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