



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

C-2
Rev. 12/14

15 MAY 10 AM 9:27

SECRETARY OF STATE

Section I

Name of Candidate or Political Committee and Chairperson Idaho Health Care Association		Office Sought (if Candidate) STATE OF IDAHO		District (if any)
Mailing Address 1524 W. Bayuse Creek Dr.	City and Zip Meridian, 83446	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 01/01/2016 through 05/01/2016

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	\$ <u>48,615.05</u>
Line 2: Enter Beginning Cash Balance**	\$ <u>48,615.05</u>	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ <u>5,400.00</u>	\$ <u>5,400.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>54,015.05</u>	\$ <u>54,015.05</u>
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ <u>8,000.00</u>	\$ <u>8,000.00</u>
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ <u>46,015.05</u>	\$ <u>46,015.05</u>
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ <u>0</u>	

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

Signature of Political Treasurer

20610

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)	+ \$ 5,400.00
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)	= \$ 5,400.00

Expenditures		
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures _____	+ \$
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 8,000.00
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)	= \$ 8,000.00

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

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

Idaho Health Care Association
 January 1 through May 1, 2016
 PAC Donations Paid
 Schedule A

Primary/ General	Facility	Address	City	State	Zip	Amt Paid	Pd Date
Pre-Primary	Alpine Manor II	PO Box 281	Kimberly	Idaho	83341	\$ 50.00	1/13/16
Pre-Primary	Bennett Hills Center	1220 Montana St.	Gooding	Idaho	83330	\$ 250.00	2/10/16
Pre-Primary	Boise Group Homes	146 S. Cole Road	Boise	Idaho	83709	\$ 250.00	3/23/16
Pre-Primary	Discovery Care Center of Salmon-SNF	600 Shanafelt St.	Salmon	Idaho	83467	\$ 250.00	3/18/16
Pre-Primary	Emerson House at River Pointe	8250 W. Marigold Street	Garden City	Idaho	83714	\$ 250.00	1/19/16
Pre-Primary	Guardian Angel Homes-PF	1050 E. Mullan Ave.	Post Falls	Idaho	83854	\$ 250.00	1/13/16
Pre-Primary	Harmony House Assisted Living I	PO Box 2792	Hayden	Idaho	83835	\$ 250.00	1/21/16
Pre-Primary	Harmony House Assisted Living II	PO Box 2792	Hayden	Idaho	83835	\$ 250.00	1/21/16
Pre-Primary	Kindred Nursing & Rehab-Aspen Park	420 Rowe St.	Moscow	Idaho	83843	\$ 250.00	2/9/16
Pre-Primary	Kindred Nursing & Rehab-Caldwell	210 Cleveland Blvd.	Caldwell	Idaho	83605	\$ 250.00	2/9/16
Pre-Primary	Kindred Nursing & Rehab-Canyon West	2814 S. Indiana Ave.	Caldwell	Idaho	83605	\$ 250.00	2/9/16
Pre-Primary	Kindred Nursing & Rehab-Mt. Valley	601 W. Cameron Ave.	Kellogg	Idaho	83837	\$ 250.00	2/9/16
Pre-Primary	Kindred Nursing & Rehab-Nampa	404 N. Horton St.	Nampa	Idaho	83651	\$ 250.00	2/9/16
Pre-Primary	Kindred Nursing & Rehab-Weiser	331 East Park Street	Weiser	Idaho	83672	\$ 250.00	2/9/16
Pre-Primary	Kindred Transitional Care & Rehab-Lew	3315 8th St.	Lewiston	Idaho	83501	\$ 250.00	2/9/16
Pre-Primary	McCall Rehab & Care Center	418 Floyde St.	McCall	Idaho	83638	\$ 250.00	3/2/16
Pre-Primary	Meadow View Assisted Living-Memory Care	1013 S. Johns Ave	Emmett	Idaho	83617	\$ 250.00	4/4/16
Pre-Primary	Meridian Center Genesis HC-SNF	1351 W. Pine Ave.	Meridian	Idaho	83642	\$ 250.00	3/2/16
Pre-Primary	Payette Center	1019 3rd Ave. S	Payette	Idaho	83661	\$ 250.00	3/29/16
Pre-Primary	Prestige Care & Rehab at the Orchards	1014 Burrell Ave.	Lewiston	Idaho	83501	\$ 250.00	3/2/16
Pre-Primary	River's Edge Rehab & Living Cntr	714 N. Butte Ave.	Emmett	Idaho	83617	\$ 100.00	1/25/16
Pre-Primary	Riverview Rehabilitation	3550 W. Americana Terrace	Boise	Idaho	83706	\$ 250.00	2/25/16
Pre-Primary	Touchmark at Meadow Lake Village	650 South Arbor Lane	Meridian	Idaho	83642	\$ 250.00	4/14/16
						<u>\$ 5,400.00</u>	Total

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
3/29/2016	Keough for Senate Senator Shawn Keough PO Box 101 Sandpoint, ID 83864	C	\$1,000.00
3/29/2016	Nuxoll for Senate Senator Sheryl L. "Sherry" Nuxoll PO Box 187 Cottonwood, ID 83522	C	\$200.00
3/29/2016	Thayn for Senate Senator Steven P. Thayn 5655 Hillview Road Emmett, ID 83617	C	\$400.00
3/29/2016	Lodge for Senate Senator Patti Anne Lodge PO Box 96 Huston, ID 83630	C	\$200.00
3/29/2016	Martin for Senate Senator Fred S. Martin 3672 Tumbleweed Place Boise, ID 83713	C	\$500.00
3/29/2016	Hill for Senate Senator Brent Hill 1010 South 2nd East Rexburg, ID 83440	C	\$500.00
3/29/2016	Redman for House Representative Eric Redman PO Box 40 Athol, ID 83801	C	\$500.00

3/29/2016	Malek for House Representative Luke Malek PO Box 363 Coeur d'Alene, ID 83816	C	\$500.00
3/29/2016	Beyeler for House Representative Merrill Beyeler PO Box 62 Leadore, ID 83464	C	\$500.00
3/29/2016	Perry for House Representative Christy Perry 8791 Elkhorn Lane Nampa, ID 83686	C	\$500.00
3/29/2016	Moyle for House Representative Mike Moyle 480 North Plummer Road Star, ID 83669	C	\$500.00
3/29/2016	DeMordaunt for House Representative Gayanne DeMordaunt 1017 South Arbor Island Way Eagle, ID 83616	C	\$200.00
3/29/2016	Wills for House Representative Richard "Rich" Wills PO Box 602 Glenns Ferry, ID 83623	C	\$500.00
3/29/2016	Bedke for House Representative Scott Bedke PO Box 89 Oakley, ID 83346	C	\$500.00
3/29/2016	Packer for House Representative Kelley Packer 104 Mountain View Drive PO Box 147 McCammon, ID 83250	C	\$1,000.00
3/29/2016	Romrell for House Representative Paul Romrell 512 Park Street St. Anthony, ID 83445	C	\$500.00
Total This Page:			\$8,000.00

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