



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE
(Please Print or Type)

C-2
Rev. 10/07

08 NOV -5 AM 9:16

SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson: Idaho Health Care Association
Mailing Address: 802 W. Bannock, Suite 304
City and Zip: Boise 83702
Home Phone: 939-3641
Work Phone: 343-9735
Name of Political Treasurer: Robert Vande Merwe
Mailing Address: same as above

Change of address for: Candidate or Political Committee [] Political Treasurer []

Section II

This filing is an: [] Original [X] Amendment
This report is for the period from 10/1/08 through 10/19/08

- 7 Day Pre-Primary Report []
30 Day Post-Primary Report []
October 10 Pre-General Report []
7 Day Pre-General Report [X]
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).

Table with 3 columns: Line, COLUMN I This Period, and COLUMN II Calendar Year to Date. Rows include Cash on Hand, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt.

*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: Ben Yursa, 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 Robert Vande Merwe
Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Idaho Health Care Assoc

		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$.21
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 11290.00
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)	= \$ 11290.21

Expenditures		
⑥	Unitemized Expenditures (\$25 and less) # of Expenditures <u>2</u>	+ \$ 11.80
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 148.09
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)	= \$ 159.89

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)	= \$

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	= \$

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

Page 3 of 8

Name of Candidate or Committee: IHCA

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Hansen Hunter & Co 8930 SW Gemini Dr. Beaverton OR 97008	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. Meridian Holdings 3155 River Rd S, Suite 100 Salem OR 97302	\$ <u>1000.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. Sun Health Behavioral Hospital 8050 Northview Boise ID 83704	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. Pharm Ease LLC 1790 Sabien Dr Ammon ID 83406	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. NW Mobile Services PO Box 2124 Olympia WA 98507	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. Food Services of America 1495 N. Hickory Ave. Boise ID 83680	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. Legacy Home Health & Hospice 680 S. Progress Ave Ste 2A. Meridian ID 83642	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8. Innovative Care Pharmacy 9196 W. Emerald, Suite 110 Boise ID 83704	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9. McKesson Medical Surgical Box 831 Liberty Lake WA 99019	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10. Arwin Rogers Insurance 410 S. Orchard, Ste #168 Boise ID 83705	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
Total This Page:		\$ <u>3250.00</u>

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

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

Page 4 of 8

Name of Candidate or Committee: <u>IHCA</u>		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Hearts for Hospice 677 Quality Dr #201 American Fork UT 84003	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. Medical Staffing Network 703 S. Americana Blvd, Ste 190 Boise ID 83707	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. Superior Care Pharmacy 2280 W. Alexander St. Salt Lake City UT 84119	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. Prestige AL 200 W Beech St. Caldwell ID 83605	\$ <u>175.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. Prestige AL 200 W. Beech St. Caldwell ID 83605	\$ <u>175.00</u> \$ <u>350.00</u> Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. Aspen Transitional 2867 E. Copper Point Dr. Meridian ID 83642	\$ <u>975.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. Caldwell Care Center 210 Caldwell Blvd Nampa ID 83605	\$ <u>325.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8. Emeritus AL 1450 E. Watertower, Ste 130 Meridian ID 83642	\$ <u>325.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9. James Roberts 320 Collins Rd Boise ID 83702	\$ <u>85.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10. Legacy Home Health & Hospice 680 S. Progress Ave, Suite 2A Meridian ID 83642	\$ <u>325.00</u> \$ <u>575.00</u> Calendar Year-To-Date
Total This Page:		\$ <u>3135.00</u>

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

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

Name of Candidate or Committee: <u>IHCA</u>		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Milestone Decisions 611 S. Main Moscow ID 83843	\$ <u>325.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. Nampa Care Center 404 Horton Nampa ID 83651	\$ <u>85.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. Owyhee Health & Rehab 108 W. Owyhee Homedate ID 83628	\$ <u>325.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. Plantation Place 3921 Kessinger Lane Boise ID 83703	\$ <u>325.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. Idaho Falls Health & Rehab 3111 Channing Way Idaho Falls ID 83404	\$ <u>162.50</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. Rexburg Nursing 1660 S. 2nd West Rexburg ID 83440	\$ <u>162.50</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. Willow Park AL 2600 N. Milwaukee Boise ID 83704	\$ <u>85.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8. Weiser Care Center 331 E. Park St. Weiser ID 83672	\$ <u>85.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9. Western Health Care 1475 N. Cole Rd Boise ID 83704	\$ <u>85.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10. Sun Bridge Care - Emmett 501 W. Idaho Blvd Emmett ID 86617	\$ <u>170.00</u> \$ _____ Calendar Year-To-Date
Total This Page:		\$ <u>1810.00</u>

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

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

Page 6 of 8

Name of Candidate or Committee: <u>IHCA</u>		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. SunBridge Care - Nampa 2609 Sunnybrook Dr. Nampa ID 83686	\$ <u>170.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. SunBridge Care - Payette 1019 Third Ave South Payette ID 83661	\$ <u>325.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. SunHealth Behavioral Hospital 8050 Northview Boise ID 83704	\$ <u>375.00</u> \$ <u>625.00</u> Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. Care at Home Inc 501 N. 16th St. Suite 12 Payette ID 83661	\$ <u>375.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. Innovaventure Healthcare 252 Oneida St. Pocatello ID 83201	\$ <u>350.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. 24/7 Pro Solutions 787 E. State St. Suite 155 Eagle ID 83616	\$ <u>250.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. 24/7 Pro Solutions 787 E. State St. Suite 155 Eagle ID 83616	\$ <u>325.00</u> \$ <u>575.00</u> Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8. Accent Hospice LLC 4273 E. Spearfish Dr. Meridian ID 83646	\$ <u>100.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9. Hansen Hunter & Co 8930 SW Gemini Dr. Beaverton OR 97008	\$ <u>300.00</u> \$ <u>550.00</u> Calendar Year-To-Date
<u> / / </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	10.	\$ _____ \$ _____ Calendar Year-To-Date
Total This Page:		\$ <u>2570.00</u>

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

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

Page 7 of 8

Name of Candidate or Committee: IHCA

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Elegant Residential Living 1256 Wright St. Pocatello ID 83201	\$ <u>100.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. Beacon Rehabilitative 1200 Hospital Way Pocatello ID 83201	\$ <u>75.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. Clearwater Health/Rehab 1204 Shriver Rd. Orofino ID 83544	\$ <u>75.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. Harmony House AL PO Box 2792 Hayden ID 83835	\$ <u>75.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. New Beginnings 2105 Avolet Pl. Idaho Falls ID 83406	\$ <u>100.00</u> \$ _____ Calendar Year-To-Date
10/15/08 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. St. Benedicts LTC 709 N. Lincoln Ave Jerome ID 83338	\$ <u>100.00</u> \$ _____ 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:		\$ <u>525.00</u>

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

**SCHEDULE B
ITEMIZED EXPENDITURES**

Page 8 of 8

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

Name of Candidate or Committee: IHCA

Purpose Codes

- | | |
|---|--|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N Newspaper & Other Periodical Advertising |
| B Broadcast Advertising (Radio, TV & Internet) | 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 |
| L Literature, Brochures, Printing | Y Petition Circulators |
| M Management Services | Z Preparation & Production of Advertising |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
9/30/08	1. Wells Fargo Bank 660 E. Watertown St. Ste 120 Meridian ID 83647	G	\$148.09
___/___/___	2.		\$ _____
___/___/___	3.		\$ _____
___/___/___	4.		\$ _____
___/___/___	5.		\$ _____
___/___/___	6.		\$ _____
___/___/___	7.		\$ _____
___/___/___	8.		\$ _____
___/___/___	9.		\$ _____
___/___/___	10.		\$ _____
Total This Page:			\$ _____

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