PAGE 01

C-2 Rev. 04/04



## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I				07 FEB 2	Ω PM	1: 18	
Name of Candidate or Political Con Idaho Health Care Associate				Onice Sough (if &	andidate)	District (if any)	
Mailing Address 802 W. Bannock, Suite 3	☐ Chock if address change.	City and Zip Boise 83702	*	Home Phone 208-939-30		Wenk-Rhone 208-343-9735	
Name of Political Treasurer Robert Vande Merwe						ı	
Mailing Address	Check if address change.	City and Zip		Home Phone		Work Phone	
same as above	·						
	orting periods and due dat t is for the period from	tes. 	dates a	ough 12 /	31 /	2008	
7 Day Pre-Primary	Report 3	0 Day Post-Primary R	port	☐ Octo	ber 10 P	re-General Report	
7 Day Pre-General	Report   3	0 Day Post-General Ro	eport	☑ Annı	ual Repo	rt	
Semi-Annual Repo	rt (Statewide Candidates (	Only)					
	amendment? / Yes			rmination Report?		(es 📝 No	
Section III	STATEMENT OF N	O CONTRIBUTION	s or	EXPENDITURE	s		
Directions: If you had no co the appropriate dates and sig Section IV.  I hereby certify the	en this report. Be sure to on this report. Be sure to on this received no con	carry forward the appro	priate de no	"Calendar Year to expenditures durin	Date" fig g this rep	gures in Column II,	
Section IV To reach your Calendar Year figures to the Column II figures	r to Date figure: Add this ures of your previous repo	SUMMARY report's Column I rt (except on line 6).		COLUMN I This Period		COLUMN II ndar Year to Date	
Line 1: Cash on Hand Janua	ry 1, This Year*		\$	XXXXXX	\$_	5,862.22	
Line 2: Enter Cash Balance	at Close of Last Reporting	g Period**	\$	3,297.78	\$_	XXXXXX	
Line 3: Total Contributions (Enter amount from page 2)			\$_	2.14	\$_	12,665.87	
Line 4: Subtotal (Add lines 1, 2 and 3)			\$_	3,299.92	\$ _	18,528.09	
Line 5: Total Expenditures (Enter am ount from page 2)			\$	290.02	\$	15,518.19	
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**			\$_	3,009.90	\$ _	3,009.90	
Line 7: Outstanding Debt to	Date		<b>5</b>				
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both the begin	ning of the reporting po	eriod a	nd the close of the	reportin	g period. sh on hand.	
	Section V			ATION			
Return This Report To:						that the information	
Ben Ysursa Secretary of State	Ben Ysursa I Robert Vande Merwe , hereby certify that the inform						
PO Box 83720	in this report is a true, complete and correct Campaign Financial Disclosure Report as						
Boise ID 83720-0080 phone: (208) 334-2852	required by law.						
fax: (208) 334-2282  Signature of Political Treasurer							

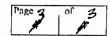
## **DETAILED SUMMARY PAGE**

Idaho Health Care Association	Report Covering the Period  From 11 / 18 / 2008 to 12 / 31 / 2008
UNITEMIZED CONTRIBUT  Contributions of Fifty Dollars (\$50.00) or Less	
Total Total Number 5 Amount \$	2.14
UNITEMIZED EXPENDITU Expenditures of Less Than Twenty-Five Dollars (\$2	
Total Total Number 0 Amount \$	0.00

		Total This Period	
1 Number of Schedule A pages Attached			
Contributions			
Unitemized Contributions (\$50 and less) from top of page	\$	2.14	
Itemized Contributions (total all Schedule A sheets)	\$		
Total Contributions (also enter this figure on page 1, Section IV, line 3)		2.14	
1 Number of Schedule B pages Attached			
Expenditures			
Unitemized Expenditures (less than \$25) from top of page	\$	0.00	
Itemized Expenditures (total all Schedule B sheets)	\$	290.02	
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$		
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$	290.02	
0 Number of Schedule C-2B pages Attached			
Incurred Expenditures			
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)			
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)			
Subtotal	= \$		
Payment this Period (Total all C-2Bs - Payment this Period)	- \$		
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$		
0 Number of Schedule C-2A pages Attached			
Pledged Contributions			
Amount Pledged this Period	\$		

Amended

## SCHEDULE B ITEMIZED EXPENDITURES



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

Name of Candidate or Committee Idaho Health Care Association Column A Column B Full Name, Mailing Address and Zip Code Cash or In-Kind Date Check (non-monetary) Wells Fargo Bank - Bank Charges Per+ Land, CR 97208 08 , 15 , 06 56.35 Purpose of Above Expenditure: Aug Bank Charges Wells Fargo Bank - Bank Charges P. C. Bex & 995 Portland, ER 97228 09,15,06 39.75 Purpose of Above Expenditure: Sept Bank Charges Wells Fargo Bank - Bank Charges P.C. Box 6995 10,15,06 36.92 Pertland, OR 97228 Purpose of Above Expenditure: Oct Bank Charges Wells Fargo Bank - Bank Charges P.C. BIX 6995 11,15,06 36.00 Pertland, EX 97225 Purpose of Above Expenditure: Nov Bank Charges Wells Fargo Bank - Bank Charges P.C. BOX 6995 12 , 15 , 06 121.00 Portland, OR 97228 Purpose of Above Expenditure: Dec Bank Charges Purpose of Above Expenditure: 290,02 0.00 Subtotals of Columns A & B 290.02 Total This Page (add columns A & B)