

C-2
Rev. 04/04



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

06 DEC -7 PM 4:45

Section I

Name of Candidate or Political Committee and Chairperson Idaho Health Care Association		Office Sought (if candidate) STATE OF IDAHO		District (if any) STATE OF IDAHO	
Mailing Address <input type="checkbox"/> Check if address change. 802 W. Bannock, Suite 304	City and Zip Boise 83702	Home Phone 208-939-3641	Work Phone 208-343-9735		
Name of Political Treasurer Robert Vande Merwe					
Mailing Address <input type="checkbox"/> Check if address change. same as above	City and Zip	Home Phone	Work Phone		

Section II

TYPE OF REPORT

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from 10 / 23 / 06 through 11 / 17 / 06

- 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 Report an amendment? Yes No 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, fill in the appropriate dates 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 from _____ through _____.

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 Year*	\$ <u>XXXXXX</u>	\$ <u>5,862.22</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>3,197.78</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>1,150.00</u>	\$ <u>12,683.73</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>4,347.78</u>	\$ <u>18,525.95</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1,050.00</u>	\$ <u>15,228.17</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>3,297.78</u>	\$ <u>3,297.78</u>
Line 7: Outstanding Debt to Date	\$ _____	

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

**You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

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

Return This Report To:
Ben Yursa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V

CERTIFICATION

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

DETAILED SUMMARY PAGE

Name of Candidate or Committee Idaho Health Care Association	Report Covering the Period From <u>10 / 23 / 06</u> to <u>11 / 17 / 06</u>
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>7</u>	Total Amount \$ <u>200.00</u>
UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number _____	Total Amount \$ _____

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 200.00
Itemized Contributions (total all Schedule A sheets)	\$ 950.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 1,150.00
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 1,050.00
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)	\$
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)	= \$
Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

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

Name of Candidate or Committee
Idaho Health Care Association

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
10 / 23 / 06	1. Scott Burpee 200 Powell Road St. Maries, ID 83861	\$ 250.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
11 / 02 / 06	2. Charles Coiner RETURNED CONTRIBUTION CHECK	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
10 / 23 / 06	3. Robert Decker 4845 Jones Road SE Salem, OR 97302	\$ 500.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
10 / 23 / 06	4. Keith Holloway 411 Cashmere Road Boise, ID 83702	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____ / ____ / ____	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____ / ____ / ____	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____ / ____ / ____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____ / ____ / ____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____ / ____ / ____	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
Subtotals of Columns A, B & C		\$ 950.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 950.00

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

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Name of Candidate or Committee
Idaho Health Care Association

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
11 / 02 / 06	1. Bill Sali PO Box 71 Kuna, ID 83634	\$ 1,050.00	\$ _____
Purpose of Above Expenditure: Fundraiser for Bill Sali campaign			
____ / ____ / ____	2.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____ / ____ / ____	3.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____ / ____ / ____	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____ / ____ / ____	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____ / ____ / ____	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 1,050.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,050.00