C-2 Rev. 04/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

2006	JUN	-8	AM	α.	^ -
	40.4	Q	AM	9:	30

Section I						o Am 9: 38
Name of Candidate or Political Con	nmittee and Chairperson			Office Sought (if car	ndidate)	District (if any)
IDAHO HOSPITAL ASSO			Ξ	SEU	HELAR	Y OF STATE
Mailing Address	☐ Check if address change.	City and Zip		Home Phone	TATE (Work Phone
PO Box 1278 Name of Political Treasurer		Boise, 83701				338-5100
STEVEN A MILLARD						
Mailing Address	☐ Check if address change.	City and Zip		Home Phone		Work Phone
P O BOX 1278		BOISE, ID 83701		(208) 939-476	1	338-5100
☐ 7 Day Pre-Primary	orting periods and due dat t is for the period from	tes. 5 / 8 / 2006 0 Day Post-Primary Ro	dates and three dates	ough 6 /	2 /2 ber 10 F	2006 Pre-General Report
☐ 7 Day Pre-General	Report \square 3	0 Day Post-General Re	eport	☐ Annu	al Repo	ort
Semi-Annual Report (Statewide Candidates Only)						
Is this Report ar	amendment?	✓ No Is th	is a Ter	rmination Report?		Yes 🔽 No
Section III	STATEMENT OF N	O CONTRIBUTION	S OR	EXPENDITURES	S	
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/						
Section IV		CHINANA A DAZ				
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). SUMMARY COLUMN I Calendar Year to Date						
Line 1: Cash on Hand Janua	ary 1, This Year*		\$	XXXXXX	\$ _	32,616.70
Line 2: Enter Cash Balance	at Close of Last Reporting	g Period**	\$_	31,566.70	\$_	XXXXXX
Line 3: Total Contributions	(Enter amount from page	2)	\$	0.00	\$_	0.00
Line 4: Subtotal (Add lines 1, 2 and 3)			\$_	31.566.70	\$ _	32,616.70
Line 5: Total Expenditures (Enter amount from page 2)			\$	3.800.00	\$_	4.850.00
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**			\$_	27,766.70	\$_	27,766.70
Line 7: Outstanding Debt to	Date		\$	0.00		
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both the begins	ning of the reporting pe	eriod a	nd the close of the		
	Section V	CER	TIFIC	ATION		
Return This Report To:						
Ben Ysursa	I STEVEN A MILLARD , hereby certify that the information					
Secretary of State PO Box 83720	in this report is a true, complete and correct Campaign Financial Disclosure Report as					
	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		required by law.			
Boise ID 83720-0080		()//		!////</td <td>: // .</td> <td></td>	: // .	
1		()//		7. /////	U	en

DETAILED SUMMARY PAGE

IDAHO HOSPITAL ASSOCIATION POLITICAL ACT	Report Covering the Period From 05/08/2006 to 06/02/2006
	ED CONTRIBUTIONS v Dollars (\$50.00) or Less This Period
Total Number0	Total Amount \$0.00
	ZED EXPENDITURES Twenty-Five Dollars (\$25.00) This Period
Total	Total

Amount \$ 0.00

0

Number _

		otal This Period
0 Number of Schedule A pages Attached		
Contributions		
Unitemized Contributions (\$50 and less) from top of page	\$	0.00
Itemized Contributions (total all Schedule A sheets)	\$	0.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$	0.00
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)	\$	3,800.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$	0.00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$	3,800.00
Number of Schedule C-2B pages Attached		
Incurred Expenditures		
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$	0.00
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$	0.00
Subtotal	= \$	0.00
Payment this Period (Total all C-2Bs - Payment this Period)	- \$	0.00
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$	0.00
Number of Schedule C-2A pages Attached		
Pledged Contributions		
Amount Pledged this Period	\$	0.00

SCHEDULE B ITEMIZED EXPENDITURES

Page of 1 1

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

Name of Candidate or Committee
IDAHO HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
05/12/2006	John Andreason5120 Mountain View DriveBoise, ID 83704	\$\$500.00	\$
Purpose of Abo	ve Expenditure: John Andreason, STATE SENATE 15th ID		
05/12/2006	^{2.} Bastian, Stan 1369 East Nest View Court Eagle, ID 83616	\$\$500.00	\$
Purpose of Abo	ve Expenditure: Stan Bastian, STATE SENATE 14th ID		
05/12/2006	3. Bilbao, Carlos 2062 Corral Rd Emmett, ID 83617	\$\$500.00	\$
Purpose of Abo	ve Expenditure: Carlos Bilbao, STATE HOUSE 11th ID		
05/12/2006	^{4.} Jeri DeLange 8464 W Cloverleaf Drive Hayden, ID 83835	\$\$500.00	\$
Purpose of Abo	ove Expenditure: Jeri DeLange, STATE HOUSE 3rd ID		
05/12/2006	 Lance B. Kolbet 275 South 5th Ave, Ste. 250 Pocatello, ID 83201 	\$\$400.00	\$
Purpose of Abo	ove Expenditure: Lance Kolbet, STATE HOUSE 29th ID		
05/12/2006	Wayne R. Meyer1450 West Bannock St.Boise, ID 83702	\$\$500.00	\$
Purpose of Abo	ove Expenditure: Wayne Meyer, STATE HOUSE 3rd ID		
05/12/2006	 R. Scott Reese 744 McAdoo Blackfoot, ID 83221 	\$\$400.00	\$
Purpose of Abo	ove Expenditure: R. Reese, STATE HOUSE 28th ID		
05/12/2006	8. Ring, Robert 406 Spruce Street Caldwell, ID 83605	\$\$500.00	\$
Purpose of Abo	ove Expenditure: Robert Ring, STATE HOUSE 10th ID		
	9.	s	s
Purpose of Abo	ove Expenditure:		
	\$\$0.00		
	\$\$3,800.00		