



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

2006 MAY 11 AM 8:38

**Section I**

Name of Candidate or Political Committee and Chairperson <b>IDAHO HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Office Sought (if candidate)	District (if any)
Mailing Address <b>PO Box 1278</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>Boise, 83701</b>	Home Phone <b>STATE OF IDAHO</b>
Name of Political Treasurer <b>STEVEN A MILLARD</b>		Home Phone <b>(208) 939-4761</b>	Work Phone <b>338-5100</b>
Mailing Address <b>P O BOX 1278</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>BOISE, ID 83701</b>	Work Phone <b>338-5100</b>

**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 1 / 1 / 2006 through 5 / 7 / 2006
- 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>32,616.70</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>32,616.70</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>0.00</u>	\$ <u>0.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>32,616.70</u>	\$ <u>32,616.70</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>31,566.70</u>	\$ <u>31,566.70</u>
Line 7: Outstanding Debt to Date	\$ <u>0.00</u>	

\*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.

**Section V**

**CERTIFICATION**

**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 STEVEN A MILLARD, hereby certify that the information  
(name of Political Treasurer)  
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 <b>IDAHO HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>	Report Covering the Period From <u>01/01/2006</u> to <u>05/07/2006</u>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ <u>0.00</u>
<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>0.00</u>

	Total This Period
<u>0</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
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
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 0.00
Itemized Expenditures (total all Schedule B sheets)	\$ 1,050.00
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)	\$ 1,050.00
<u>0</u> Number of Schedule C-2B pages Attached	
<b>Incurred Expenditures</b>	
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
<u>0</u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ 0.00

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

Name of Candidate or Committee IDAHO HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE
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		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
03/15/2006	1. Senate Democratic Caucus Statehouse Boise, ID 83702	\$ 100.00	\$
Purpose of Above Expenditure: Contribution			
03/21/2006	2. House Democrats STATEHOUSE Boise, ID 83720	\$ 100.00	\$
Purpose of Above Expenditure: Contribution			
04/20/2006	3. Deal, W.W. P O Box B Nampa, ID 83653	\$ 500.00	\$
Purpose of Above Expenditure: W.W. Deal, STATE HOUSE 13rd ID			
04/26/2006	4. Senate Republican PAC STATEHOUSE Boise, ID 83720	\$ 50.00	\$
Purpose of Above Expenditure: Contribution			
04/27/2006	5. Jim Barnes 1019 Augusta Drive Nampa, ID 83686	\$ 300.00	\$
Purpose of Above Expenditure: Jim Barnes, STATE HOUSE 13rd ID			
_____	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
_____	7.	\$ _____	\$ _____
Purpose of Above Expenditure:			
_____	8.	\$ _____	\$ _____
Purpose of Above Expenditure:			
_____	9.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 1,050.00	\$ 0.00
Total This Page (add columns A & B)			\$ 1,050.00