



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

C-2
 Rev. 10/07

09 MAY 11 AM 10:40

Section I

Name of Candidate or Political Committee and Chairperson Idaho Health Care Association		Office Sought (if candidate) SECRETARY OF STATE		District (if any) STATE OF IDAHO	
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	City and Zip	Home Phone	Work Phone		

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT
 This filing is an: Original Amendment
 This report is for the period from 10 / 20 / 08 through 11 / 14 / 08
 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 a Termination Report: Yes No

POSTED

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).

	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Calendar Year*	\$ XXXXXX	\$ 1,625.57
Line 2: Enter Beginning Cash Balance**	\$ 11,257.34	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 370.00	\$ 22,588.91
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 11,627.34	\$ 24,214.48
Line 5: Total Expenditures (Enter amount from line 11, page 2)	<u>2,530.38</u> \$ <u>3,530.38</u>	\$ <u>16,117.52</u> 15,117.52
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	<u>9,096.96</u> \$ <u>8,096.96</u>	\$ <u>8,096.96</u> 9,096.96
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ _____	

*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
Name of Political Treasurer
 report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Robert Vande Merwe
 Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Idaho Health Care Association

		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$ 40.00
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 255.00
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$ 75.00
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)	= \$ 370.00

Expenditures		
⑥	Unitemized Expenditures (\$25 and less) # of Expenditures <u>2</u>	+ \$ 5.38
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 3,450.00 2,450.00
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$ 75.00
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)	= \$ 3,530.38 2,530.38

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	= \$ 0.00
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)	= \$ 0.00

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	= \$ 0.00

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

Page 3 of 5

Name of Candidate or Committee:		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
10 / 27 / 08	1. Bryan Tapia PO Box 1165 Puyallup, WA 98371	\$ 200.00 \$ 200.00 Calendar Year-To-Date
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
10 / 24 / 08	2. Sara Morrison 1444 Falcon Dr Ammon, ID 83406	\$ 55.00 \$ 55.00 Calendar Year-To-Date
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
03 / 19 / 08	3.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		
/ /	4.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		
/ /	5.	\$ _____ \$ _____ Calendar Year-To-Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		
/ /	6.	\$ _____ \$ _____ 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
<input type="checkbox"/> Primary <input type="checkbox"/> General		
Total This Page:		\$ 255.00

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

SCHEDULE B ITEMIZED EXPENDITURES

 Page 4 of 5

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

Name of Candidate or Committee:

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
10 / 24 / 08	1. Wood for House PO Box 1207 Burley, ID 83318	D	\$ 1,000.00
10 / 20 / 08	2. Werk for Senate 6810 Randolph Dr. Boise, ID 83709	D	\$ 1,000.00
10 / 27 / 08	3. Block for Senate Rep 1093 Lakewood Dr. Twin Falls, ID 83301	D	\$ 250.00
10 / 30 / 08	4. Tom Loertscher for House 1357 Bone Road Iona, ID 83427	D	\$ 250.00
10 / 24 / 08	5. Darrington for Senate 302 S. Hwy 77 Declo, ID 83323	D	\$ 200.00
10 / 24 / 08	6. Cameron for Senate 1101 Ruby Dr Rupert, ID 83350	D	\$ 100.00
10 / 23 / 08	7. Hammond for Senate 747 E. Dundee Dr. Post Falls, ID 83854	D	\$ 250.00
10 / 24 / 08	8. Maxine Bell for House 194 S. 300 E. Jerome, ID 83338	D	\$ 200.00
10 / 29 / 08	9. Sue Chew for House 1304 Lincoln Ave. Boise, ID 83706	D	\$ 100.00
3 / 19 / 08	10. Senate Democratic Caucus PO Box 445 Boise, ID 83701	D	\$ 100.00
Total This Page:			\$ 3,450.00

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

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee:

Purpose Codes

- | | |
|---|--|
| <p>A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)</p> <p>B Broadcast Advertising (Radio, TV & Internet)</p> <p>C Contributions to Candidates & PAC's</p> <p>D Donations & Gifts</p> <p>E Event Expenses</p> <p>F Food & Refreshments</p> <p>G General Operational Expenses</p> <p>L Literature, Brochures, Printing</p> <p>M Management Services</p> | <p>N Newspaper & Other Periodical Advertising</p> <p>O Other Advertising (Yard Signs, Buttons, etc.)</p> <p>P Postage</p> <p>S Surveys & Polls</p> <p>T Tickets (Events)</p> <p>U Utilities</p> <p>W Wages, Salaries, Benefits & Bonuses</p> <p>Y Petition Circulators</p> <p>Z Preparation & Production of Advertising</p> |
|---|--|

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
10 / 20 / 08	1. Patti Anne Lodge PO Bos 96 Huston ID 83630	C	\$ (1,000.00)
/ /	2.		\$
/ /	3.		\$
/ /	4.		\$
/ /	5.		\$
/ /	6.		\$
/ /	7.		\$
/ /	8.		\$
/ /	9.		\$
/ /	10.		\$
Total This Page:			\$ (1,000.00)

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

SCHEDULE C IN-KIND CONTRIBUTIONS and EXPENDITURES

Page 5 of 5

Name of Candidate or Committee: Idaho Health Care Assoc.

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 |

1.	<u>10/23/08</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code <u>Mt. Valley Care & Rehab</u> <u>601 W. Cameron Ave.</u> <u>Kellogg ID 83837</u>	\$ <u>40.00</u> Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code <u>same as above #1</u>	\$ <u>40.00</u> Purpose Code <u>D</u>
2.	<u>10/23/08</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code <u>Coeur d Alene Homes</u> <u>624 Harrison</u> <u>Coeur d Alene ID 83814</u>	\$ <u>35.00</u> Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code <u>same as above #2</u>	\$ <u>35.00</u> Purpose Code <u>D</u>
3.	/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____ Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code	\$ _____ Purpose Code
4.	/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____ Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code	\$ _____ Purpose Code
Expenditure Total: (Transfer the combined total of all Expenditures on Schedule C pages to the Detailed Summary, page 2 line 8)			\$ <u>75.00</u>
Contributor Total: (Transfer the combined total of all Contributors on Schedule C pages to the Detailed Summary, page 2 line 3)			\$ <u>75.00</u>