



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

C-2
Rev. 5/11

Section I

12 DEC -8 PM 12: 59

Name of Candidate or Political Committee and Chairperson: Idaho Health Care Association
Office Sought (If candidate): SECRETARY OF STATE
Mailing Address: 1524 W Cayuse Creek Dr
City and Zip: Meridian, 83646
Home Phone: 208-794-2985
Work Phone: 208-343-9735
Name of Political Treasurer: same as above

Change of address for: Candidate or Political Committee [] Political Treasurer []

Section II

TYPE OF REPORT

This filing is an: [X] Original [] Amendment
This report is for the period from 10 / 22 / 12 through 11 / 16 / 12

- [] 7 Day Pre-Primary Report [] 30 Day Post-Primary Report [] October 10 Pre-General Report
[] 7 Day Pre-General Report [X] 30 Day Post-General Report [] Annual Report
[] Semi-Annual Report (Statewide Candidates Only)

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 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).

Table with 3 columns: Description, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand January 1, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt to Date.

*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 Ysursa, 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 report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Robert Vande Merwe

DETAILED SUMMARY

Name of Candidate or Committee: Idaho Health Care Association

		Total This Period
Contributions		
①	Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$ 0.00
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$ 0.00
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$ 0.00
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$ 0.00
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$ 0.00

Expenditures		
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures _____	+ \$ 0.00
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 1,198.20
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$ 0.00
⑨	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$ 0.00
⑩	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$ 0.00
⑪	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$ 1,198.20

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	= \$
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)	= \$

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	= \$

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee: Idaho Health Care Association

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 / 30 / 12	1. Benton, Ellis & Assoc 11200 W Daniel Ct Boise, ID 83713	A	\$ 669.45
10 / 30 / 12	2. Committee to Elect Nancy Lerandeau 167 105th St Orofino, ID 83544	C	\$ 100.00
10 / 30 / 12	3. IHCA-ICAL 1524 W Cayuse Creek Dr Meridian, ID 83646	A	\$ 428.75
/ /	4.		\$
/ /	5.		\$
/ /	6.		\$
/ /	7.		\$
/ /	8.		\$
/ /	9.		\$
/ /	10.		\$
Total This Page:			\$ 1,198.20

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