

12-31-17 2017  
- Exp. Adj  
- End Period Adj C-2  
Rev. 12/14



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

Section I

Name of Candidate or Political Committee and Chairperson <u>Idaho Health Care Association Political Action Committee</u>		Office Sought (if candidate)		District (if any)	
Mailing Address <u>1524 W. Cayuse Creek Drive</u>		City and Zip <u>Meridian 83646</u>		Home Phone <u>2087942985</u>	
				Work Phone <u>2083439735</u>	
Name of Political Treasurer <u>Robert Vandemerwe</u>					
Mailing Address <u>1524 W Cayuse Creek Drive</u>		City and Zip <u>Meridian 83646</u>		Home Phone <u>2087942985</u>	
				Work Phone <u>2083439735</u>	

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 01/01/17 through 12/31/17.

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

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	\$ 29,965.05
Line 2: Enter Beginning Cash Balance**	\$ 29,965.05	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 8,550.00	\$ 8,550.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 38,515.05	\$ 38,515.05
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 15,062.47	\$ 15,062.47
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 23,452.58	\$ 23,452.58
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ 0	

\*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:  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
Phone: (208) 334-2852  
Fax: (208) 334-2282

I, Robert Vandemerwe, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

[Signature]  
Signature of Political Treasurer

12-31-17 2017

SCHEDULE B  
ITEMIZED EXPENDITURES

Page 1 of 1

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

Name of Candidate or Committee: Idaho Health Care Association Political Action Committee

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

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

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
12/13/17	1. Elect Representative Gayann Demondaunt ck not cashed as of 12-31-19	C	\$ <250.00>
__/__/__	2.		\$ _____
__/__/__	3.		\$ _____
__/__/__	4.		\$ _____
__/__/__	5.		\$ _____
__/__/__	6.		\$ _____
__/__/__	7.		\$ _____
__/__/__	8.		\$ _____
__/__/__	9.		\$ _____
__/__/__	10.		\$ _____
Total This Page:			\$ <250.00>

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