



8716

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

10-10-18 2018  
- Beg Bal  
- Exp. Adj't  
- End Bal Adj

JAN 16 '20 AM 11:38  
IDAHO SECRETARY OF STATE

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>	
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

This filing is an:  Original  Amendment  
This report is for the period from 5/12/18 through 9/30/18

TYPE OF REPORT

- 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	\$ 23,452.58
Line 2: Enter Beginning Cash Balance**	\$ 26,291.23	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 1,000.00	\$ 11,886.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 27,291.23	\$ 35,338.58
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 18,684.87	\$ 26,732.22
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 8,606.36	\$ 8,606.36
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

10-10-18 2018

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

Page 1 of 1

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)  | N Newspaper & Other Periodical Advertising      |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | 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           |
| H Independent Expenditures                                | Y Petition Circulators                          |
| L Literature, Brochures, Printing                         | Z Preparation & Production of Advertising       |
| M Management Services                                     |   |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
9/5/18	1. Lee, Abby 5310 Elmore Rd Fruitland, Id 83019 (check cashed) 8/23/19	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.