### CAMPAIGN FINANCIAL DISCLOSURE REPORT



SUMMARY PAGE (Please Print or Type)

18 MAY 08 PM 04:31

SECRETARY OF STATE STATE OF IDAHO

Section I			STATE	JF IDAHO	
Name of Candidate or Political Committee and Idaho Health Care Associa		ction Committee	Office Sought (if can	didate)	District (if any)
Mailing Address 1524 W Cayuse Creek Dr		City and Zip Meridian 83646-4795	Home Phone 2087942985	Work P 2083	Phone 3439735
Name of Political Treasurer Robert Vande Merwe			·		
Mailing Address 1524 W Cayuse Creek Dr		City and Zip Meridian 83646-4795	Home Phone 2087942985	Work P 2083	Phone 3439735
Change of address for: Candidat	te or Political Committe	ee D Political Tre	asurer		
Section II This filling is an:  Original  Original	Amendmen	TYPE OF REPORT of the state of	18		
This report is for the period from 01  7 Day Pre-Primary Report		Day Post-Primary Report		ber 10 Pre-Gene	eral Report
	_				лагторог
7 Day Pre-General Report	30	Day Post-General Report	Annu	ual Report	
Semi-Annual Report (Statew Is this a Termination Report:	ide Candidates Only) res  No				
Section III Directions: If you had no contribution Be sure to ca	s or expenditures duri	NO CONTRIBUTIONS OR this reporting period, ch priate "Calendar Year to Da	eck the box next to the s		and sign this report.
I hereby certify that I	have received no con	tributions and have made r	no expenditures during th	nis reporting peri	od.
Section IV		SUMMARY			
To reach your Calendar Year to Date fig figures to the Column II figures of your			COLUMN I This Period	Calend	UMN II dar Year Date
Line 1: Cash on Hand January 1, This	Calendar Year*		\$_XXXXXX	\$ 23,20	2.58
Line 2: Enter Beginning Cash Balance*	*		\$_23,202.58_	\$XX>	XXXX
Line 3: Total Contributions (Enter amou	int from line 5, page 2)	)	\$_8,786.00	\$ 8,786	.00
Line 4: Subtotal (Add lines 1, 2 and 3)			\$_31,988.58_	\$ <u>31,98</u>	8.58
Line 5: Total Expenditures (Enter amou	int from line 11, page 2	2)	\$_8,947.35	\$ <u>8,947</u>	.35
Line 6: Enter Ending Cash Balance (Su	ubtract line 5 from line	4)	\$_23,041.23	\$ <u>23,04</u>	1.23
Line 7: Outstanding Debt to Date (Ente	r amount from line 18,	page 2)	\$_0.00		
*This same figure should be entered or **This is the figure on line 6 of the last Note: The closing cash balance for the	Campaign Financial D	isclosure Report filed. If thi			
Section	V				
Return This Report To: Lawerence Denney Secretary of State PO		ert Vande Merwe	, hereby certify	that the informa	ation in this
Box 83720 Boise ID 83720-0080 Phone: (208) 334-2852		lame of Political Treasurer mplete and correct Campa	ign Financial Disclosure	Report as require	ed by law.
Fax: (208) 334-2282			Digital Signature		
			Signature of Political Trea	asurer	

# **DETAILED SUMMARY**

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

			Total This Period
(	Contributions		
1	Unitemized Contributions (\$50 and less) # of	Contributors 3	+ \$36.00
2	Itemized Contributions (Total of all Schedule A sheets)	-	+ \$8,750.00
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 she	ets)	+ \$0.00
5	Total Contributions (Transfer this figure to page 1, Section IV, Line	3) =	= \$8,786.00

	Expenditures		
6	Unitemized Expenditures (Less than \$25) # of Expenditures O	+	\$0.00
7	Itemized Expenditures (Total of all Schedule B sheets)	+	\$8,947.35
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)	=	\$8,947.35

	Loans, Credit Cards and Debt		
(12)	Outstanding Balance from previous reporting period	+	\$0.00
13)	New Loans received during this reporting period  (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+	\$0.00
14)	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+	\$0.00
15)	Subtotal	=	\$0.00
16)	Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	-	\$0.00
17)	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	-	\$0.00
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 O	+ \$0.00
20	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$0.00
21)	Total Pledged Contributions this period	= \$0.00



#### Schedule A Itemized Contributions of more than Fifty Dollars(\$50.00)this period

	Idaho Health Care Association Political Action Committee
Reporting Period:	7 Day Pre-Primary

Date	ElectionType	Contributor	Amount	YTDAmount
01-09-2018		Mini-Cassia Care Center PO Box 1224 Burley, ID 83318	\$250.00	
02-01-2018		Quinn Meadows Rehabilitation 1033 W Quinn Road Pocatello, ID 83202	\$250.00	
04-17-2018		Wellspring Meadows Assisted Living 9873 North Buttercup Lane Hayden, ID 83835	\$250.00	
04-17-2018		Woodstone Assisted Living 491 Caswell Avenue West Twin Falls, ID 83301	\$250.00	
01-23-2018		Valley View Nursing & Rehabilitation 1130 N Allumbaugh Street Boise, ID 83704	\$250.00	
02-12-2018		Twin Falls Center 674 Eastland Dr Twin Falls, ID 83301	\$250.00	
01-09-2018		The Cottage at Boise Samaritan Village 3390 Collister Drive Boise, ID 83703	\$250.00	
01-02-2018		The Bridge at Post Falls 515 N Garden Plz Post Falls, ID 83854	\$250.00	
02-01-2018		Tambree Meadows Assisted Living & Memory Care 3550 Potomac Way Idaho Falls, ID 83406	\$250.00	
02-01-2018		Swan Falls Assisted Living & Memory Care 194 W White Way Kuna, ID 83634	\$250.00	
01-08-2018		Royal Plaza Health & Rehab SNF 2870 Juniper Drive Lewiston, ID 83501	\$250.00	
01-08-2018		Royal Plaza Care Center AL 2870 Juniper Drive Lewiston, ID 83501	\$250.00	
01-23-2018		Rexburg Care & Rehab Center 660 S 2nd Street W Rexburg, ID 83440	\$250.00	
01-11-2018		Prestige Senior Living at Karcher Estates 1127 Caldwell Blvd Nampa, ID 83651	\$250.00	

02-15-2018	Prestige Assisted Living at Autumn Wind 200 W Beech Street	\$250.00
01-23-2018	Caldwell, ID 83605 Payette Center 1019 Third Ave Payette, ID 83661	\$250.00
01-08-2018	Parke View Rehabilitation & Care Center 2303 Parke Avenue Burley, ID 83318	\$250.00
03-13-2018	Oneida County Hospital & Long Term Care Facility PO Box 126 Malad City, ID 83252	\$250.00
01-09-2018	Oak Creek Rehab Center of Kimberly 500 Polk Street East Kimberly, ID 83341	\$250.00
01-23-2018	North Star Retirement Community 2340 W Seltice Way Coeur d'Alene, ID 83814	\$250.00
02-01-2018	McCall Rehab & Care Center 418 Floyde Street McCall, ID 83638	\$250.00
03-23-2018	Madison Carriage Cove 410 W 1st N Rexburg, ID 83440	\$250.00
01-05-2018	Lincoln County Care Center PO Box 830 Shoshone, ID 83352	\$250.00
01-05-2018	Life Care Center of Lewiston 325 Warner Drive Lewiston, ID 83501	\$250.00
01-08-2018	Life Care Center of Idaho Falls 2725 E 17th Street Idaho Falls, ID 83406	\$250.00
01-09-2018	Karcher Post-Acute & Rehab Center 1127 Caldwell Blvd Nampa, ID 83651	\$250.00
02-07-2018	Idaho Falls Group Homes PO Box 50457 Idaho Falls, ID 83405	\$250.00
01-02-2018	Guardian Angel Homes - Post Falls 1050 E Mullan Ave Post Falls, ID 83854	\$250.00
01-02-2018	Emerson House at River Pointe 8250 W Marigold Street Garden City, ID 83714	\$250.00
01-09-2018	Desert View Care Center of Buhl 820 Sprague Avenue Buhl, ID 83316	\$250.00
01-08-2018	Copper Summit 24245 Birdie Thompson Pocatello, ID 83201	\$250.00
03-06-2018	Clearwater Care Centers, Inc 1411 Falls Ave. E., Ste 703 Twin Falls, ID 83301	\$250.00

01-23-2018	Caribou Memorial Living Center 300 S 3rd Street Soda Springs, ID 83276	\$250.00	
02-01-2018	Canyons Retirement Community 1215 Cheney Drive West Twin Falls, ID 83301	\$250.00	
01-02-2018	Bennett Hills Center 1220 Montana St Gooding, ID 83330	\$250.00	
	Grand Total:	\$8,750.00	



#### Schedule B Itemized Expenditures Twenty-Five Dollars(\$25.00) or more this period

Name of Candidate or Committee:

Idaho Health Care Association Political Action
Committee

Reporting Period:

7 Day Pre-Primary

Date	Recipient	Amount	Code	Optional
04-18-2018	Monks, Jason 3865 S Black Cat Rd Nampa, ID 83687	\$400.00	С	Explanation: Support: Oppose:
04-18-2018	Merrell, Marshall 3762 Porter Lane Rexburg, ID 83440	\$250.00	С	Explanation: Support: Oppose:
04-18-2018	Grow, C. Scott 556 N. Clearpoint Way Eagle, ID 83616	\$500.00	С	Explanation: Support: Oppose:
04-18-2018	Harris, Mark 1619 Eight Mile Creek Rd Soda Springs, ID 83276	\$250.00	С	Explanation: Support: Oppose:
04-18-2018	Souza, Mary PO Box 2223 Coeur d'Alene, ID 83816	\$500.00	С	Explanation: Support: Oppose:
04-12-2018	IHCA 1524 W. Cayuse Creek Drive Meridian, ID 83646	\$4,047.35	E	Explanation: Reimburse IHCA for Legislative Luncheon at Winter Workshop, 2-13-18, Boise Centre, Boise, Idaho Support: Oppose:
02-15-2018	Little, Brad PO Box 205 Emmett, ID 83617	\$1,000.00	С	Explanation: Support: Oppose:
02-15-2018	Ahlquist, Tommy PO Box 1693 Eagle, ID 83616	\$1,000.00	С	Explanation: Support: Oppose:
02-15-2018	Labrador, Raul R PO Box 1616 Boise, ID 83701	\$1,000.00	С	Explanation: Support: Oppose:
	Grand Total:	\$8,947.35		