



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE
(Please Print or Type)

C-2
Rev. 10/07

08 OCT 28 PM 2:34

Section I

Form with fields for Name of Candidate or Political Committee and Chairperson (Idaho Health Care Association), Office Sought (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), and Mailing Address (same as above).

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 / 1 / 2000 through 10 / 19 / 2008.

- 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, and 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

Signature of Political Treasurer

**DETAILED SUMMARY**

Name of Candidate or Committee: Idaho Health Care Assoc

|                      |  | Total This Period |
|----------------------|--|-------------------|
| <b>Contributions</b> |  |                   |
| ①                    | Unitemized Contributions (\$50 and less) # of Contributors _____                 | + \$ .21          |
| ②                    | Itemized Contributions (Total of all Schedule A sheets)                          | + \$ 11290.00     |
| ③                    | In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets) | + \$ —            |
| ④                    | Loans (Total of all New Loan amounts from Schedule D sheets)                     | + \$ —            |
| ⑤                    | <b>Total Contributions</b> (Transfer this figure to page 1, Section IV, Line 3)  | = \$ 11290.21     |

|                     |   |             |
|---------------------|---|-------------|
| <b>Expenditures</b> |   |             |
| ⑥                   | Unitemized Expenditures (\$25 and less) # of Expenditures <u>2</u>                      | + \$ 11.80  |
| ⑦                   | Itemized Expenditures (Total of all Schedule B sheets)                                  | + \$ 148.09 |
| ⑧                   | In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)          | + \$        |
| 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                   | <b>Total Expenditures</b> (Transfer this figure to page 1, Section IV, Line 5)          | = \$ 159.89 |

|                                     |   |      |
|-------------------------------------|---|------|
| <b>Loans, Credit Cards and Debt</b> |   |      |
| ⑫                                   | Outstanding Balance from previous reporting period  | + \$ |
| ⑬                                   | New Loans received during this reporting period<br>(Total of all New Loan amounts plus Accrued Interest from Schedule D sheets) | + \$ |
| ⑭                                   | New Credit Card and Debt incurred this reporting period<br>(Total of all New Incurred Debt amounts from Schedule E sheets)      | + \$ |
| ⑮                                   | Subtotal  | = \$ |
| ⑯                                   | Repayments of Loans made during this reporting period<br>(Total of all Loan Repayment amounts from Schedule D sheets)           | - \$ |
| ⑰                                   | Repayments of Credit Card and Debt this reporting period<br>(Total of all Debt Repayment amounts from Schedule E sheets)        | - \$ |
| ⑱                                   | <b>Total Outstanding Balance at close of this period</b> (Transfer this figure to page 1, Section IV, Line 7)                   | = \$ |

|                              |   |      |
|------------------------------|---|------|
| <b>Pledged Contributions</b> |   |      |
| ⑲                            | Unitemized Pledged Contributions (\$50 and less) # of Pledges _____         | + \$ |
| ⑳                            | Itemized Pledged Contributions this Period (Total of all Schedule F sheets) | + \$ |
| ㉑                            | <b>Total Pledged Contributions this period</b>                              | = \$ |

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

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Name of Candidate or Committee: IHCA

| Date Received   | Full Name, Mailing Address and Zip Code of Contributor                             | Cash or Check  |
|---|--|--|
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 1. Hansen Hunter & Co<br>8930 SW Gemini Dr.<br>Beaverton OR 97008                  | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 2. Meridian Holdings<br>3155 River Rd S, Suite 100<br>Salem OR 97302               | \$ <u>1000.00</u><br>\$ _____<br>Calendar Year-To-Date |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 3. Sun Health Behavioral Hospital<br>8050 Northview<br>Boise ID 83704              | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 4. Pharm Ease LLC<br>1790 Sabien Dr<br>Ammon ID 83406                              | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 5. NW Mobile Services<br>PO Box 2124<br>Olympia WA 98507                           | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 6. Food Services of America<br>1495 N. Hickory Ave.<br>Boise ID 83680              | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 7. Legacy Home Health & Hospice<br>680 S. Progress Ave Ste 2A<br>Meridian ID 83642 | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 8. Innovative Care Pharmacy<br>9196 W. Emerald, Suite 110<br>Boise ID 83704        | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 9. McKesson Medical Surgical<br>Box 831<br>Liberty Lake WA 99019                   | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 10. Crown Rogers Insurance<br>410 S. Orchard, Ste #168<br>Boise ID 83705           | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| Total This Page:  |  | \$ <u>3250.00</u>                                      |

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

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

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| Name of Candidate or Committee: <u>IHCA</u>   |   |   |
|---|---|---|
| Date Received   | Full Name, Mailing Address and Zip Code of Contributor                                  | Cash or Check   |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 1. Hearts for Hospice<br>677 Quality Dr #201<br>American Fork UT 84003                  | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 2. Medical Staffing Network<br>703 S. Americana Blvd, Ste 190<br>Boise ID 83707         | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 3. Superior Care Pharmacy<br>2280 W. Alexander St.<br>Salt Lake City UT 84119           | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 4. Prestige AL<br>200 W. Beech St.<br>Caldwell ID 83605                                 | \$ <u>175.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 5. Prestige AL<br>200 W. Beech St.<br>Caldwell ID 83605                                 | \$ <u>175.00</u><br>\$ <u>350.00</u><br>Calendar Year-To-Date |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 6. Aspen Transitional<br>2867 E. Copper Point Dr.<br>Meridian ID 83642                  | \$ <u>975.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 7. Caldwell Care Center<br>210 Caldwell Blvd<br>Nampa ID 83605                          | \$ <u>325.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 8. Emeritus AL<br>1450 E. Watertower, Ste 130<br>Meridian ID 83642                      | \$ <u>325.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 9. James Roberts<br>320 Collins Rd<br>Boise ID 83702                                    | \$ <u>85.00</u><br>\$ _____<br>Calendar Year-To-Date          |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 10. Legacy Home Health & Hospice<br>6805 S. Progress Ave, Suite 2A<br>Meridian ID 83642 | \$ <u>325.00</u><br>\$ <u>575.00</u><br>Calendar Year-To-Date |
| Total This Page:  |   | \$ <u>3135.00</u>   |

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

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

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Name of Candidate or Committee: IHCA

| Date Received   | Full Name, Mailing Address and Zip Code of Contributor                     | Cash or Check   |
|---|--|---|
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 1. Milestone Decisions<br>611 S. Main<br>Moscow ID 83843                   | \$ <u>325.00</u><br>\$ _____<br>Calendar Year-To-Date |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 2. Nampa Care Center<br>404 Horton<br>Nampa ID 83651                       | \$ <u>85.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 3. Owyhee Health & Rehab<br>108 W. Owyhee<br>Homedale ID 83628             | \$ <u>325.00</u><br>\$ _____<br>Calendar Year-To-Date |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 4. Plantation Place<br>3921 Kessinger Lane<br>Boise ID 83703               | \$ <u>325.00</u><br>\$ _____<br>Calendar Year-To-Date |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 5. Idaho Falls Health & Rehab<br>3111 Channing Way<br>Idaho Falls ID 83404 | \$ <u>162.50</u><br>\$ _____<br>Calendar Year-To-Date |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 6. Rexburg Nursing<br>1660 S. 2nd West<br>Rexburg ID 83440                 | \$ <u>162.50</u><br>\$ _____<br>Calendar Year-To-Date |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 7. Willow Park AL<br>2600 N. Milwaukee<br>Boise ID 83704                   | \$ <u>85.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 8. Weiser Care Center<br>331 E. Park St.<br>Weiser ID 83672                | \$ <u>85.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 9. Western Health Care<br>1475 N. Cole Rd<br>Boise ID 83704                | \$ <u>85.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 10. Sun Bridge Care - Emmett<br>501 W. Idaho Blvd<br>Emmett ID 83617       | \$ <u>170.00</u><br>\$ _____<br>Calendar Year-To-Date |
| Total This Page:  |  | \$ <u>1810.00</u>                                     |

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

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

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| Name of Candidate or Committee: <u>IHCA</u>   |   |   |
|---|---|---|
| Date Received   | Full Name, Mailing Address and Zip Code of Contributor                  | Cash or Check   |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 1. SunBridge Care - Nampa<br>2609 Sunnybrook Dr.<br>Nampa ID 83686      | \$ <u>170.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 2. SunBridge Care - Payette<br>1019 Third Ave South<br>Payette ID 83661 | \$ <u>325.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 3. Sun Health Behavioral Hospital<br>8050 Northview<br>Boise ID 83704   | \$ <u>375.00</u><br>\$ <u>625.00</u><br>Calendar Year-To-Date |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 4. Care at Home Inc<br>501 N. 16th St. Suite 112<br>Payette ID 83661    | \$ <u>375.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 5. Innovative Healthcare<br>252 Oneida St.<br>Pocatello ID 83201        | \$ <u>350.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 6. 24/7 Pro Solutions<br>787 E. State St. Suite 155<br>Eagle ID 83616   | \$ <u>250.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 7. 24/7 Pro Solutions<br>787 E. State St. Suite 155<br>Eagle ID 83616   | \$ <u>325.00</u><br>\$ <u>575.00</u><br>Calendar Year-To-Date |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 8. Accent Hospice LLC<br>4273 E. Spearfish Dr.<br>Meridian ID 83646     | \$ <u>100.00</u><br>\$ _____<br>Calendar Year-To-Date         |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 9. Hansen Hunter & Co<br>8930 SW Gemini Dr.<br>Beaverton OR 97008       | \$ <u>300.00</u><br>\$ <u>550.00</u><br>Calendar Year-To-Date |
| <u>  /  /  </u><br><input type="checkbox"/> Primary<br><input type="checkbox"/> General     | 10. _____   | \$ _____<br>\$ _____<br>Calendar Year-To-Date                 |
| Total This Page:  |   | \$ <u>2570.00</u>   |

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

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

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Name of Candidate or Committee: IHCA

| Date Received   | Full Name, Mailing Address and Zip Code of Contributor                 | Cash or Check   |
|---|--|---|
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 1. Elegant Residential Living<br>1256 Wright St.<br>Pocatello ID 83201 | \$ <u>100.00</u><br>\$ _____<br>Calendar Year-To-Date |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 2. Beacon Rehabilitation<br>1200 Hospital Way<br>Pocatello ID 83201    | \$ <u>75.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 3. Clearwater Health/Rehab<br>1204 Shriver Rd.<br>Orofino ID 83544     | \$ <u>75.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 4. Harmony House AL<br>PO Box 2792<br>Hayden ID 83835                  | \$ <u>75.00</u><br>\$ _____<br>Calendar Year-To-Date  |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 5. New Beginnings<br>2105 Woodst Pl.<br>Idaho Falls ID 83406           | \$ <u>100.00</u><br>\$ _____<br>Calendar Year-To-Date |
| 10/15/08<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | 6. St. Benedicts LTC<br>709 N. Lincoln Ave<br>Jerome ID 83338          | \$ <u>100.00</u><br>\$ _____<br>Calendar Year-To-Date |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General                 | 7.   | \$ _____<br>\$ _____<br>Calendar Year-To-Date         |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General                 | 8.   | \$ _____<br>\$ _____<br>Calendar Year-To-Date         |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General                 | 9.   | \$ _____<br>\$ _____<br>Calendar Year-To-Date         |
| / /<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General                 | 10.  | \$ _____<br>\$ _____<br>Calendar Year-To-Date         |
| Total This Page:  |  | \$ <u>525.00</u>                                      |

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

**SCHEDULE B  
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee: IHCA

**Purpose Codes**

- A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- B Broadcast Advertising (Radio, TV & Internet)
- C Contributions to Candidates & PAC's
- D Donations & Gifts
- E Event Expenses
- F Food & Refreshments
- G General Operational Expenses
- 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 | Cash or Check |
|------------------|--|--------------|---------------|
| 9/30/08          | 1. Wells Fargo Bank<br>660 E. Water tower St. Ste 120<br>Meridian ID 83642 | G            | \$ 148.09     |
| _/_/_            | 2.   |              | \$ _____      |
| _/_/_            | 3.   |              | \$ _____      |
| _/_/_            | 4.   |              | \$ _____      |
| _/_/_            | 5.   |              | \$ _____      |
| _/_/_            | 6.   |              | \$ _____      |
| _/_/_            | 7.   |              | \$ _____      |
| _/_/_            | 8.   |              | \$ _____      |
| _/_/_            | 9.   |              | \$ _____      |
| _/_/_            | 10.  |              | \$ _____      |
| Total This Page: |  |              | \$ _____      |

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