



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

pg 1 of 9
C-2
Rev. 12/14
16 JUN 15 PM 2:06

SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson Idaho Health Care Association		Office Sought (if candidate)	District (if any)
Mailing Address 1524 W. Cayuse Creek Drive		City and Zip Meridian 83646	
Name of Political Treasurer Robert Vande Merwe		Home Phone 208-794-2985	Work Phone 208-343-9735
Mailing Address Same as above		City and Zip	
		Home Phone	Work Phone

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 **5/2/2016** through **5/27/2016**

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	\$ 48,615.05
Line 2: Enter Beginning Cash Balance**	\$ 46,015.05	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 1,000.00	\$ 6,400.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 47,015.05	\$ 55,015.05
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ 0	\$ 8,000.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 47,015.05	\$ 47,015.05
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:
Lawrence Denney
Secretary of State
PO Box 83720
Boise ID 83720-0080
Phone: (208) 334-2852
Fax: (208) 334-2282

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 Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Idaho Health Care Association

Contributions		Total This Period
①	Unitemized Contributions (\$50 and less) # of Contributors _____	
②	Itemized Contributions (Total of all Schedule A sheets)	+ \$
③	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$ 1,000.00
④	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$
⑤	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	+ \$
		= \$ 1,000.00

Expenditures		
⑥	Unitemized Expenditures (Less than \$25) # of Expenditures _____	
⑦	Itemized Expenditures (Total of all Schedule B sheets)	+ \$
⑧	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$ 0
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	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	+ \$
		= \$ 0

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)	- \$
		= \$ 0

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	+ \$
		= \$ 0

Idaho Health Care Association
 May 2 through May 27, 2016
 PAC Donations Paid to IHCA
 Schedule A

Primary/ General	Facility	Address	City	State	Zip	Amt Paid	Pd Date
Post Primary	Clearwater Health & Rehab	1204 Shriver Road	Orofino	ID	83544	\$ 250.00	5/17/2016
Post Primary	Coeur d' Alene Health Care & Rehab	2514 N 7th Street	Coeur d' Alene	ID	83814	250.00	5/27/2016
Post Primary	Monte Vista Hills Healthcare Cntr	1071 Renee Avenue	Pocatello	ID	83201	250.00	5/18/2016
Post Primary	The Bridge at Sandpoint	1123 North Division Street	Sandpoint	ID	83864	250.00	5/24/2016
						<u>\$1,000.00</u>	Total