Section I	CAMPAIGN FINANCIAL DISCLC SUMMARY PAG (Please Print or Typ	E 18 NOV 21 e) SECRETAF	C-2 AM 08:43 Rev. 5/11 RY OF STATE OF IDAHO
Name of Candidate or Political Committee and Chairp Idaho Hospital Association P		Office Sought (if can	ndidate) District (if any)
Mailing Address	City and Zip	Home Phone	Work Phone
PO Box 1278	Boise 83701-127	8	2083385100
Name of Political Treasurer Toni Lawson			
Mailing Address	City and Zip	Home Phone	Work Phone
PO Box 1278	Boise 83701-127	8	2083385100
Section II This filing is an: V Original	Political Committee Political Committee Political TYPE OF REPOR Amendment 2 / 2018 through 11 / 16 / 30 Day Post-Primary Rep 30 Day Post-General Re	2018 port Octo	ober 10 Pre-General Report ual Report
Semi-Annual Report (Statewide C Is this a Termination Report: Yes	andidates Only)		
Directions: If you had no contributions or e Be sure to carry f	prward the appropriate "Calendar Year t	d, check the box next to the s to Date" figures in Column II,	, Section IV.
Section IV	received no contributions and have ma	ade no expenditures during ti	nis reporting period.
To reach your Calendar Year to Date figure: figures to the Column II figures of your previ		COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Caler	ndar Year*	\$ XXXXXX	_{\$} 54,794.16
Line 2: Enter Beginning Cash Balance**		\$ 20,633.16	s XXXXXX
	un line E. nege ()	\$ 500.00	\$ <u>29,424.00</u>
Line 3: Total Contributions (Enter amount fro	fin line 5, page 2)	Ŧ	Ψ
Line 4: Subtotal (Add lines 1, 2 and 3)		<u>\$ 21,133.16</u>	\$ <u>84,218.16</u>
Line 5: Total Expenditures (Enter amount fro	om line 11, page 2)	<u></u> \$_100.00	§ <u>63,185.00</u>
Line 6: Enter Ending Cash Balance (Subtrac	t line 5 from line 4)	<u></u> \$_21,033.16	<u></u> \$ <u>21,033.16</u>
Line 7: Outstanding Debt to Date (Enter am	ount from line 18, page 2)	\$ <u>0.00</u>	
*This same figure should be entered on line **This is the figure on line 6 of the last Cam Note: The closing cash balance for the curre	paign Financial Disclosure Report filed.		
Section V			
Return This Report To: Lawerence Denney Secretary of State PO	Toni Lawson	, hereby certify	y that the information in this

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

report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Digital Signature Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Idaho Hospital Association PAC

		Total This Period
	Contributions	
(1)	Unitemized Contributions (\$50 and less) # of Contributors 0	+ \$0.00
2	Itemized Contributions (Total of all Schedule A sheets)	+ \$500.00
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 sheets)	+ \$0.00
5	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$500.00

	Expenditures		
6	Unitemized Expenditures (Less than \$25) # of Expenditures 0	+	\$0.00
$\overline{7}$	Itemized Expenditures (Total of all Schedule B sheets)	+	\$100.00
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)	=	\$100.00

	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	+ \$0.00
20	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ \$0.00
21)	Total Pledged Contributions this period	= \$0.00



Name of Candidate or Committee:	Idaho Hospital Association PAC
Reporting Period:	30 Day Post-General

Date	ElectionType	Contributor	Amount	YTDAmount
11/14/2018		Bingham Employees' Fund 98 Poplar Street Blackfoot, ID 83221	\$500.00	\$500.00
		Grand Total:	\$500.00	



Name of Candidate or Committee:	Idaho Hospital Association PAC
Reporting Period:	30 Day Post-General

Date	Recipient	Amount	Code	Optional
•		\$100.00	С	Explanation: Support: Oppose:
	Grand Total:	\$100.00		