	CAMPAIGN	FINANCIAL DISCLOS SUMMARY PAGE (Please Print or Type)	18 OCT 29 SECRETA	9 PM 04:22	C-2 Rev. 5/11
Section I				OF IDAHO	1
Name of Candidate or Political Committee a Idaho Health Underwrite			Office Sought (if ca	andidate)	District (if any)
Mailing Address	IS FAC	City and Zip	Home Phone	Work P	hone
157 River Vista Place		Twin Falls 83301		2087	376413
Name of Political Treasurer Wendy Leatham					
Mailing Address		City and Zip	Home Phone	Work P	hone
10050 W Barnsdale Dr		Boise 83704		2088	639867
Change of address for: Candi	date or Political Committ	ee 🛛 🛛 Political T	reasurer 🛛		
Section II This filing is an: Origina This report is for the period from 10	0 / 01 / 2018 thro	ough <u>10 / 21 / 2</u>		teher 40 Dre Corre	rel Denert
7 Day Pre-Primary Report	30) Day Post-Primary Repo		tober 10 Pre-Gene	га кероп
✓ 7 Day Pre-General Report	30) Day Post-General Repo	rt 🗌 An	nual Report	
Semi-Annual Report (State	ewide Candidates Only) Yes 🖌 No				
I hereby certify the		priate "Calendar Year to hereit	Ū		od.
Section IV	6 • • • • • • •	SUMMARY	0.01111011		
To reach your Calendar Year to Date figures to the Column II figures of yo			COLUMN I This Period	Calend	UMN II dar Year Date
Line 1: Cash on Hand January 1, Th	is Calendar Year*		\$ <u>XXXXXX</u>	\$ <u>5,154</u>	.09
Line 2: Enter Beginning Cash Balance**			\$ <u>6,880.09</u>	\$XX	XXX
Line 3: Total Contributions (Enter amount from line 5, page 2))	\$_289.00	_{\$} _2,158	.00
Line 4: Subtotal (Add lines 1, 2 and 3)			\$ <u>7,169.09</u>	<u>\$ 7,312</u>	.09
Line 5: Total Expenditures (Enter am	ount from line 11, page 2	2)	\$_0.00	_{\$} <u>143.0</u>	0
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)		\$ <u>7,169.09</u>	_{\$} <u>7,169</u>	.09	
Line 7: Outstanding Debt to Date (En	nter amount from line 18	, page 2)	\$ <u>0.00</u>		
*This same figure should be entered **This is the figure on line 6 of the la Note: The closing cash balance for t	st Campaign Financial D he current reporting peri	Disclosure Report filed. If t			
Section	on V				
Return This Report To: Lawerence Denney Secretary of State PO Box 83720		dy Leatham Name of Political Treasurer	, hereby cert	ify that the informa	tion in this

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

Digital Signature Signature of Political Treasurer

Boise ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

DETAILED SUMMARY

Name of Candidate or Committee: Idaho Health Underwriters PAC

		Total This Period
	Contributions	
1	Unitemized Contributions (\$50 and less) # of Contributors 19) + \$159.00
2	Itemized Contributions (Total of all Schedule A sheets)	+ \$130.00
3	In-Kind Contributions (Total of all Contribution amounts from Schedule C shee	ets) + \$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)	= \$289.00

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

	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	+ \$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 Health Underwriters PAC
Reporting Period:	7 Day Pre-General

Date	ElectionType	Contributor	Amount	YTDAmount
10/10/2018		Trevino, Terrie 960 Broadway Ave. 100 Boise, ID 83706	\$10.00	\$147.50
10/01/2018		Trevino, Terrie 960 Broadway Ave. 100 Boise, ID 83706	\$10.00	\$137.50
10/01/2018		Traveller, Brenda 1150 Eastland Dr N Twin Falls, ID 83301	\$10.00	\$100.00
10/01/2018		Thomas, Brett 195 River Vista PI Ste 206 Twin Falls, ID 83301	\$10.00	\$100.00
10/01/2018		Sutton, Trent 2824 Poleline Rd #A Pocatello, ID 83201	\$10.00	\$110.00
10/10/2018		Shores, Thomas E 8596 W Bolsa St Boise, ID 83709	\$10.00	\$170.00
10/01/2018		Shores, Thomas E 8596 W Bolsa St Boise, ID 83709	\$10.00	\$160.00
10/01/2018		Schultz, Carolyn P.O. Box 1416 Hayden, ID 83835	\$10.00	\$100.00
10/01/2018		Pullin, Kimberlee 1150 Eastland Dr N Twin Falls, ID 83301	\$10.00	\$100.00
10/01/2018		Leavitt, Scott 12988 W Paint Dr Boise, ID 83713	\$10.00	\$107.50
10/01/2018		Heider, Ryan 195 River Vista PI Ste 206 Twin Falls, ID 83301	\$10.00	\$100.00
10/01/2018		Fiala, Colby 195 River Vista PI Ste 206 Twin Falls, ID 83301	\$10.00	\$100.00
10/01/2018		Bartholomew, Rhonda 157 River Vista Place Twin Falls, ID 83301	\$10.00	\$110.00
		Grand Total:	\$130.00	