Section I	SUMMARY PAG (Please Print or Typ	De) SECRETA	PM 01:03 RY OF STATE OF IDAHO
Name of Candidate or Political Committee and Chairperson Idaho Hospital Association PAC		Office Sought (if ca	andidate) District (if any)
Mailing Address	City and Zip	Home Phone	Work Phone
PO Box 1278 Name of Political Treasurer	Boise 83701-127	8	2083385100
Toni Lawson			
Mailing Address	City and Zip	Home Phone	Work Phone
PO Box 1278 Change of address for: Candidate or Political	Boise 83701-127	8 I Treasurer	2083385100
This report is for the period from 01 / 01 / 2 7 Day Pre-Primary Report 7 Day Pre-General Report	nendment 018 through 04 / 29 / 30 Day Post-Primary Re 30 Day Post-General Re	port Oc	tober 10 Pre-General Report nual Report
	No ENT OF NO CONTRIBUTION		statement below and sign this report.
Is this a Termination Report: Yes Section III STATEM Directions: If you had no contributions or expenditu Be sure to carry forward the I have receive	No ENT OF NO CONTRIBUTIONS ures during this reporting perior ne appropriate "Calendar Year d no contributions and have ma	d, check the box next to the to Date" figures in Column I	I, Section IV.
Is this a Termination Report: Yes Section III STATEM Directions: If you had no contributions or expendite Be sure to carry forward the I hereby certify that I have receive Section IV	No ENT OF NO CONTRIBUTIONS ures during this reporting perior ne appropriate "Calendar Year d no contributions and have ma SUMMARY	d, check the box next to the to Date" figures in Column I ade no expenditures during	I, Section IV. this reporting period.
Is this a Termination Report: Yes Section III STATEM Directions: If you had no contributions or expenditu Be sure to carry forward the I have receive	No ENT OF NO CONTRIBUTIONS ures during this reporting perior he appropriate "Calendar Year d no contributions and have ma SUMMARY s report's Column I	d, check the box next to the to Date" figures in Column I	I, Section IV.
Is this a Termination Report: Yes Section III STATEM Directions: If you had no contributions or expenditu Be sure to carry forward the I have receive Section IV To reach your Calendar Year to Date figure: Add this	No ENT OF NO CONTRIBUTIONS ures during this reporting period he appropriate "Calendar Year d no contributions and have ma SUMMARY s report's Column I ort (except on line 6).	d, check the box next to the to Date" figures in Column I ade no expenditures during COLUMN I	I, Section IV. this reporting period. COLUMN II Calendar Year
Is this a Termination Report: Yes Section III STATEM Directions: If you had no contributions or expendit Be sure to carry forward the I hereby certify that I have receive Section IV To reach your Calendar Year to Date figure: Add this figures to the Column II figures of your previous report	No ENT OF NO CONTRIBUTIONS ures during this reporting period he appropriate "Calendar Year d no contributions and have ma SUMMARY s report's Column I ort (except on line 6).	d, check the box next to the to Date" figures in Column I ade no expenditures during COLUMN I This Period	I, Section IV. this reporting period. COLUMN II Calendar Year to Date
Is this a Termination Report: Yes Section III STATEM Directions: If you had no contributions or expendite Be sure to carry forward the I hereby certify that I have receive Section IV To reach your Calendar Year to Date figure: Add this figures to the Column II figures of your previous reportions Line 1: Cash on Hand January 1, This Calendar Year	No ENT OF NO CONTRIBUTIONS ures during this reporting perior ne appropriate "Calendar Year d no contributions and have ma SUMMARY s report's Column I ort (except on line 6).	d, check the box next to the to Date" figures in Column I ade no expenditures during COLUMN I This Period \$	I, Section IV. this reporting period. COLUMN II Calendar Year to Date \$ 54,794.16
Is this a Termination Report: Yes Section III STATEM Directions: If you had no contributions or expendite Be sure to carry forward the I hereby certify that I have receive Section IV To reach your Calendar Year to Date figure: Add this figures to the Column II figures of your previous report Line 1: Cash on Hand January 1, This Calendar Year Line 2: Enter Beginning Cash Balance**	No ENT OF NO CONTRIBUTIONS ures during this reporting perior ne appropriate "Calendar Year d no contributions and have ma SUMMARY s report's Column I ort (except on line 6).	d, check the box next to the to Date" figures in Column I ade no expenditures during COLUMN I This Period \$	I, Section IV. this reporting period. COLUMN II Calendar Year to Date \$ <u>54,794.16</u> \$ <u>XXXXXX</u> 0.00
Is this a Termination Report: Yes Section III STATEM Directions: If you had no contributions or expendite Be sure to carry forward the I hereby certify that I have receive Section IV To reach your Calendar Year to Date figure: Add this figures to the Column II figures of your previous report Line 1: Cash on Hand January 1, This Calendar Year Line 2: Enter Beginning Cash Balance** Line 3: Total Contributions (Enter amount from line 5	P No ENT OF NO CONTRIBUTIONS ures during this reporting period he appropriate "Calendar Year d no contributions and have ma SUMMARY s report's Column I ort (except on line 6). r*	d, check the box next to the to Date" figures in Column I ade no expenditures during COLUMN I This Period \$	II, Section IV. this reporting period. COLUMN II Calendar Year to Date \$ 54,794.16 \$ XXXXXX \$ 0.00
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report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Ι, _

Secretary of State PO Box 83720

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

Digital Signature Signature of Political Treasurer

, hereby certify that the information in this

Toni Lawson Name 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)	+ \$0.00
3	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets	s) + \$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)	= \$0.00

	Expenditures		
6	Unitemized Expenditures (Less than \$25) # of Expenditures 0	+	\$0.00
$\overline{7}$	Itemized Expenditures (Total of all Schedule B sheets)	+	\$6,700.00
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)	=	\$6,700.00

	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:	7 Day Pre-Primary

Date	Recipient	Amount	Code	Optional
04/03/2018	IDLCC	\$700.00	С	Explanation:
	700 W Jefferson			Support:
	Boise, ID 83720			Oppose:
04/12/2018	Little, Brad	\$5,000.00	С	Explanation:
	PO Box 2664			Support:
	Boise, ID 83701			Oppose:
01/12/2018	Otter, Butch	\$1,000.00	С	Explanation:
	PO Box 756			Support:
	Star, ID 83669			Oppose:
	Grand Total:	\$6,700.00		