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

C-2 Rev. 5/11

15 JAN 26 AM 9:25

HCA IDAHO GOOD GOVERNMENT FUND  Mailing Address 1717 ARLINGTON AVE CALDWELL 83605  Name of Political Treasurer KATE FOWLER  Mailing Address 1717 ARLINGTON AVE CIty and Zip City and Zip City and Zip CALDWELL 83605  CALDWEL 83605  CALDWELL 83605  CALDWELL 83605  CALDWELL 83605  CALDWELL	55-3720 55-3720 55-3720
Mailing Address 1717 ARLINGTON AVE CALDWELL 83605  Name of Political Treasurer KATE FOWLER  Mailing Address Total Archive Caldwell 83605  City and Zip City and Zip City and Zip College of Address Total Caldwell 83605  College of Address for: Candidate or Political Committee Caldwell 83605  Change of Address for: Candidate or Political Committee Caldwell 83605  Change of Address for: Candidate or Political Committee Caldwell 83605  Change of Address for: Candidate or Political Committee Caldwell 83605  Change of Address for: Candidate or Political Committee Caldwell 83605  Change of Address for: Candidate or Political Committee Caldwell 83605  City and Zip City	55-3720 55-3720
1717 ARLINGTON AVE   CALDWELL 83605   208-45    Name of Political Treasurer   KATE FOWLER     Mailting Address   City and Zip   Home Phone   Work Phone   208-45    1717 ARLINGTON AVE   CALDWELL 83605   208-45    Change of address for: Candidate or Political Committee   Political Treasurer   TYPE OF REPORT     This filling is an:   Zi   Original   Amendment   Amendment     This report is for the period from   11   15   2014   through   12   31   2014     Toay Pre-Primary Report   30 Day Post-Primary Report   October 10 Pre-General     Toay Pre-General Report   30 Day Post-General Report   Annual Report     Semi-Annual Report (Statewide Candidates Only)     Is this a Termination Report:   Yes   Zi   No	55-3720 one 55-3720
Name of Political Treasurer KATE FOWLER  Maiking Address  1717 ARLINGTON AVE  Candidate or Political Committee Political Treasurer  Section II  TYPE OF REPORT This filing is an: Original Amendment This report is for the period from 11 / 15 / 2014 through 12 / 31 / 2014.  7 Day Pre-Primary Report 30 Day Post-Primary Report October 10 Pre-General 7 Day Pre-General Report 30 Day Post-General Report  Semi-Annual Report (Statewide Candidates Only) Is this a Termination Report: Yes Z No	one 55-3720
KATE FOWLER  Maiking Address  1717 ARLINGTON AVE  Caldwell 83605  Change of address for: Candidate or Political Committee Political Treasurer  Section II  TYPE OF REPORT  This filing is an: Doriginal Amendment  This report is for the period from 11 / 15 / 2014 through 12 / 31 / 2014.  To Day Pre-Primary Report 30 Day Post-Primary Report October 10 Pre-General  To Day Pre-General Report 30 Day Post-General Report Annual Report  Semi-Annual Report (Statewide Candidates Only)  Is this a Termination Report: Yes Doriginal North	55-3720
CALDWELL 83605   208-455	55-3720
Change of address for:  Candidate or Political Committee  Political Treasurer  TYPE OF REPORT  This filing is an:  Original  Amendment  This report is for the period from 11 / 15 / 2014 through 12 / 31 / 2014.  This report is for the period from 30 Day Post-Primary Report  October 10 Pre-General  To Day Pre-General Report  Semi-Annual Report (Statewide Candidates Only)  Is this a Termination Report:  Yes  No	
Section II TYPE OF REPORT This filing is an:    Original	al Report
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☐ 7 Day Pre-Primary Report ☐ 30 Day Post-Primary Report ☐ October 10 Pre-General ☐ 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	al Report
☐ 7 Day Pre-General Report ☐ 30 Day Post-General Report ☐ Annual Report ☐ Annual Report ☐ Semi-Annual Report (Statewide Candidates Only)  Is this a Termination Report: ☐ Yes ☑ No	al Report
☐ Semi-Annual Report (Statewide Candidates Only) Is this a Termination Report: ☐ Yes ☑ No	
Is this a Termination Report:	
Is this a Termination Report:	
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	nd aion this sonod
Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.	ia sign uns report
Do said to carry formal and appropriate Calcinotal feat to Date inguites in Column in Column in	
I hereby certify that I have received no contributions and have made no expenditures during this reporting period.	<b>i</b> .
Section IV SUMMARY	
To reach your Calendar Year to Date figure: Add this report's Column I COLUMN I COLUMN I	MN II
figures to the Column II figures of your previous report (except on line 6). This Period Calendar	
to Da	ate
Line 1: Cash on Hand January 1. This Calendar Year* \$ XXXXXX \$ 4,801.79	9
Line 1. Casil on Hallu Sahuary 1, This Calendal Teal	
Line 2: Enter Beginning Cash Balance** \$ 11,938.65 \$ XXXX	<u>XXX</u>
Line 3: Total Contributions (Enter amount from line 5, page 2) \$ 0.00 \$ 28,000.0	00
0.00 32.301.7	70
Line 4. Subloidif (Add lines 1, 2 and 3)	
Line 5: Total Expenditures (Enter amount from line 11, page 2) \$ 0.00 \$ 20,863.1	14
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4) \$ 11,938.65 \$ 11,938.65	65
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	
*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 I, KATE FOWLER , hereby certify that the informatio	on in this
Secretary of State PO Box 83720 Name of Political Treasurer	
Boise ID 83720-0080 report is a true, complete and correct Campaign Financial Disclosure Report as required	d by law.
Phone: (208) 334-2852	,
Fax: (208) 334-2282	
Signature of Political Treasurer	

## **DETAILED SUMMARY**

## Name of Candidate or Committee: HCA IDAHO GOOD GOVERNMENT FUND

		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)	+ \$0.00
4	Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$0.00
<b>(5)</b>	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$0.00

Ex	kpenditures		
6	Unitemized Expenditures (Less than \$25) # of Expenditures 0	+	\$0.00
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) Tot	otal 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)	+	<b>\$</b> 0.00
14)	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+	<b>\$</b> 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)		<b>\$</b> 0.00
17	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)		<b>\$</b> 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			
	# of Pledges 0	+	\$0.00
Itemized Pledged Contributions this Period (Total of all Schedule F sheets)		+	\$ 0.00
Total Pledged Contributions this period		=	\$0.00