



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

C-2
Rev. 12/14
17 AUG 11 PM 1:58
SECRETARY OF STATE
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson HCA Idaho Good Government Fund		Office Sought (if candidate)	District (if any)
Mailing Address 1717 Arlington Avenue	City and Zip Caldwell 83605	Home Phone	Work Phone (208) 455-3720
Name of Political Treasurer Geoffrey Hill			
Mailing Address 1717 Arlington Avenue	City and Zip Caldwell 83605	Home Phone	Work Phone (208) 455-3720

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 11/19/16 through 12/31/16

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	\$ 11,938.65
Line 2: Enter Beginning Cash Balance**	\$ 9,938.65	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ 0.00	\$ 3,000.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 0.00	\$ 0.00
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ -250.00	\$ 4,750.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ 10,188.65	\$ 10,188.65
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ 0.00	

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

I, Geoffrey Hill, hereby certify that the information in this
Name of Political Treasurer
report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Signature of Political Treasurer

SCHEDULE B
ITEMIZED EXPENDITURES
 Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee: HCA IDAHO GOOD GOVERNMENT FUND

Purpose Codes (Enter up to 3 purpose codes per Expenditure.)

- | | |
|---|---|
| A All Travel Expenses (Airfare, Fuel, Lodging & Mileage) | N Newspaper & Other Periodical Advertising |
| B Broadcast Advertising (Radio, TV, Internet & Telephone) | O Other Advertising (Yard Signs, Buttons, etc.) |
| C Contributions to Candidates & PAC's | P Postage |
| D Donations & Gifts | S Surveys & Polls |
| E Event Expenses | T Tickets (Events) |
| F Food & Refreshments | U Utilities |
| G General Operational Expenses | W Wages, Salaries, Benefits & Bonuses |
| H Independent Expenditures | Y Petition Circulators |
| L Literature, Brochures, Printing | Z Preparation & Production of Advertising |
| M Management Services | |

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code(s)	Cash or Check
1. ____/____/____			\$ _____
2. ____/____/____			\$ _____
3. 12 29 2011 ____/____/____	Van Burtenshaw PO Box 152 Terreton, ID 83450 (Check was returned but previously reported)	C	(250.00) \$ _____
4. ____/____/____			\$ _____
5. ____/____/____			\$ _____
6. ____/____/____			\$ _____
7. ____/____/____			\$ _____
8. ____/____/____			\$ _____
9. ____/____/____			\$ _____
10. ____/____/____			\$ _____
Total This Page:			\$ (250.00)

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.