



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE

18 JUN 05 PM 12:41

(Please Print or Type)

SECRETARY OF STATE STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson: Hospital Education Fund. Office Sought: (if candidate). District: (if any). Mailing Address: PO Box 1278. City and Zip: Boise 83701-1278. Home Phone: Work Phone: 2083385100. Name of Political Treasurer: Toni Lawson. Mailing Address: PO Box 1278. City and Zip: Boise 83701-1278. Home Phone: Work Phone: 2083385100.

Change of address for: Candidate or Political Committee [] Political Treasurer []

Section II

TYPE OF REPORT

This filing is an: [x] Original [] Amendment

This report is for the period from 04 / 30 / 2018 through 05 / 25 / 2018

- [] 7 Day Pre-Primary Report [x] 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 [x] 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.

[x] 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).

Table with 3 columns: Description, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt to Date.

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

I, Toni Lawson, hereby certify that the information in this 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: Hospital Education Fund |
|---|

| | | | Total This Period |
|---|--|---|-------------------|
| | Contributions | | |
| ① | Unitemized Contributions (\$50 and less) # of Contributors <u>0</u> | + | \$ 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 |
| ⑤ | Total Contributions (Transfer this figure to page 1, Section IV, Line 3) | = | \$ 0.00 |

| | | | |
|---|---|---|---------|
| | Expenditures | | |
| ⑥ | Unitemized Expenditures (Less than \$25) # of Expenditures <u>0</u> | + | \$ 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 | 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 <u>0</u> | + | \$ 0.00 |
| ⑳ | Itemized Pledged Contributions this Period (Total of all Schedule F sheets) | + | \$ 0.00 |
| ㉑ | Total Pledged Contributions this period | = | \$ 0.00 |