

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

v. 08/07

**Section I**

Name of candidate or Political Committee and Chairperson <i>Bernie Jansen</i>		Office Sought (if candidate) <i>School Trustee</i>	District (if any)
Mailing Address <i>3669 N 3200 E</i>	City and Zip <i>Kimberly 83341</i>	Home Phone <i>208-733-1168</i>	Work Phone
Name of Political Treasurer <i>Bernie Jansen</i>			
Mailing Address <i>3669 N 3200 E</i>	City and Zip <i>Kimberly 83341</i>	Home Phone <i>208-733-1168</i>	Work Phone

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 01/01/15 through 12/31/15

- 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 Report an amendment?    Yes    No    Is this a Termination Report?    Yes    No

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 COUNTY CLERK

**Section III**      **STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES**

Directions: If you have 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**      *Box ?*      **SUMMARY**      *X*

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 Year*	\$	\$
Line 2. Enter Cash Balance **	\$	\$
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$	\$
Line 4. Subtotal (Add lines 1, 2 and 3)	\$	\$
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$	\$
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$	\$
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 beginning cash on hand.

Return This Report To:  
**Kristina Glascock**  
**Twin Falls County**  
**PO Box 126**  
**Twin Falls, ID 83303**  
**208-736-4004**  
**208-736-4182**

**Section V**      **CERTIFICATION**

I, Bernie Jansen, hereby certify that the information in this report is a true, complete and correct Campaign Finance Disclosure Report as required by law.

*Bernie Jansen*  
 \_\_\_\_\_  
 Signature of Political Treasurer

**APPOINTMENT AND CERTIFICATION OF POLITICAL TREASURER  
FOR CANDIDATES AND COMMITTEES**

Rev. 08/07

(Please Print or Type)

Pursuant to Sections 31-2012 and 67-6603(c1), Idaho Code. No contribution shall be received or expenditure made by or on behalf of a candidate or political committee until the candidate or political committee appoints a political treasurer and certifies the name and address of the treasurer to the County Clerk.

Certification is for: (check appropriate box)

**CANDIDATE:**

\_\_\_\_\_  
*Name of Political Candidate Bernie Jansen*

\_\_\_\_\_  
*Home Phone 2008-733-1168*

\_\_\_\_\_  
*Work Phone*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*Office Sought Twin Falls  
School District Trustee*

\_\_\_\_\_  
*District # 5*

\_\_\_\_\_  
*Party*

\_\_\_\_\_  
*Candidate Mailing Address  
3669 N 3200 E, Kimberly, ID*

\_\_\_\_\_  
*Candidate E-mail address*

**COMMITTEE:**

\_\_\_\_\_  
**bjansen@cableone.net**

\_\_\_\_\_  
*Name of Committee*

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COUNTY CLERK

Party Miscellaneous Measure

Name of Committee Chairman

NA

Party Affiliation (if any) Home

Phone

Work Phone

Cell Phone

Committee Mailing Address

Candidate/Measure

Chairman E-mail address

**CERTIFICATION AND APPOINTMENT**

I, Bernie Jansen \_\_\_\_\_, hereby certify and appoint the following individual who is a registered elector of the

*Name of Candidate or Committee Chairman*

State of Idaho as the political treasurer for the above named candidate or committee:

*Name of Political Treasurer Bernie Jansen*

*Home Phone 208-733-1168*

*Work Phone*

*Cell Phone*

*Treasurer Mailing Address 3669 N 3200 E, Kimberly, ID 83341*

*Treasurer E-mail address bjansen@cableone.net*



*Signature of Candidate of Committee Chairman*

Return This Form To:

**Kristina Glascock**

**Twin Falls County**

**PO Box 126**

**Twin Falls, ID 83303**

**208-736-4004**

**208-736-4182**

I, Bernie Jansen \_\_\_\_\_, hereby accept the appointment as the political treasurer

*Name of Political Treasurer*

for the above named candidate or committee:



*Signature of Political Treasurer*