

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

Section I

| | | | |
|---|--|-----------------------------------|-------------------------------|
| Name of candidate or Political Committee and Chairperson <i>Bob Keegan</i> | | Office Sought (if candidate) | District (if any) |
| Mailing Address <i>893 Sunway</i> | City and Zip <i>Twin Falls, 83301</i> | Home Phone <i>208-734-5806</i> | Work Phone <i>731-5372</i> |
| Name of Political Treasurer <i>Bob Keegan</i> | | | |
| Mailing Address | City and Zip | Home Phone | 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 *11/19/14* through *12/31/14*

- 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

RECEIVED
 2015 JAN 21 PM 1:18
 TWIN FALLS
 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

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 Year* | \$ | \$ 0 |
| Line 2. Enter Cash Balance ** | \$ | \$ 0 |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ | \$ 0 |
| Line 4. Subtotal (Add lines 1, 2 and 3) | \$ | \$ 0 |
| Line 5. Total Expenditures (Enter amount from line 11, Page 2) | \$ | \$ 0 |
| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ | \$ 0 |
| Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ | \$ 0 |

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

Bob Keegan

 Signature of Political Treasurer

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

Section I

| | | | |
|---|--|--|-------------------|
| Name of candidate or Political Committee and Chairperson <i>Bob Keegan</i> | | Office Sought (if candidate) <i>CSI Trustee</i> | District (if any) |
| Mailing Address <i>893 Sunway Dr.</i> | City and Zip <i>Twin Falls, 83329</i> | Home Phone <i>734-5806</i> | Work Phone |
| Name of Political Treasurer <i>Bob Keegan</i> | | | |
| Mailing Address <i>893 Sunway Dr.</i> | City and Zip <i>Twin Falls 83329</i> | Home Phone | 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 *10/28/14* through *12/7/14*

- 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

RECEIVED
 2014 NOV 21 AM 9:26
 TWIN FALLS
 COUNTY CLERK

Section III STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

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Section IV

SUMMARY

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|---|-------------------------|------------------------------------|
| Line 1. Cash on Hand January 1, This Year* | \$ 0 | \$ 0 |
| Line 2. Enter Cash Balance ** | \$ 0 | \$ 0 |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ 0 | \$ 0 |
| Line 4. Subtotal (Add lines 1, 2 and 3) | \$ 0 | \$ 0 |
| Line 5. Total Expenditures (Enter amount from line 11, Page 2) | \$ 0 | \$ 0 |
| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ 0 | \$ 0 |
| Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ 0 | \$ 0 |

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208-736-4004
208-736-4182

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Bob Keegan

 Signature of Political Treasurer

**CAMPAIGN FINANCIAL DISCLOSURE REPORT
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Section I

| | | | |
|---|---|--|-------------------|
| Name of candidate or Political Committee and Chairperson <i>Bob Keegan</i> | | Office Sought (if candidate) <i>CSI Trustee</i> | District (if any) |
| Mailing Address <i>893 Sunway N.</i> | City and Zip <i>Twin Falls 83301</i> | Home Phone <i>734-5806</i> | Work Phone |
| Name of Political Treasurer <i>Same</i> | | | |
| Mailing Address | City and Zip | Home Phone | 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 9/30/14 through 10/27/14

- 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

RECEIVED
 2014 OCT 22 AM 11:29
 TWIN FALLS
 COUNTY CLERK

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURE

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|---|-------------------------|------------------------------------|
| Line 1. Cash on Hand January 1, This Year* | \$ 0 | \$ 0 |
| Line 2. Enter Cash Balance ** | \$ 0 | \$ 0 |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ 0 | \$ 0 |
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| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ 0 | \$ 0 |
| Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ 0 | \$ 0 |

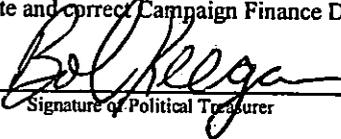
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208-736-4004
208-736-4182

Section V

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 Signature of Political Treasurer

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

Section I

| | | | |
|---|---------------------------------------|--|-------------------|
| Name of candidate or Political Committee and Chairperson <u>Bob Keegan</u> | | Office Sought (if candidate) <u>CSI Trustee</u> | District (if any) |
| Mailing Address <u>893 Sunway N.</u> | City and Zip <u>Twin Falls, ID</u> | Home Phone <u>208-734-5806</u> | Work Phone |
| Name of Political Treasurer <u>Bob Keegan</u> | | | |
| Mailing Address <u>893 Sunway N.</u> | City and Zip <u>Twin Falls, ID</u> | Home Phone <u>208-734-5806</u> | 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 10 11 through 09 30 11

- 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

RECEIVED
2014 SEP 30 AM 9:41
TWIN FALLS COUNTY CLERK

Section III

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208-736-4182

Section V

CERTIFICATION

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

Bob Keegan
Signature of Political Treasurer

recd
1/28/14

C-2
Rev. 11/07

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

Section I

| | | | |
|---|--|---|-------------------|
| Name of candidate or Political Committee and Chairperson <u>Bob Keegan</u> | | Office Sought (if candidate) <u>CSI Board of Trustee</u> | District (if any) |
| Mailing Address <u>893 Sunway N.</u> | City and Zip <u>Twin Falls, 83301</u> | Home Phone <u>208-734-5306</u> | Work Phone |
| Name of Political Treasurer | | | |
| Mailing Address | City and Zip | Home Phone | 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 1 01 2013 through 12 31 2013

- 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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|---|-------------------------|------------------------------------|
| Line 1: Cash on Hand January 1, This Year* | \$ XXXXXXXXXXX | \$ 0.00 |
| Line 2: Enter Cash Balance ** | \$ | \$ XXXXXXXXXXX |
| 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)** | \$ | \$ |
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Bob Keegan
Signature of Political Treasurer