

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

**Section I**

Name of candidate or Political Committee and Chairperson <i>Calvin H. Campbell</i>		Office Sought (if candidate) <i>Magistrate Judge</i>	District (if any)
Mailing Address <i>PO Box 126</i>	City and Zip <i>Twin Falls 83303</i>	Home Phone <i>208-539-1200</i>	Work Phone <i>208-736-4119</i>
Name of Political Treasurer <i>Calvin H. Campbell</i>			
Mailing Address <i>PO Box 126</i>	City and Zip <i>Twin Falls 83303</i>	Home Phone <i>208-539-1200</i>	Work Phone <i>208-736-4119</i>

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 *Jan 1 2015* through *12 31 2015*

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

**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 II.

I hereby certify that I have received no contributions and have made no expenditures during this reporting period

RECEIVED  
 2016 JAN 3 PM 4:  
 TWIN FALLS  
 CLERK

**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*	\$ 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)**	\$	\$
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, 83301  
 Tele, 208-736-4004  
 Fax. 208-736-4182

**Section V**

**CERTIFICATION**

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

\_\_\_\_\_  
 Signature of Political Treasurer





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

C-2  
Rev. 5/11

2014 NOV 20 AM 9:52

**Section I**

Name of Candidate or Political Committee and Chairperson <i>Calvin H. Campbell</i>		Office Sought (if candidate) <i>Magistrate Judge</i>		District (if any) <b>SECRETARY OF STATE STATE OF IDAHO</b>
Mailing Address <i>2454 Sunway Loop</i>	City and Zip <i>Twin Falls 83301</i>	Home Phone <i>208-539-1200</i>	Work Phone <i>208-736-4119</i>	
Name of Political Treasurer <i>Same as Candidate</i>				
Mailing Address <i>Same as Candidate</i>	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 *10 / 20 / 2014* through *11 / 14 / 2014*

- 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**

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**Section IV**

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

*Calvin H. Campbell*  
Name of Political Treasurer

report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*[Signature]*  
Signature of Political Treasurer

RECEIVED  
NOV 24 PM 4:02  
TWIN FALLS  
COUNTY CLERK



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

C-2  
Rev. 5/11

2014 NOV 20 AM 9:52

Section I

Name of Candidate or Political Committee and Chairperson <i>Calvin H. Campbell</i>		Office Sought (if candidate) <i>Mayor Pro Tem</i>		District (if any) <b>SECRETARY OF STATE STATE OF IDAHO</b>	
Mailing Address <i>PO Box 126</i>		City and Zip <i>Twin Falls 83301</i>		Home Phone <i>208-539-1200</i>	
Name of Political Treasurer <i>Same as Candidate</i>		City and Zip		Work Phone <i>208-736-4119</i>	
Mailing Address <i>Same as Candidate</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 / 20 / 2014* through *11 / 14 / 2014*

- 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

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Section IV

SUMMARY

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

I, *Calvin H. Campbell*, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*[Signature]*  
Signature of Political Treasurer

RECEIVED  
2014 NOV 20 PM 2:22  
TRINITY FALLS COUNTY CLERK



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

C-2  
Rev. 5/11

14 NOV -5 AM 8:39

SECRETARY OF STATE  
STATE OF IDAHO

**Section I**

Name of Candidate or Political Committee and Chairperson <i>Calvin H. Campbell</i>		Office Sought (if Candidate) <i>Mayor</i>		Party (if any)	
Mailing Address <i>PO Box 126</i>		City and Zip <i>Twin Falls, 83301</i>		Home Phone <i>208-534-1200</i>	
Name of Political Treasurer <i>Same as above</i>		City and Zip		Work Phone <i>208-736-4119</i>	
Mailing Address		Home Phone		Work Phone	

Change of address for: Candidate or Political Committee  Political Treasurer

**Section II**

This filing is an:  Original  Amendment

TYPE OF REPORT

This report is for the period from *10/01/2014* through *10/31/2014*

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

RECEIVED  
2014 NOV - 5 AM 11:04  
TWIN FALLS  
COUNTY CLERK

**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.

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Return This Report To:  
Ben Yeursa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
Phone: (208) 334-2852  
Fax: (208) 334-2282

I, Calvin H. Campbell, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

[Signature]  
Signature of Political Treasurer



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

C-2  
Rev. 5/11

14 NOV -5 AM 8:39

SECRETARY OF STATE  
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson <i>Calvin H. Campbell</i>		Office Sought (if candidate) <i>Magistrate</i>		District (if any) <i>14</i>
Mailing Address <i>PO Box 126</i>	City and Zip <i>Twin Falls 83301</i>	Home Phone <i>208-539-1200</i>	Work Phone <i>208-736-4119</i>	
Name of Political Treasurer <i>Same as above</i>				
Mailing Address	City and Zip	Home Phone	Work Phone	

Change of address for: Candidate or Political Committee  Political Treasurer

Section II

This filing is an:  Original  Amendment  
TYPE OF REPORT  
This report is for the period from *10/01/2014* through *10/31/2014*

- 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

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Ben Ysursa  
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PO Box 83720  
Boise ID 83720-0080  
Phone: (208) 334-2852  
Fax: (208) 334-2282

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*[Signature]*  
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>Calvin H. Campbell</i>		Office Sought (if candidate) <i>Magistrate Judge</i>	District (if any) <i>Twin Falls County</i>
Mailing Address <i>PO Box 126</i>	City and Zip <i>Twin Falls 83303</i>	Home Phone <i>208-539-1200</i>	Work Phone <i>208-736-4119</i>
Name of Political Treasurer <i>James Candidate</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 *05/31/2014* through *09/30/2014*

- 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

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

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

*[Signature]*  
 Signature of Political Treasurer

*Rec'd  
10/1/14  
4:17 PM*

APPOINTMENT AND CERTIFICATION OF POLITICAL TREASURER  
FOR CANDIDATES AND COMMITTEES

(Please Print or Type)

2014 JUL 14 PM 12:18

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.

TWIN FALLS  
COUNTY CLERK

Certification is for: (check appropriate box)

CANDIDATE:

Calvin H. Campbell  
Name of Political Candidate  
(208) 539-1200 (208) 734-4119  
Home Phone Work Phone Cell Phone  
Magistrate Judge Fifth Judicial  
Office Sought District # Party  
PO Box 126 Twin Falls, ID 83303  
Candidate Mailing Address  
calvincampbell@gmail.com  
Candidate E-mail address

COMMITTEE:

Party \_\_\_\_\_  
Name of Committee \_\_\_\_\_  
Name of Committee Chairman \_\_\_\_\_ Party Affiliation (if any) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Committee Mailing Address \_\_\_\_\_  
Chairman E-mail address \_\_\_\_\_

CERTIFICATION AND APPOINTMENT

I, Calvin H. Campbell, hereby certify and appoint the following individual who is a registered elector of the State of Idaho as the political treasurer for the above named candidate or committee:

Calvin H. Campbell  
Name of Political Treasurer  
same as above  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Treasurer Mailing Address \_\_\_\_\_  
Treasurer E-mail address \_\_\_\_\_

[Signature]  
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, Calvin H. Campbell, hereby accept the appointment as the political treasurer for the above named candidate or committee:  
[Signature]  
Signature of Political Treasurer

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

*Rec'd  
2/6/2014*

**Section I**

Name of candidate or Political Committee and Chairperson <i>Calvin H. Campbell</i>		Office Sought (if candidate) <i>Magistrate Judge</i>	District (if any)
Mailing Address <i>2454 Sunray Loop</i>	City and Zip <i>Twin Falls 83301</i>	Home Phone <i>208-539-1200</i>	Work Phone <i>208-736-4119</i>
Name of Political Treasurer <i>Calvin H. Campbell</i>			
Mailing Address <i>2454 Sunray Loop</i>	City and Zip <i>Twin Falls 83301</i>	Home Phone <i>208-539-1200</i>	Work Phone <i>208-736-4119</i>

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 1/1/13 through 12/31/13

- 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)
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**Section III**

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**Section IV**

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Return This Report To:  
Kristina Glascock  
Twin Falls County  
PO Box 126  
Twin Falls, Id, 83301  
Tele, 208-736-4004  
Fax, 208-736-4182

**Section V**

**CERTIFICATION**

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

*[Signature]*  
Signature of Political Treasurer