

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

**Section I**

Name of candidate or Political Committee and Chairperson <i>Carol Ann Lanford</i>	Office Sought (if candidate) <i>Trustee</i>	District (if any) <i>4/3</i>
Mailing Address <i>PO Box 13</i>	City and Zip <i>Filer ID 83328</i>	Home Phone <i>208-326-3541</i>
Name of Political Treasurer <i>SAME</i>		Work Phone
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 *01/01/15* 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

**RECEIVED**  
 2016 FEB -2 AM 8:32  
 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*	\$	\$ <i>0</i>
Line 2. Enter Cash Balance **	\$	\$ <i>0</i>
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$	\$ <i>0</i>
Line 4. Subtotal (Add lines 1, 2 and 3)	\$	\$ <i>0</i>
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$	\$ <i>0</i>
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$	\$ <i>0</i>
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	\$	\$ <i>0</i>

\* 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*  
*P - 208-736-4004*  
*F - 208-736-4182*  
*Valerie.varadi@co.twin-falls.id.us*

**Section V**

**CERTIFICATION**

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

*Carol Ann Lanford*  
 Signature of Political Treasurer

# APPOINTMENT AND CERTIFICATION OF POLITICAL TREASURER FOR CANDIDATES AND COMMITTEES

(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:**

CAROLANN LANFORD  
*Name of Political Candidate*

326-3541 293-2695  
*Home Phone* *Work Phone* *Cell Phone*

TRUSTEE 411  
*Office Sought* *District #*

3930 N. 2100E FILER ID 83328  
*Party*

Carolann.lanford @ Filer.kiz.id.us  
*Candidate Mailing Address*

Carolann.lanford @ Filer.kiz.id.us  
*Candidate E-mail address*

**COMMITTEE:**

Party

Miscellaneous

Measure

Candidate/Measure

\_\_\_\_\_  
*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, CAROLANN LANFORD, 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:

CAROLANN LANFORD  
*Name of Political Treasurer*

326-3541 293-2695  
*Home Phone* *Work Phone* *Cell Phone*

3930 N. 2100E FILER ID 83328  
*Treasurer Mailing Address*

Carolann.lanford @ Filer.kiz.id.us  
*Treasurer E-mail address*

Carolann Lanford  
*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, CAROLANN LANFORD hereby accept the appointment as the political treasurer for the above named candidate or committee:

Carolann Lanford  
TWIN FALLS COUNTY CLERK  
Signature of Political Treasurer

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