C-1
Rev. 08/07

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

Section I

Name of candidate or Political Committee and Chairperson		Office Sought (if candidate)	District (if any)
Dennis Chambers		Coroner	
Mailing Address: 1522 Cottonwood Street	City and Zip: Twin Falls 83301	Home Phone: 208-734-4405	Work Phone: NA
Name of Political Treasurer: Barbara Christensen			
Mailing Address: 1534 Cottonwood Street	City and Zip: Twin Falls 83301	Home Phone: 208-733-0852	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 6 / 19 / 2014 through 12 / 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 Report an amendment? Yes (No) Is this a Termination Report? (Yes) No

RECEIVED 2015 JAN 30 AM 10:07 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	$ 0
Line 2. Enter Cash Balance **	$ 195.94	$ XXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2) * Personal loan write-off	$ 1704.06	$ 2000.00
Line 4. Subtotal (Add lines 1, 2 and 3)	$ 1900.00	$ 2000.00
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	$ 1900.00	$ 2334.06
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	$ 0	$ 195.94
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	$ 0	$

*$195.94 cash, $1704.06 write off

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

Barbara Christensen
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee: Dennis Chambers

	Total This Period
Contributions	
(1) Unitemized Contributions ($50 and less) # of Contributors _____	+ $ 0
(2) Itemized Contributions (Total of all Schedule A sheets)	+ $ 0
(3) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ $ 0
(4) Loans (Total of all New Loan amounts from Schedule D sheets)	+ $ 0
(5) **Total Contributions** (Transfer this figure to page 1, Section IV, Line 3)	= $ 0

Expenditures	
(6) Unitemized Expenditures ($25 and less) # of Expenditures _____	+ $ 0
(7) Itemized Expenditures (Total of all Schedule B sheets)	+ $ 0
(8) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ $ 0
(9) Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ $ 1900.00
(10) Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ $ 0
(11) **Total Expenditures** (Transfer this figure to page 1, Section IV, Line 5)	= $ 1900.00

* 195.94 cash, $ 1704.06 write off

Loans, Credit Cards and Debt	
(12) Outstanding balance from previous reporting period	+ $ 1900.00
(13) New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheet)	+ $ 0
(14) New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ $ 0
(15) **Subtotal**	= $ 1900.00
(16) Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- $ 1900.00
(17) Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- $ 0
(18) **Total Outstanding Balance** at close of this period (Transfer this figure to page 1, Section IV, Line 7	= $ 0

Pledged Contributions	
(19) Unitemized Pledged Contributions ($50 and less) # of Pledges _____	+ $ 0
(20) Itemized Pledged Contributions (Total of all Schedule F sheets)	+ $ 0
(21) **Total Pledged Contributions this period**	+ $ 0

SCHEDULE A
ITEMIZED CONTRIBUTIONS
Of more than fifty dollars ($50.00) this period

Name of Candidate or Committee: Dennis Chambers

Date Received	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check
12/30/2014	1. Dennis Chambers, 1522 Cottonwood Street Twin Falls, ID 83301 Personal loan write-off	$ 1704.06
Primary / General		$ ____ Calendar year To Date
/ /	2.	$ ____
Primary / General		$ ____ Calendar year To Date
/ /	3.	$ ____
Primary / General		$ ____ Calendar year To Date
/ /	4.	$ ____
Primary / General		$ ____ Calendar year To Date
/ /	5.	$ ____
Primary / General		$ ____ Calendar year To Date
/ /	6.	$ ____
Primary / General		$ ____ Calendar year To Date
/ /	7.	$ ____
Primary / General		$ ____ Calendar year To Date
/ /	8.	$ ____
Primary / General		$ ____ Calendar year To Date
/ /	9.	$ ____
Primary / General		$ ____ Calendar year To Date
/ /	10.	$ ____
Primary / General		$ ____ Calendar year To Date
	Total This Page:	$ 1704.06

Transfer the combined total of all Schedule A pages to the Detailed Summary on page 2, line 2

SCHEDULE D
LOANS

Each Lender to your campaign should be listed separately. Each time a loan is received or you loan money to the campaign, it must be listed as a separate item. Each new loan from any Lender must be listed as a new item from that Lender. You may have the same lender listed more than once. **Except for a candidate making a loan to his or her own campaign, loans from any Lender cannot exceed contribution limits laid out in Section 67-6610A, Idaho Code,** even if it is repaid.

Any loan(s) with a balance(s) appearing on the last report must be listed below with the amounts in the Previous Balance column, Any new loan amounts should be listed in the New Loan column. Any interest accrued should be listed in the Interest Accrued column. If a payment was made on the loan, list it in the Repayments column. **Note: Any loan that was repaid in full in a previous reporting period does not need to be listed.** The Outstanding Balance column is the Previous Balance plus new loans and accrued interest less any repayments.

Name, Mailing Address and Zip Code of Lender Candidate, Individual or Business	Previous Balance of the loan at the end of the last reporting period	New Loan amount received during this reporting period	Interest accrued during this reporting period	Repayments of Loan during this reporting period	Balance Outstanding at the end of this reporting period
1. Dennis Chambers 1522 Cottonwood Street Twin Falls, ID 83301	$ 1900.00	Date: / / Amount: $ 0	$ 0	Date: 12/30/2014 Amount: $ 195.94	$ 1704.06
2. Dennis Chambers 1522 Cottonwood Street Twin Falls, ID 83301	$ 1704.06	Date: / / Amount: $	$	Date: 12/30/2014 Amount: $ 1704.06	$ 0
3. *personal loan write-off	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ___
4.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ___
5.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ___
6.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ___
7.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ___
	Previous	**Received**	**Interest**	**Repayments**	**Ending Balance**
Previous Total:	$ 1900.00				
Received Total: (Transfer the combined total of all received loans to the Detailed Summary, page 2, line 4)		$ 0			
Interest Total:			$ 0		
Repayments Total: (Transfer the combined total of all loan repayments to the Detailed Summary, page 2, line 9 & 16)				$ 1900.00	
Ending Balance:					$ 0

(NOTE: Transfer the combined total of all Accrued Interest and Received Loans to the Detailed Summary, page 2, line 13)

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Rev. 11/07

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

Section I

Name of candidate or Political Committee and Chairperson		Office Sought (if candidate)	District (if any)
Dennis Chambers		coroner	
Mailing Address: 1522 Cottonwood Street	City and Zip: Twin Falls 83301	Home Phone: 208-734-4405	Work Phone: 208-733-7610
Name of Political Treasurer: Barbara Christensen			
Mailing Address: 1534 Cottonwood Street	City and Zip: Twin Falls 83301	Home Phone: 208-733-0852	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 5 1 13 12014 through 6 1 19 1 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

RECEIVED 2014 JUN 18 PM 1:14 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*	$ XXXXXXXXXX	$ 0.00
Line 2. Enter Cash Balance **	$ 64.98	$ XXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	$ 725.00	$ 2000.00
Line 4. Subtotal (Add lines 1, 2 and 3)	$ 789.98	$ 2000.00
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	$ 594.04	$ 2334.06
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	$ 195.94	$ 195.94
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	$ 1900.00	$

* 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:

Twin Falls County Elections
PO Box 126
Twin Falls, Id. 83303
Tele,208/736/4004
Fax,208/736/4182

Section V **CERTIFICATION**

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

Barbara Christensen
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee: Dennis Chambers

	Total This Period
Contributions	
(1) Unitemized Contributions ($50 and less) # of Contributors 2	+ $ 100
(2) Itemized Contributions (Total of all Schedule A sheets)	+ $ 0
(3) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ $ 225
(4) Loans (Total of all New Loan amounts from Schedule D sheets)	+ $ 400
(5) **Total Contributions** (Transfer this figure to page 1, Section IV, Line 3)	= $ 725

Expenditures	
(6) Unitemized Expenditures ($25 and less) # of Expenditures 0	+ $ 0
(7) Itemized Expenditures (Total of all Schedule B sheets)	+ $ 0
(8) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ $ 225
(9) Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ $ 0
(10) Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ $ 369.04
(11) **Total Expenditures** (Transfer this figure to page 1, Section IV, Line 5)	= $ 594.04

Loans, Credit Cards and Debt	
(12) Outstanding balance from previous reporting period	+ $ 1500
(13) New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheet)	+ $ 400
(14) New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ $ 369.04
(15) **Subtotal**	= $ 2269.04
(16) Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- $ 0
(17) Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- $ 369.04
(18) **Total Outstanding Balance** at close of this period (Transfer this figure to page 1, Section IV, Line 7	= $ 1900

Pledged Contributions	
(19) Unitemized Pledged Contributions ($50 and less) # of Pledges 0	+ $ 0
(20) Itemized Pledged Contributions (Total of all Schedule F sheets)	+ $ 0
(21) **Total Pledged Contributions this period**	+ $ 0

SCHEDULE C
IN-KIND CONTRIBUTIONS and EXPENDITURES

1 | 1

Name of Candidate or Committee: Dennis Chambers

Purpose Codes

- **A.** All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- **B.** Broadcast Advertising (Radio, TV & Internet)
- **C.** Contributions to Candidates & PAC's
- **D.** Donations & Gifts
- **E.** Event Expenses
- **F.** Food & Refreshments
- **G.** General Operational Expenses
- **L.** Literature, Brochures, Printing
- **M.** Management Services
- **N.** Newspaper & Other Periodical Advertising
- **O.** Other Advertising (Yard Signs, Buttons, etc.)
- **P.** Postage
- **S.** Surveys & Polls
- **T.** Tickets (Events)
- **U.** Utilities
- **W.** Wages, Salaries, Benefits & Bonuses
- **Y.** Petition Circulators
- **Z.** Preparation & Production of Advertising

1. 5/20/2014 Primary General	**Contributor Name, Mailing Address & Zip Code:** Marilyn Hempleman 2916 E. 3600 N. Twin Falls, ID 83301		$ ____ $ 225 **Calendar Year-To-Date**
	Expenditure Name, Mailing Address and Zip Code Times News 404 Fairfield Street Twin Falls, ID 83301	$ 225	**Purpose Code** N
2. __/__/__ Primary General	**Contributor Name, Mailing Address & Zip Code:**		$ ____ $ ____ **Calendar Year-To-Date**
	Expenditure Name, Mailing Address and Zip Code	$ ____	**Purpose Code**
3. __/__/__ Primary General	**Contributor Name, Mailing Address & Zip Code:**		$ ____ $ ____ **Calendar Year-To-Date**
	Expenditure Name, Mailing Address and Zip Code	$ ____	**Purpose Code**
4. __/__/__ Primary General	**Contributor Name, Mailing Address & Zip Code:**		$ ____ $ ____ **Calendar Year-To-Date**
	Expenditure Name, Mailing Address and Zip Code	$ ____	**Purpose Code**
	Expenditure Total: **(Transfer the combined total of all Expenditures on Schedule C pages to Detailed Summary, page 2, line 8)**	$ 225	
	Contributor Total: **(Transfer the combined total of all Contributors on Schedule C pages to Detailed Summary, page 2, line 3**		$ 225

SCHEDULE D
LOANS

Each Lender to your campaign should be listed separately. Each time a loan is received or you loan money to the campaign, it must be listed as a separate item. Each new loan from any Lender must be listed as a new item from that Lender. You may have the same lender listed more than once. **Except for a candidate making a loan to his or her own campaign, loans from any Lender cannot exceed contribution limits laid out in Section 67-6610A, Idaho Code,** even if it is repaid.

Any loan(s) with a balance(s) appearing on the last report must be listed below with the amounts in the Previous Balance column, Any new loan amounts should be listed in the New Loan column. Any interest accrued should be listed in the Interest Accrued column. If a payment was made on the loan, list it in the Repayments column. **Note: Any loan that was repaid in full in a previous reporting period does not need to be listed.** The Outstanding Balance column is the Previous Balance plus new loans and accrued interest less any repayments.

Name, Mailing Address and Zip Code of Lender Candidate, Individual or Business	**Previous** Balance of the loan at the end of the last reporting period	**New Loan** amount received during this reporting period	**Interest** accrued during this reporting period	**Repayments** of Loan during this reporting period	**Balance** Outstanding at the end of this reporting period
1. Dennis Chambers 1522 Cottonwood Street Twin Falls, ID 83301	$ 1500	Date: 5/16/2014 Amount: $ 400.00	$ Ø	Date: / / Amount: $ Ø	$ 1900
2.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ____
3.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ____
4.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ____
5.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ____
6.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ____
7.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ____
	Previous	**Received**	**Interest**	**Repayments**	**Ending Balance**
Previous Total:	$ 1500				
Received Total: (Transfer the combined total of all received loans to the Detailed Summary, page 2, line 4)		$ 400			
Interest Total:			$ Ø		
Repayments Total: (Transfer the combined total of all loan repayments to the Detailed Summary, page 2, line 9 & 16)				$ Ø	
Ending Balance:					$ 1900

(NOTE: Transfer the combined total of all Accrued Interest and Received Loans to the Detailed Summary, page 2, line 13)

SCHEDULE E
CREDIT CARDS and DEBT

Each incurred expense not yet paid (i.e. credit card purchases and debt) should be listed on a separate line. Each time you make purchases with a credit card or incur debt, it is considered to be a separate item. However, you will maintain a single item for each credit card and add purchases to that item. Each Creditor listed below with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where the debt was incurred.

Credit Cards are considered Debt to the campaign. Regardless of whether the credit card is repaid when the statement is received, all credit card transactions will appear on Schedule E and E-1. However, only Repayments of Debt during this reporting period appear in the Expenditure Section of the Detailed Summary Page.

Any creditor(s) with a balance(s) appearing on the last report must be listed below with the amount in the Previous Balance column. Any new debt should be listed in the New Debt column, including any accrued interest. If a payment was made on the debt, list it in the Repayments column. **NOTE: Any debt that was repaid in full in a previous reporting period does not need to be listed.** The Outstanding Balance column is the Previous Balance plus New Debt less any Repayments of Debt.

Name, Mailing Address and Zip Code of Lender Candidate, Individual or Business	**Previous** Balance of debt at the end of the last reporting period	**New Debt** amount incurred during this reporting period	**Repayments** of Debt during this reporting period	**Balance** Outstanding at the end of this reporting period
1. Cabela's Club Visa PO Box 3838 Omaha, Nebraska 68103	$ 0	Date: 5/16/2014 Amount: $ 369.04	Date: 6/03/2014 Amount: $ 369.04	$ 0
2.	$	Date: / / Amount: $	Date: / / Amount: $	$
3.	$	Date: / / Amount: $	Date: / / Amount: $	$
4.	$	Date: / / Amount: $	Date: / / Amount: $	$
5.	$	Date: / / Amount: $	Date: / / Amount: $	$
6.	$	Date: / / Amount: $	Date: / / Amount: $	$
	Previous	**Incurred**	**Repayments**	**Ending Balance**
Previous Total	$ 0			
Incurred Total: (Transfer combined total of all incurred debt to the Detailed Summary, page 2, line 14		$ 369.04		
Repayments Total: (Transfer the combined total of all debt repayments to the Detailed Summary, page 2, line 10 & 17)			$ 369.04	
Ending Balance Total:				$ 0

SCHEDULE E-1
CREDIT CARD and DEBT ITEMIZATION

Name of Creditor from Schedule E: Dennis Chambers

Each Creditor listed on Schedule E with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where and when the debt was incurred.

Purpose Codes

- **A.** All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- **B.** Broadcast Advertising (Radio, TV & Internet)
- **C.** Contributions to Candidates & PAC's
- **D.** Donations & Gifts
- **E.** Event Expenses
- **F.** Food & Refreshments
- **G.** General Operational Expenses
- **I.** Interest Accrued & Finance Charges
- **L.** Literature, Brochures, Printing
- **M.** Management Services
- **N.** Newspaper & Other Periodical Advertising
- **O.** Other Advertising (Yard Signs, Buttons, etc.)
- **P.** Postage
- **S.** Surveys & Polls
- **T.** Tickets (Events)
- **U.** Utilities
- **W.** Wages, Salaries, Benefits & Bonuses
- **Y.** Petition Circulators
- **Z.** Preparation & Production of Advertising

Date Incurred	Full Name, Mailing Address, and Zip Code of Expenditures	Purpose Code	Amount
5/16/2014	1. Cabela's Club Visa PO Box 3838 Omaha, Nebraska 68103	N	$ 369.04
___/___/___	2.		$ ____
___/___/___	3.		$ ____
___/___/___	4.		$ ____
___/___/___	5.		$ ____
___/___/___	6.		$ ____
___/___/___	7.		$ ____
___/___/___	8.		$ ____
___/___/___	9.		$ ____
		Total This Page	$ 369.04

The total of itemization for this creditor should equal the new loan amount listed on Schedule E for this creditor.

C-8
11/07

REPORT OF ELECTIONEERING COMMUNICATION

For use by a person who has expended $100 or more per year on electioneering communications.

Any person incurring costs of $1,000 or more must file within 48 hours of incurring costs.

Name of person/entity Dennis Chambers

Address (Physical) 1522 Cottonwood Street City Twin Falls State Idaho Zip 83301

Mailing Address 1522 Cottonwood Street City Twin Falls State Idaho Zip 83301

Telephone 208-734-4405

TYPE OF REPORT:

☐ 7-day Pre-Primary ☒ 30-day Post-Primary ☐ 48 Hour Report

☐ 7-day Pre-General ☐ 30-day Post General

☐ Is this an amended report? (No) Yes

This amends a previous report filed on _____

Date of Public Distribution(s) May 13, 2014 – June 19, 2014

Total Expenditures this Statement	$ 594.04
Total Itemized Contributions of $50 or More this Statement	$ 625.00
Total Contributions this Statement	$ 625.00

I Barbara Christensen hereby certify that the information in this
Name of Individual Completing Report
report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Barbara Christensen
Signature of Individual Completing Report

6/18/2014
Date Signed

Submit Report To:

Kristina Glascock
Twin Falls County
PO Box 126
Twin Falls, ID 83303
208-736-4004
208-736-4182

ITEMIZED CONTRIBUTION FOR ELECTIONEERING COMMUNICATIONS ($50 OR MORE)

Name of Person/Entity Dennis Chambers, coroner

1. Date Received 5/20/2014 2. Contribution Amount $ 225.00 3. Cash Loan In-Kind	4. Name (last, first) Hempleman, Marilyn 5. Address 2916 E. 3600 N. 6. City/State/Zip Twin Falls, ID 83301

1. Date Received 5/16/2014 2. Contribution Amount $ 400.00 3. Cash Loan In-Kind	4. Name (last, first) Chambers, Dennis 5. Address 1522 Cottonwood Street 6. City/State/Zip Twin Falls, Idaho 83301

1. Date Received / / 2. Contribution Amount $ 3. Cash Loan In-Kind	4. Name (last, first) 5. Address 6. City/State/Zip

1. Date Received / / 2. Contribution Amount $ 3. Cash Loan In-Kind	4. Name (last, first) 5. Address 6. City/State/Zip

1. Date Received / / 2. Contribution Amount $ 3. Cash Loan In-Kind	4. Name (last, first) 5. Address 6. City/State/Zip

ITEMIZED EXPENDITURES FOR ELECTIONEERING COMMUNICATIONS

Name of Person/Entity: Dennis Chambers, coroner

1. Date Expended 5/20/2014	3. Name (last, first) Times News
	4. Address 132 Fairfield Street North
	5. City/State/Zip Twin Falls, ID 83301
2. Amount $ 225	6. Method of Communication(s) printed newspaper
	7. Name of Candidate(s) referred to Dennis Chambers
Cash (In-Kind)	8. Support X Oppose
	9. Purpose of Expenditure advertisement

1. Date Expended 5/16/2014	3. Name (last, first) Times News
	4. Address 132 Fairfield Street North
	5. City/State/Zip Twin Falls, ID 83301
2. Amount $ 369.04	6. Method of Communication(s) printed newspaper
	7. Name of Candidate(s) referred to Dennis Chambers
(Cash) In-Kind	8. Support X Oppose
	9. Purpose of Expenditure advertisement

1. Date Expended / /	3. Name (last, first)
	4. Address
	5. City/State/Zip
2. Amount $	6. Method of Communication(s)
	7. Name of Candidate(s) referred to
Cash In-Kind	8. Support Oppose
	9. Purpose of Expenditure

1. Date Expended / /	3. Name (last, first)
	4. Address
	5. City/State/Zip
2. Amount $	6. Method of Communication(s)
	7. Name of Candidate(s) referred to
Cash In-Kind	8. Support Oppose
	9. Purpose of Expenditure

C-1
Rev. 08/07

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

Section I

Name of candidate or Political Committee and Chairperson		Office Sought (if candidate)	District (if any)
Dennis Chambers		Coroner	
Mailing Address: 1522 Cottonwood Street	City and Zip: Twin Falls 83301	Home Phone: 208-734-4405	Work Phone: 208-733-7610
Name of Political Treasurer: Barbara Christensen			
Mailing Address: 1534 Cottonwood Street	City and Zip: Twin Falls 83301	Home Phone: 208-733-0852	Work Phone:

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 01 / 01 / 2014 through 05 / 13 / 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**

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*	$ —	$ 0.00
Line 2. Enter Cash Balance **	$ 530.00	$ —
Line 3. Total Contributions (Enter amount on line 5, Page 2)	$ 1275.00	$ 1275.00
Line 4. Subtotal (Add lines 1, 2 and 3)	$ 1805.00	$ 1805.00
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	$ 1740.02	$ 1740.02
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	$ 64.98	$ 64.98
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	$ 1540.48	$ 1540.98

* 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
208-736-4082

Section V **CERTIFICATION**

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

Barbara Christensen
Signature of Political Treasurer

RECEIVED
MAY 13 2014
4:28 pm

DETAILED SUMMARY PAGE

Name of Candidate or Committee:	Dennis Chambers

	Total This Period
Contributions	
(1) Unitemized Contributions ($50 and less) # of Contributors 1	+ $ 50
(2) Itemized Contributions (Total of all Schedule A sheets)	+ $ 100
(3) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ $ 125
(4) Loans (Total of all New Loan amounts from Schedule D sheets)	+ $ 1000
(5) **Total Contributions** (Transfer this figure to page 1, Section IV, Line 3)	= $ 1275

Expenditures	
(6) Unitemized Expenditures ($25 and less) # of Expenditures 1	+ $ 19.88
(7) Itemized Expenditures (Total of all Schedule B sheets)	+ $ 0
(8) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ $ 125
(9) Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ $ 0
(10) Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ $ 1595.14
(11) **Total Expenditures** (Transfer this figure to page 1, Section IV, Line 5)	= $ 1740.02

Loans, Credit Cards and Debt	
(12) Outstanding balance from previous reporting period	+ $ 560.36
(13) New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheet)	+ $ 1000.00
(14) New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ $ 1575.26
(15) **Subtotal**	= $ 3135.62
(16) Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- $ 0
(17) Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- $ 1595.14
(18) **Total Outstanding Balance** at close of this period (Transfer this figure to page 1, Section IV, Line 7	= $ 1540.48

Pledged Contributions	
(19) Unitemized Pledged Contributions ($50 and less) # of Pledges 0	+ $ 0
(20) Itemized Pledged Contributions (Total of all Schedule F sheets)	+ $ 0
(21) **Total Pledged Contributions this period**	+ $ 0

MAY 1 3 2014

SCHEDULE A
ITEMIZED CONTRIBUTIONS
Of more than fifty dollars ($50.00) this period

Name of Candidate or Committee: Dennis Chambers - Coroner

Date Received	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check
4/02/2014	1. Marlinda K. Heidemann 2237 Filer Ave. E. Twin Falls, ID 83301-4421	$ 100.00
Primary General		$ 100.00 Calendar year To Date
/ /	2.	$
Primary General		$ Calendar year To Date
/ /	3.	$
Primary General		$ Calendar year To Date
/ /	4.	$
Primary General		$ Calendar year To Date
/ /	5.	$
Primary General		$ Calendar year To Date
/ /	6.	$
Primary General		$ Calendar year To Date
/ /	7.	$
Primary General		$ Calendar year To Date
/ /	8.	$
Primary General		$ Calendar year To Date
/ /	9.	$
Primary General		$ Calendar year To Date
/ /	10.	$
Primary General		$ Calendar year To Date
	Total This Page:	$ 100.00

Transfer the combined total of all Schedule A pages to the Detailed Summary on page 2, line 2

SCHEDULE C
IN-KIND CONTRIBUTIONS and EXPENDITURES

1 | 1

Name of Candidate or Committee: Dennis Chambers

Purpose Codes

- **A.** All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- **B.** Broadcast Advertising (Radio, TV & Internet)
- **C.** Contributions to Candidates & PAC's
- **D.** Donations & Gifts
- **E.** Event Expenses
- **F.** Food & Refreshments
- **G.** General Operational Expenses
- **L.** Literature, Brochures, Printing
- **M.** Management Services
- **N.** Newspaper & Other Periodical Advertising
- **O.** Other Advertising (Yard Signs, Buttons, etc.)
- **P.** Postage
- **S.** Surveys & Polls
- **T.** Tickets (Events)
- **U.** Utilities
- **W.** Wages, Salaries, Benefits & Bonuses
- **Y.** Petition Circulators
- **Z.** Preparation & Production of Advertising

1. 2/27/2014 Primary General	**Contributor Name, Mailing Address & Zip Code:** Sabrina Awalt 654 Aspenwood Lane Twin Falls, ID 83301		$ 60.00 $ 60.00 **Calendar Year-To-Date**
	Expenditure Name, Mailing Address and Zip Code Sabrina Awalt 654 Aspenwood Lane Twin Falls, ID 83301	$ 60.00	**Purpose Code** L
2. 2/25/2014 Primary General	**Contributor Name, Mailing Address & Zip Code:** Magic Valley Distributing 2380 Beryl Ave. Twin Falls, ID 83301		$ 30.00 $ 30.00 **Calendar Year-To-Date**
	Expenditure Name, Mailing Address and Zip Code Magic Valley Distributing 2380 Beryl Ave. Twin Falls, ID 83301	$ 30.00	**Purpose Code** L
3. 4/25/2014 Primary General	**Contributor Name, Mailing Address & Zip Code:** Dennis Chambers 1522 Cottonwood St. Twin Falls, ID 83301		$ 35.00 $ 35.00 **Calendar Year-To-Date**
	Expenditure Name, Mailing Address and Zip Code Dennis Chambers 1522 Cottonwood St. Twin Falls, ID 83301	$ 35.00	**Purpose Code** O
4. __/__/__ Primary General	**Contributor Name, Mailing Address & Zip Code:**		$ _____ $ _____ **Calendar Year-To-Date**
	Expenditure Name, Mailing Address and Zip Code	$ _____	**Purpose Code**
	Expenditure Total: **(Transfer the combined total of all Expenditures on Schedule C pages to Detailed Summary, page 2, line 8)**	$ 125.00	
	Contributor Total: **(Transfer the combined total of all Contributors on Schedule C pages to Detailed Summary, page 2, line 3**		$ 125.00

SCHEDULE D
LOANS

Each Lender to your campaign should be listed separately. Each time a loan is received or you loan money to the campaign, it must be listed as a separate item. Each new loan from any Lender must be listed as a new item from that Lender. You may have the same lender listed more than once. **Except for a candidate making a loan to his or her own campaign, loans from any Lender cannot exceed contribution limits laid out in Section 67-6610A, Idaho Code,** even if it is repaid.

Any loan(s) with a balance(s) appearing on the last report must be listed below with the amounts in the Previous Balance column, Any new loan amounts should be listed in the New Loan column. Any interest accrued should be listed in the Interest Accrued column. If a payment was made on the loan, list it in the Repayments column. **Note: Any loan that was repaid in full in a previous reporting period does not need to be listed.** The Outstanding Balance column is the Previous Balance plus new loans and accrued interest less any repayments.

Name, Mailing Address and Zip Code of Lender Candidate, Individual or Business	**Previous** Balance of the loan at the end of the last reporting period	**New Loan** amount received during this reporting period	**Interest** accrued during this reporting period	**Repayments** of Loan during this reporting period	**Balance** Outstanding at the end of this reporting period
1. Dennis Chambers 1522 Cottonwood St. Twin Falls, Id. 83301	$ 500	Date: 2/03/2014 Amount: $ 500	$ 0	Date: / / Amount: $ 0	$ 1000
2. Dennis Chambers 1522 Cottonwood St. Twin Falls, Id. 8330	$	Date: 4/01/2014 Amount: $ 500	$ 0	Date: / / Amount: $ 0	$ 500
3.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ___
4.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ___
5.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ___
6.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ___
7.	$	Date: / / Amount: $	$	Date: / / Amount: $	$ ___
	Previous	**Received**	**Interest**	**Repayments**	**Ending Balance**
Previous Total:	$ 500				
Received Total: (Transfer the combined total of all received loans to the Detailed Summary, page 2, line 4)		$ 1000			
Interest Total:			$ 0		
Repayments Total: (Transfer the combined total of all loan repayments to the Detailed Summary, page 2, line 9 & 16)				$ 0	
Ending Balance:					$ 1500

(NOTE: Transfer the combined total of all Accrued Interest and Received Loans to the Detailed Summary, page 2, line 13)

SCHEDULE E
CREDIT CARDS and DEBT

Each incurred expense not yet paid (i.e. credit card purchases and debt) should be listed on a separate line. Each time you make purchases with a credit card or incur debt, it is considered to be a separate item. However, you will maintain a single item for each credit card and add purchases to that item. Each Creditor listed below with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where the debt was incurred.

Credit Cards are considered Debt to the campaign. Regardless of whether the credit card is repaid when the statement is received, all credit card transactions will appear on Schedule E and E-1. However, only Repayments of Debt during this reporting period appear in the Expenditure Section of the Detailed Summary Page.

Any creditor(s) with a balance(s) appearing on the last report must be listed below with the amount in the Previous Balance column. Any new debt should be listed in the New Debt column, including any accrued interest. If a payment was made on the debt, list it in the Repayments column. **NOTE: Any debt that was repaid in full in a previous reporting period does not need to be listed.** The Outstanding Balance column is the Previous Balance plus New Debt less any Repayments of Debt.

Name, Mailing Address and Zip Code of Lender Candidate, Individual or Business	**Previous** Balance of debt at the end of the last reporting period	**New Debt** amount incurred during this reporting period	**Repayments** of Debt during this reporting period	**Balance** Outstanding at the end of this reporting period
1. Cabela's Club Visa PO Box 3838 Omaha, Nebraska 68103	$ 19.88	Date: 1/17/2014 Amount: $ 425.00	Date: 2/03/2014 Amount: $ 444.88	$ 0
2. Discover PO Box 6103 Carol Stream, IL 60197-6103	$ 0	Date: 1/27 2014 Amount: $ 306.15	Date: 2/03 2014 Amount: $ 306.15	$ 0
3. Cabela's Club Visa PO Box 3838 Omaha, Nebraska 68103	$ 0	Date: 3/03/2014 Amount: $ 600.00	Date: 4/03 2014 Amount: $ 600.00	$ 0
Cabela's Club Visa PO Box 3838 Omaha, Nebraska 68103	$ 0	Date: 4/14 2014 Amount: $ 244.11	Date: 5/04 2014 Amount: $ 244.11	$ 0
5.	$	Date: / / Amount: $	Date: / / Amount: $	$ —
6.	$	Date: / / Amount: $	Date: / / Amount: $	$ —
	Previous	**Incurred**	**Repayments**	**Ending Balance**

Previous Total $ 19.88

Incurred Total: (Transfer combined total of all incurred debt to the Detailed Summary, page 2, line 14) $ 1575.26

Repayments Total: (Transfer the combined total of all debt repayments to the Detailed Summary, page 2, line 10 & 17) $ 1595.14

Ending Balance Total: $ 0

SCHEDULE E-1
CREDIT CARD and DEBT ITEMIZATION

Name of Creditor from Schedule E: Discover

Each Creditor listed on Schedule E with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where and when the debt was incurred.

Purpose Codes

- **A.** All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- **B.** Broadcast Advertising (Radio, TV & Internet)
- **C.** Contributions to Candidates & PAC's
- **D.** Donations & Gifts
- **E.** Event Expenses
- **F.** Food & Refreshments
- **G.** General Operational Expenses
- **I.** Interest Accrued & Finance Charges
- **L.** Literature, Brochures, Printing
- **M.** Management Services
- **N.** Newspaper & Other Periodical Advertising
- **O.** Other Advertising (Yard Signs, Buttons, etc.)
- **P.** Postage
- **S.** Surveys & Polls
- **T.** Tickets (Events)
- **U.** Utilities
- **W.** Wages, Salaries, Benefits & Bonuses
- **Y.** Petition Circulators
- **Z.** Preparation & Production of Advertising

Date Incurred	Full Name, Mailing Address, and Zip Code of Expenditures	Purpose Code	Amount
1/22/2014	1. Discover PO Box 6103 Carol Stream, IL 60197-6103	L	$ 306.15
___/___/___	2.		$ ___
___/___/___	3.		$ ___
___/___/___	4.		$ ___
___/___/___	5.		$ ___
___/___/___	6.		$ ___
___/___/___	7.		$ ___
___/___/___	8.		$ ___
___/___/___	9.		$ ___
		Total This Page	$ 306.15

The total of itemization for this creditor should equal the new loan amount listed on Schedule E for this creditor.

SCHEDULE E-1
CREDIT CARD and DEBT ITEMIZATION

Name of Creditor from Schedule E: Cabela's Club Visa

Each Creditor listed on Schedule E with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where and when the debt was incurred.

Purpose Codes

- **A.** All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- **B.** Broadcast Advertising (Radio, TV & Internet)
- **C.** Contributions to Candidates & PAC's
- **D.** Donations & Gifts
- **E.** Event Expenses
- **F.** Food & Refreshments
- **G.** General Operational Expenses
- **I.** Interest Accrued & Finance Charges
- **L.** Literature, Brochures, Printing
- **M.** Management Services
- **N.** Newspaper & Other Periodical Advertising
- **O.** Other Advertising (Yard Signs, Buttons, etc.)
- **P.** Postage
- **S.** Surveys & Polls
- **T.** Tickets (Events)
- **U.** Utilities
- **W.** Wages, Salaries, Benefits & Bonuses
- **Y.** Petition Circulators
- **Z.** Preparation & Production of Advertising

Date Incurred	Full Name, Mailing Address, and Zip Code of Expenditures	Purpose Code	Amount
1/17/2014	1. Cabela's Club Visa PO Box 3838 Omaha, Nebraska 68103	O	$ 425
3/03/2014	2. Cabela's Club Visa PO Box 3838 Omaha, Nebraska 68103	N	$ 600
4/14/2014	3. Cabela's Club Visa PO Box 3838 Omaha, Nebraska 68103	O	$ 244.11
__/__/__	4.		$ ___
__/__/__	5.		$ ___
__/__/__	6.		$ ___
__/__/__	7.		$ ___
__/__/__	8.		$ ___
__/__/__	9.		$ ___
		Total This Page	$ 1269.11

The total of itemization for this creditor should equal the new loan amount listed on Schedule E for this creditor.

C-8
1/07

REPORT OF ELECTIONEERING COMMUNICATION

For use by a person who has expended $100 or more per year on electioneering communications.

Any person incurring costs of $1,000 or more must file within 48 hours of incurring costs.

Name of person/entity Dennis Chambers

Address (Physical) 1522 Cottonwood City Twin Falls State Idaho Zip 83301

Mailing Address 1522 Cottonwood St. City Twin Falls State Idaho Zip 83301

Telephone 208-734-4405

TYPE OF REPORT:

☒ 7-day Pre-Primary ☐ 30-day Post-Primary ☐ 48 Hour Report

☐ 7-day Pre-General ☐ 30-day Post General

☐ Is this an amended report? (No) Yes

This amends a previous report filed on _____

Date of Public Distribution(s) April 20 - May 21, 2014

Total Expenditures this Statement	$ 1575.26
Total Itemized Contributions of $50 or More this Statement	$ 1060.00
Total Contributions this Statement	$ 1125.00

I Barbara Christensen hereby certify that the information in this
Name of Individual Completing Report
report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Barbara Christensen
Signature of Individual Completing Report

5/12/2014
Date Signed

Submit Report To:

Kristina Glascock
Twin Falls County
PO Box 126
Twin Falls, ID 83303
208-736-4004
208-736-4182

SCHEDULE A
ITEMIZED CONTRIBUTIONS

Of more than fifty dollars ($50.00) this period

Name of Candidate or Committee:

Date Received	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check
/ /	1.	$
Primary General		$ Calendar year To Date
/ /	2.	$
Primary General		$ Calendar year To Date
/ /	3.	$
Primary General		$ Calendar year To Date
/ /	4.	$
Primary General		$ Calendar year To Date
/ /	5.	$
Primary General		$ Calendar year To Date
/ /	6.	$
Primary General		$ Calendar year To Date
/ /	7.	$
Primary General		$ Calendar year To Date
/ /	8.	$
Primary General		$ Calendar year To Date
/ /	9.	$
Primary General		$ Calendar year To Date
/ /	10.	$
Primary General		$ Calendar year To Date
	Total This Page:	$

Transfer the combined total of all Schedule A pages to the Detailed Summary on page 2, line 2

ITEMIZED CONTRIBUTION FOR ELECTIONEERING COMMUNICATIONS ($50 OR MORE)

Name of Person/Entity Dennis Chambers /coroner

1. Date Received 2/27/2014 2. Contribution Amount $ 60.00 3. Cash Loan In-Kind (In-Kind circled)	4. Name (last, first) Awalt, Sabrina 5. Address 654 Aspenwood Lane 6. City/State/Zip Twin Falls, ID 83301
1. Date Received 2/03/2014 2. Contribution Amount $ 500.00 3. Cash Loan (Loan circled) In-Kind	4. Name (last, first) Chambers, Dennis 5. Address 1522 Cottonwood Street 6. City/State/Zip Twin Falls, ID 83301
1. Date Received 4/01/2014 2. Contribution Amount $ 500.00 3. Cash Loan (Loan circled) In-Kind	4. Name (last, first) Chambers, Dennis 5. Address 1522 Cottonwood Street 6. City/State/Zip Twin Falls, ID 83301
1. Date Received / / 2. Contribution Amount $ _____ 3. Cash Loan In-Kind	4. Name (last, first) _____ 5. Address _____ 6. City/State/Zip _____
1. Date Received / / 2. Contribution Amount $ 3. Cash Loan In-Kind	4. Name (last, first) _____ 5. Address _____ 6. City/State/Zip _____

ITEMIZED EXPENDITURES FOR ELECTIONEERING COMMUNICATIONS

Name of Person/Entity: Dennis Chambers /coroner

1. Date Expended 2/27/2014	3. Name (last, first) Awalt, ~~Sa~~ Sabrina
	4. Address 654 Aspenwood Lane
	5. City/State/Zip Twin Falls, ID 83301
2. Amount $ 60.00	6. Method of Communication(s) banner
	7. Name of Candidate(s) referred to Dennis Chambers
Cash	8. Support X Oppose
(In-Kind)	9. Purpose of Expenditure Design tri-fold and banner

1. Date Expended 1/22/2014	3. Name (last, first) CopyIt LLC
	4. Address 544 Blue Lakes Blvd. North
	5. City/State/Zip Twin Falls, ID 83301
2. Amount $ 306.15	6. Method of Communication(s) delivered by hand
	7. Name of Candidate(s) referred to Dennis Chambers
(Cash)	8. Support X Oppose
In-Kind	9. Purpose of Expenditure brochures

1. Date Expended 3/03/2014	3. Name (last, first) Times News
	4. Address 132 Fairfield Street North
	5. City/State/Zip Twin Falls, ID 83301
2. Amount $ 600.00	6. Method of Communication(s) printed newspaper
	7. Name of Candidate(s) referred to Dennis Chambers
(Cash)	8. Support X Oppose
In-Kind	9. Purpose of Expenditure advertisement

1. Date Expended 4/14/2014	3. Name (last, first) Delivery Signs LLC
	4. Address 4602 35th St. Suite 100
	5. City/State/Zip Orlando, FL 32811
2. Amount $ 244.11	6. Method of Communication(s) Printed signs
	7. Name of Candidate(s) referred to Dennis Chambers
(Cash)	8. Support X Oppose
In-Kind	9. Purpose of Expenditure political signs/yard signs

ITEMIZED EXPENDITURES FOR ELECTIONEERING COMMUNICATIONS

Name of Person/Entity: Dennis Chambers / coroner

1. Date Expended 1/17/2014	3. Name (last, first) Delivery Signs LLC
	4. Address 4602 35th St. Suite 100
	5. City/State/Zip Orlando, FL 32811
2. Amount $ 425.00	6. Method of Communication(s) printed signs
	7. Name of Candidate(s) referred to Dennis Chambers
Cash (circled)	8. Support X Oppose
In-Kind	9. Purpose of Expenditure yard signs / political signs

1. Date Expended 2/25/2014	3. Name (last, first) Magic Valley Distributing
	4. Address 2380 Beryl Ave.
	5. City/State/Zip Twin Falls, ID 83301
2. Amount $ 30.00	6. Method of Communication(s) brochure - hand deliver
	7. Name of Candidate(s) referred to Dennis Chambers
Cash	8. Support X Oppose
In-Kind (circled)	9. Purpose of Expenditure printing

1. Date Expended 4/25/12	3. Name (last, first) Chambers, Dennis
	4. Address 1522 Cottonwood Street
	5. City/State/Zip Twin Falls, ID 83301
2. Amount $ 35.00	6. Method of Communication(s) yard signs
	7. Name of Candidate(s) referred to Dennis Chambers
Cash	8. Support X Oppose
In-Kind (circled)	9. Purpose of Expenditure Support for banner

1. Date Expended / /	3. Name (last, first)
	4. Address
	5. City/State/Zip
2. Amount $	6. Method of Communication(s)
	7. Name of Candidate(s) referred to
Cash	8. Support Oppose
In-Kind	9. Purpose of Expenditure

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		Office Sought (if candidate)	District (if any)
Dennis Chambers		coroner	
Mailing Address: 1522 Cottonwood St.	City and Zip: Twin Falls, 83301	Home Phone: 208-734-4405	Work Phone: 208-733-7610
Name of Political Treasurer: Barbara Christensen			
Mailing Address: 1534 Cottonwood St.	City and Zip: Twin Falls, 83301	Home Phone: 208-733-0852	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 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

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*	$ XXXXXXXXXX	$ 0.00
Line 2. Enter Cash Balance **	$ 0.00	$ XXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	$ 530.00	$ 530.00
Line 4. Subtotal (Add lines 1, 2 and 3)	$ 530.00	$ 530.00
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	$ 0.00	$ 0.00
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	$ 530.00	$ 530.00
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	$ 560.36	$ 560.36

* 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
208-736-4004
208-736-4182

Section V **CERTIFICATION**

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

Barbara Christensen
Signature of Political Treasurer

DETAILED SUMMARY

Name of Candidate or Committee: Dennis Chambers

		Total This Period
	Contributions	
1	Unitemized Contributions ($50 and less) # of Contributors 0	+ $ 0
2	Itemized Contributions (Total of all Schedule A sheets)	+ $ 0
3	In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ $ 0
4	Loans (Total of all New Loan amounts from Schedule D sheets)	+ $ 530
5	Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= $ 530

	Expenditures	
6	Unitemized Expenditures (Less than $25) # of Expenditures 0	+ $ 0
7	Itemized Expenditures (Total of all Schedule B sheets)	+ $ 0
8	In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ $ 0
9	Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ $ 0
10	Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ $ 0
11	Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= $ 0

	Loans, Credit Cards and Debt	
12	Outstanding Balance from previous reporting period	+ $ 0
13	New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheets)	+ $ 530
14	New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets)	+ $ 30.36
15	Subtotal	= $ 560.36
16	Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets)	- $ 0
17	Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets)	- $ 0
18	Total Outstanding Balance at close of this period (Transfer this figure to page 1, Section IV, Line 7)	= $ 560.36

	Pledged Contributions	
19	Unitemized Pledged Contributions ($50 and less) # of Pledges 0	+ $ 0
20	Itemized Pledged Contributions this Period (Total of all Schedule F sheets)	+ $ 0
21	Total Pledged Contributions this period	= $ 0

SCHEDULE A
ITEMIZED CONTRIBUTIONS
of more than Fifty Dollars ($50.00) this period

Name of Candidate or Committee: Dennis Chambers

Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
__/__/__ ☐ Primary ☐ General	1.	$ _____ $ _____ Calendar Year-To-Date
__/__/__ ☐ Primary ☐ General	2.	$ _____ $ _____ Calendar Year-To-Date
__/__/__ ☐ Primary ☐ General	3.	$ _____ $ _____ Calendar Year-To-Date
__/__/__ ☐ Primary ☐ General	4.	$ _____ $ _____ Calendar Year-To-Date
__/__/__ ☐ Primary ☐ General	5.	$ _____ $ _____ Calendar Year-To-Date
__/__/__ ☐ Primary ☐ General	6.	$ _____ $ _____ Calendar Year-To-Date
__/__/__ ☐ Primary ☐ General	7.	$ _____ $ _____ Calendar Year-To-Date
__/__/__ ☐ Primary ☐ General	8.	$ _____ $ _____ Calendar Year-To-Date
__/__/__ ☐ Primary ☐ General	9.	$ _____ $ _____ Calendar Year-To-Date
__/__/__ ☐ Primary ☐ General	10.	$ _____ $ _____ Calendar Year-To-Date
	Total This Page:	$ ⊘

Transfer the combined total of all Schedule A pages to the Detailed Summary on page 2 line 2.

SCHEDULE B
ITEMIZED EXPENDITURES
Twenty-Five Dollars ($25.00) or more this period

Name of Candidate or Committee: Dennis Chambers

Purpose Codes

A	All Travel Expenses (Airfare, Fuel, Lodging & Mileage)	N	Newspaper & Other Periodical Advertising
B	Broadcast Advertising (Radio, TV & Internet)	O	Other Advertising (Yard Signs, Buttons, etc.)
C	Contributions to Candidates & PAC's	P	Postage
D	Donations & Gifts	S	Surveys & Polls
E	Event Expenses	T	Tickets (Events)
F	Food & Refreshments	U	Utilities
G	General Operational Expenses	W	Wages, Salaries, Benefits & Bonuses
L	Literature, Brochures, Printing	Y	Petition Circulators
M	Management Services	Z	Preparation & Production of Advertising

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
__/__/__	1.		$
__/__/__	2.		$
__/__/__	3.		$
__/__/__	4.		$
__/__/__	5.		$
__/__/__	6.		$
__/__/__	7.		$
__/__/__	8.		$
__/__/__	9.		$
__/__/__	10.		$
		Total This Page:	$ 0

Transfer the combined total of all Schedule B pages to the Detailed Summary on page 2 line 7.

SCHEDULE C
IN-KIND CONTRIBUTIONS and EXPENDITURES

Name of Candidate or Committee: Dennis Chambers

Purpose Codes

A	All Travel Expenses (Airfare, Fuel, Lodging & Mileage)	N	Newspaper & Other Periodical Advertising
B	Broadcast Advertising (Radio, TV & Internet)	O	Other Advertising (Yard Signs, Buttons, etc.)
C	Contributions to Candidates & PAC's	P	Postage
D	Donations & Gifts	S	Surveys & Polls
E	Event Expenses	T	Tickets (Events)
F	Food & Refreshments	U	Utilities
G	General Operational Expenses	W	Wages, Salaries, Benefits & Bonuses
L	Literature, Brochures, Printing	Y	Petition Circulators
M	Management Services	Z	Preparation & Production of Advertising

1. ___/___/___ ☐ Primary ☐ General	Contributor Name, Mailing Address and Zip Code		$ _____ $ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code	$ _____	Purpose Code
2. ___/___/___ ☐ Primary ☐ General	Contributor Name, Mailing Address and Zip Code		$ _____ $ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code	$ _____	Purpose Code
3. ___/___/___ ☐ Primary ☐ General	Contributor Name, Mailing Address and Zip Code		$ _____ $ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code	$ _____	Purpose Code
4. ___/___/___ ☐ Primary ☐ General	Contributor Name, Mailing Address and Zip Code		$ _____ $ _____ Calendar Year-To-Date
	Expenditure Name, Mailing Address and Zip Code	$ _____	Purpose Code
	Expenditure Total: (Transfer the combined total of all Expenditures on Schedule C pages to the Detailed Summary, page 2 line 8)	$	
	Contributor Total: (Transfer the combined total of all Contributors on Schedule C pages to the Detailed Summary, page 2 line 3)	$ 0	

SCHEDULE D - LOANS

Name of Candidate or Committee: Dennis Chambers

Each Lender to your campaign should be listed separately. Each time a loan is received or you loan money to the campaign, it must be listed as a separate item. Each new loan from any Lender must be listed as a new item from that Lender. You may have the same Lender listed more than once. Except for a candidate making a loan to his or her own campaign, loans from any Lender cannot exceed contribution limits laid out in Section 67-6610A, Idaho Code, even if it is repaid in full.

Any loan(s) with a balance(s) appearing on the last report must be listed below with the amount in the Previous Balance column. Any new loan amounts should be listed in the New Loan column. Any interest accrued should be listed in the Interest Accrued column. If a payment was made on the loan, list it in the Repayments column. Note: Any loan that was repaid in full in a previous reporting period does not need to be listed. The Outstanding Balance column is the Previous Balance plus new loans and accrued interest less any repayments.

Name, Mailing Address and Zip Code of Lender (Candidate, Individual or Business)	Previous Balance of loan at the end of the last reporting period	New Loan amount received during this reporting period	Interest accrued during this reporting period	Repayments of Loan during this reporting period	Balance outstanding at the end of this reporting period
1. Dennis Chambers 1522 Cottonwood St. Twin Falls, ID 83301	Ø	Date: 12/27/2013 Amount: $ 30.00	Ø	Date: __/__/__ Amount: $ Ø	$30.00
2. Dennis Chambers 1522 Cottonwood St. Twin Falls, ID 83301	Ø	Date: 12/27/2013 Amount: $ 500.00	Ø	Date: __/__/__ Amount: $ Ø	$500.00
3.		Date: __/__/__ Amount: $		Date: __/__/__ Amount: $	
4.		Date: __/__/__ Amount: $		Date: __/__/__ Amount: $	
5.		Date: __/__/__ Amount: $		Date: __/__/__ Amount: $	
6.		Date: __/__/__ Amount: $		Date: __/__/__ Amount: $	
7.		Date: __/__/__ Amount: $		Date: __/__/__ Amount: $	
	Previous	Received	Interest	Repayments	Ending Balance

Previous Total: $ Ø

Received Total: (Transfer the combined total of all received loans to the Detailed Summary, page 2 line 4) $ 530.00

Interest Total: $ Ø

Repayments Total: (Transfer the combined total of all loan repayments to the Detailed Summary, page 2 line 9 & 16) $ Ø

Ending Balance Total: $$530.00

(NOTE: Transfer the combined total of all Accrued Interest and Received Loans to the Detailed Summary, page 2 line 13)

SCHEDULE E - CREDIT CARDS and DEBT

Name of Candidate or Committee: Dennis Chambers

Each incurred expense not yet paid (i.e. credit card purchases and debt) should be listed on a separate line. Each time you make purchases with a credit card or incur debt, it is considered to be a separate item. However, you will maintain a single item for each credit card and add purchases to that item. Each Creditor listed below with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where and when the debt was incurred.

Credit Cards are considered debt to the campaign. Regardless of whether the credit card is repaid when the statement is received, all credit card transactions will appear on Schedule E and E-1. However, only Repayments of Debt during this reporting period appear in the Expenditure Section of the Detailed Summary Page.

Any creditor(s) with a balance(s) appearing on the last report must be listed below with the amount in the Previous Balance column. Any new debt should be listed in the New Debt column, including any accrued interest. If a payment was made on the debt, list it in the Repayments column. Note: Any debt that was repaid in full in a previous reporting period does not need to be listed. The Outstanding Balance column is the Previous Balance plus New Debt less any Repayments of Debt.

Name, Mailing Address and Zip Code of Creditor (Candidate, Individual or Business)	Previous Balance of debt at the end of the last reporting period	New Debt amount incurred during this reporting period	Repayments of Debt during this reporting period	Balance outstanding at the end of this reporting period
1. Cabela's Club Visa PO Box 3838 Omaha, NE. 68103	0	Date: 12/27/13 Amount: $ 30.36	Date: / / Amount: $ 0	$ 30.36
2.		Date: / / Amount: $	Date: / / Amount: $	
3.		Date: / / Amount: $	Date: / / Amount: $	
4.		Date: / / Amount: $	Date: / / Amount: $	
5.		Date: / / Amount: $	Date: / / Amount: $	
6.		Date: / / Amount: $	Date: / / Amount: $	

	Previous	Incurred	Repayments	Ending Balance
Previous Total:	$ 0			
Incurred Total: (Transfer the combined total of all incurred debt to the Detailed Summary, page 2 line 14)		$ 30.36		
Repayments Total: (Transfer the combined total of all debt repayments to the Detailed Summary, page 2 line 10 & 17)			$ 0	
Ending Balance Total:				$ 30.36

SCHEDULE E-1 - CREDIT CARD and DEBT ITEMIZATION

Name of Candidate or Committee: Dennis Chambers

Name of Creditor from Schedule E:

Each Creditor listed on Schedule E with a New Debt amount must have a Schedule E-1 accompanying it. The Schedule E-1 lists where and when the debt was incurred.

Purpose Codes

- A All Travel Expenses (Airfare, Fuel, Lodging & Mileage)
- B Broadcast Advertising (Radio, TV & Internet)
- C Contributions to Candidates & PAC's
- D Donations & Gifts
- E Event Expenses
- F Food & Refreshments
- G General Operational Expenses
- I Interest Accrued & Finance Charges
- L Literature, Brochures, Printing
- M Management Services
- N Newspaper & Other Periodical Advertising
- O Other Advertising (Yard Signs, Buttons, etc.)
- P Postage
- S Surveys & Polls
- T Tickets (Events)
- U Utilities
- W Wages, Salaries, Benefits & Bonuses
- Y Petition Circulators
- Z Preparation & Production of Advertising

Date Incurred	Full Name, Mailing Address and Zip Code of Expenditure	Purpose Code	Amount
12/09/13	1. Cabela's Club Visa PO Box 3838 Omaha, Nebraska 68103	G	$ 10.48
12/27/13	2. Cabela's Club Visa PO Box 3838 Omaha, Nebraska 68103	G	$ 19.88
/ /	3.		$
/ /	4.		$
/ /	5.		$
/ /	6.		$
/ /	7.		$
/ /	8.		$
/ /	9.		$
		Total This Page:	$ 30.36

The total of itemization for this creditor should equal the new loan amount listed on Schedule E for this creditor.

SCHEDULE F
PLEDGED CONTRIBUTIONS BUT NOT YET RECEIVED

Name of Candidate or Committee: Dennis Chambers

Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Pledged For	Date Pledged	Full Name, Mailing Address and Zip Code of Contributor	Amount Pledged
☐ Primary ☐ General	__/__/__	1.	
☐ Primary ☐ General	__/__/__	2.	
☐ Primary ☐ General	__/__/__	3.	
☐ Primary ☐ General	__/__/__	4.	
☐ Primary ☐ General	__/__/__	5.	
☐ Primary ☐ General	__/__/__	6.	
☐ Primary ☐ General	__/__/__	7.	
☐ Primary ☐ General	__/__/__	8.	
☐ Primary ☐ General	__/__/__	9.	
☐ Primary ☐ General	__/__/__	10.	
☐ Primary ☐ General	__/__/__	11.	

Total Amount of Pledged Contributions: $ 0

Transfer the combined total of all Schedule F pages to the Detailed Summary on page 2 line 20.

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Rev. 11/07

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

Section I

Name of candidate or Political Committee and Chairperson		Office Sought (if candidate)	District (if any)
Dennis Chambers		Coroner	
Mailing Address	City and Zip	Home Phone	Work Phone
1522 Cottonwood St	Twin Falls 83301	208-734-4405	208-733-7610
Name of Political Treasurer			
Barbara Christensen			
Mailing Address	City and Zip	Home Phone	Work Phone
1534 Cottonwood St.	TwinFalls 83301	208-733-0852	

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 01 /01 /2012 through 12 / 31 / 2012

☐ 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 [X] No Is this a Termination Report? [x] Yes ☐ No

RECEIVED 2013 JAN 30 AM 11:45 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.

[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).	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 **	$ 0.00	$ XXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	$ 0.00	$ 0.00
Line 4. Subtotal (Add lines 1, 2 and 3)	$ 0.00	$ 0.00
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	$ 0.00	$ 0.00
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	$ 0.00	$ 0.00
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	$ 0.00	$ 0.00

* 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
208-736-4004
208-736-4182

Section V **CERTIFICATION**

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

Barbara Christensen
Signature of Political Treasurer

C-2
Rev 04/04

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

Section I

Name of candidate or Political Committee and Chairperson		Office Sought (if candidate)	District (if any)
Dennis Chambers		Coroner	
Mailing Address	City and Zip	Home Phone	Work Phone
1522 Cottonwood St.	Twin Falls 8330	1 208-734-4405	208-733-7610
Name of Political Treasurer			
Barbara Christensen			
Mailing Address	City and Zip	Home Phone	Work Phone
1534 Cottonwood St.	Twin Falls 8330	1 208-733-0852	

Section II TYPE OF REPORT

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from Jan / 01 / 2009 through Jan/ 31 / 2010

☐ 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

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, fill in the appropriate dates 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 from Jan / 01 / 2009 through Jan / 31 / 2010

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*	$ XXXXXXXXXXXX	$ 0.00
Line 2. Enter Cash Balance at Close of Last Reporting Period **	$ 0.00	$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount from Page 2)	$ 0.00	$ 0.00
Line 4. Subtotal (Add lines 1, 2 and 3)	$ 0.00	$ 0.00
Line 5. Total Expenditures (Enter amount from Page 2)	$ 0.00	$ 0.00
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	$ 0.00	$ 0.00
Line 7. Outstanding Debt to Date	$ 0.00	0.00

* This same figure should be entered on Line 1 of all reports filed this calendar year.
** You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period. Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand

Submit This Report To:
Twin Falls County
Elections
PO Box 126
Twin Falls, Idaho 83303
Fax: 208-736-4182

Section V CERTIFICATION

I Barbara Christensen, hereby certify that the information in this
(name of Political Treasurer)
report is a true, complete and correct Campaign Finance Disclosure Report as required by law

Barbara Christensen
Signature of Political Treasurer

RECEIVED
JAN 19 2010

C-2
Rev. 11/07

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

RECEIVED
MAY 11 2010

Section I

Name of candidate or Political Committee and Chairperson		Office Sought ~~(if candidate)~~	District (if any)
Dennis Chambers		Coroner	
Mailing Address: 1522 Cottonwood St	City and Zip: 83301 Twin Falls	Home Phone: 208-734-4405	Work Phone: 208-733-7610
Name of Political Treasurer: Barbara Christensen			
Mailing Address: 1534 Cottonwood St.	City and Zip: 83301 Twin Falls	Home Phone: 208-733-0852	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 / 2010 through 5 / 9 / 2010

☒ 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 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*	$ XXXXXXXXXX	$ 0.00
Line 2. Enter Cash Balance **	$ 0.00	$ XXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	$ 0.00	$ 0.00
Line 4. Subtotal (Add lines 1, 2 and 3)	$ 0.00	$ 0.00
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	$ 0.00	$ 0.00
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	$ 0.00	$ 0.00
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	$ 0.00	$ 0.00

* 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:

Twin Falls County Elections
PO Box 126
Twin Falls, Id. 83303
Tele,208/736/4004
Fax,208/736/4182

Section V — CERTIFICATION

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

Barbara Christensen
Signature of Political Treasurer

C-2
Rev. 11/07

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

RECEIVED
JUN 7 2010

Section I

Name of candidate or Political Committee and Chairperson		Office Sought (if candidate)	District (if any)
Dennis Chambers		Coroner	
Mailing Address: 1522 Cottonwood St	City and Zip: 83301 Twin Falls	Home Phone: 208-734-4405	Work Phone: 208-733-7610
Name of Political Treasurer: Barbara Christensen			
Mailing Address: 1534 Cottonwood St.	City and Zip: 83301 Twin Falls	Home Phone: 208-733-0852	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 / 01 / 2010 through 06 / 04 / 2010

☐ 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 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*	$ XXXXXXXXXX	$ 0.00
Line 2. Enter Cash Balance **	$ 0.00	$ XXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	$ 0.00	$ 0.00
Line 4. Subtotal (Add lines 1, 2 and 3)	$ 0.00	$ 0.00
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	$ 0.00	$ 0.00
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	$ 0.00	$ 0.00
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	$ 0.00	$ 0.00

* 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:

Twin Falls County Elections
PO Box 126
Twin Falls, Id. 83303
Tele,208/736/4004
Fax,208/736/4182

Section V — CERTIFICATION

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

Barbara Christensen
Signature of Political Treasurer

C-2
Rev. 11/07

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

RECEIVED
OCT - 1 2010

Section I

Name of candidate or Political Committee and Chairperson		Office Sought (if candidate)	District (if any)
Dennis Chambers		Coroner	
Mailing Address: 1522 Cottonwood St	City and Zip: 83301 Twin Falls	Home Phone: 208-734-4405	Work Phone: 208-733-7610
Name of Political Treasurer: Barbara Christensen			
Mailing Address: 1534 Cottonwood St.	City and Zip: 83301 Twin Falls	Home Phone: 208-733-0852	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 06 1 06 1 2010 through 09 30 12010

☐ 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 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*	$ XXXXXXXXXX	$ 0.00
Line 2. Enter Cash Balance **	$ 0.00	$ XXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	$ 0.00	$ 0.00
Line 4. Subtotal (Add lines 1, 2 and 3)	$ 0.00	$ 0.00
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	$ 0.00	$ 0.00
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	$ 0.00	$ 0.00
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	$ 0.00	$ 0.00

* 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:

Twin Falls County Elections
PO Box 126
Twin Falls, Id. 83303
Tele,208/736/4004
Fax,208/736/4182

Section V — CERTIFICATION

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

Barbara Christensen
Signature of Political Treasurer

C-2
Rev. 11/07

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

RECEIVED
OCT 18 2010

Section I

Name of candidate or Political Committee and Chairperson		Office Sought (if candidate)	District (if any)
Dennis Chambers		Coroner	
Mailing Address: 1522 Cottonwood St	City and Zip: 83301 Twin Falls	Home Phone: 208-734-4405	Work Phone: 208-733-7610
Name of Political Treasurer: Barbara Christensen			
Mailing Address: 1534 Cottonwood St.	City and Zip: 83301 Twin Falls	Home Phone: 208-733-0852	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 / 01 / 2010 through 10 / 17 / 2010

☐ 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 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*	$ XXXXXXXXXX	$ 0.00
Line 2. Enter Cash Balance **	$ 0.00	$ XXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	$ 0.00	$ 0.00
Line 4. Subtotal (Add lines 1, 2 and 3)	$ 0.00	$ 0.00
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	$ 0.00	$ 0.00
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	$ 0.00	$ 0.00
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	$ 0.00	$ 0.00

* 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:

Twin Falls County Elections
PO Box 126
Twin Falls, Id. 83303
Tele,208/736/4004
Fax,208/736/4182

Section V — CERTIFICATION

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

Barbara Christensen
Signature of Political Treasurer

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		Office Sought (if candidate)	District (if any)
Dennis Chambers		Coroner	
Mailing Address: 1522 Cottonwood St	City and Zip: 83301 Twin Falls	Home Phone: 208-734-4405	Work Phone: 208-733-7610
Name of Political Treasurer: Barbara Christensen			
Mailing Address: 1534 Cottonwood St.	City and Zip: 83301 Twin Falls	Home Phone: 208-733-0852	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 / 18 / 2010 through 11 / 12 / 2010

☐ 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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Barbara Christensen
Signature of Political Treasurer

RECEIVED
NOV 26 2010

C-2
Rev. 11/07

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

RECEIVED JAN 2 4 2011

Section I

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Name of Political Treasurer: Barbara Christensen			
Mailing Address: 1534 Cottonwood St.	City and Zip: 83301 Twin Falls	Home Phone: 208-733-0852	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 07 / 01 / 2010 through 12 / 31 / 2010

☐ 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

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Barbara Christensen
Signature of Political Treasurer