

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

Section I

| | | | |
|--|--|---|-------------------------------|
| Name of candidate or Political Committee and Chairperson <i>GENE TURLEY</i> | | Office Sought (if candidate) <i>7th Co. Coroner</i> | District (if any) |
| Mailing Address <i>P.O. Box 5244</i> | City and Zip <i>TWIN FALLS, 83303</i> | Home Phone <i>316-3116</i> | Work Phone |
| Name of Political Treasurer <i>MARK F. HOLMSTED</i> | | | |
| Mailing Address <i>P.O. Box 1293</i> | City and Zip <i>TWIN FALLS, 83303</i> | Home Phone <i>734-2708</i> | Work Phone <i>734-2777</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 1/1/2015 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

RECEIVED
2016 FEB - 1 AM 11:46
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* | \$ XXXXXXXXXXXX | \$ 0.00 168.20 |
| Line 2. Enter Cash Balance ** | \$ | \$ XXXXXXXXXXXX |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ | \$ ϕ |
| Line 4. Subtotal (Add lines 1, 2 and 3) | \$ | \$ |
| Line 5. Total Expenditures (Enter amount from line 11, Page 2) | \$ | \$ ϕ |
| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ | \$ 168.20 |
| 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.

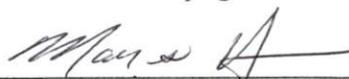
Return This Report To:

Kristina Glascock
Twin Falls County
PO Box 126
Twin Falls, ID 83301
208-736-4004
208-736-4182

Section V

CERTIFICATION

I, MARK F. HOLMSTED, 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

DETAILED SUMMARY PAGE

Name of Candidate or Committee: GENE TURLEY

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

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

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

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

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

Section I

| | | | |
|--|--|---|-------------------------------|
| Name of candidate or Political Committee and Chairperson <i>GENE TURLEY</i> | | Office Sought (if candidate) <i>74 Co. Coroner</i> | District (if any) |
| Mailing Address <i>P.O. BOX 5244</i> | City and Zip <i>TWIN FALLS 83303</i> | Home Phone <i>316-3116</i> | Work Phone |
| Name of Political Treasurer <i>MARK F. HOLMSTEAD</i> | | | |
| Mailing Address <i>P.O. BOX 1293</i> | City and Zip <i>TWIN FALLS, 83303</i> | Home Phone <i>734-2708</i> | Work Phone <i>734-2077</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 11 / 13 / 14 through 12 / 31 / 14

- 7 Day Pre-Primary Report 30 Day Post-Primary Report October 10 Pre-General Report
 7 Day Pre-General Report 30 Day Post-General Report Annual Report
 Semi Annual report (Statewide Candidates Only)

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

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

RECEIVED
 2015 JAN 29 AM 10:52
 TWIN FALLS
 COUNTY 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* | \$ XXXXXXXXXXXX | \$ 0.00 921.37 |
| Line 2. Enter Cash Balance ** | \$ 168.20 | \$ XXXXXXXXXXXX |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ 0 | \$ 2882.00 |
| Line 4. Subtotal (Add lines 1, 2 and 3) | \$ 168.20 | \$ 3803.37 |
| Line 5. Total Expenditures (Enter amount from line 11, Page 2) | \$ 0 | \$ 3635.17 |
| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ 168.20 | \$ 168.20 |
| 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
208-736-4004
208-736-4182

Section V

CERTIFICATION

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

Mark F. Holmstead
Signature of Political Treasurer

1/29/15

DETAILED SUMMARY PAGE

Name of Candidate or Committee: GENE TURLEY 12/31/14 AMENDED

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

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

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

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

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

Name of Candidate or Committee: GENE TUKLEY 12/31/14 AMENDED

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check |
|---|---|--|
| / / | 1. | \$ <u>Ø</u> |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ <u>2882.00</u> Calendar year To Date |
| / / | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> 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

SCHEDULE B ITEMIZED EXPENDITURES

Of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee: GENE TURLEY 12/31/14 AMENDED

Purpose Codes

- | | |
|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 Spent | Full Name, Mailing Address and Zip Code of Recipient | Purpose Code | Cash or Check |
|------------------------|--|--------------|-------------------------------|
| _ / _ / _ | 1. <i>NONE</i> | S | \$ 500.00 <i>Ø</i> |
| _ / _ / _ | 2. | | \$ |
| _ / _ / _ | 3. | | \$ |
| _ / _ / _ | 4. | | \$ |
| _ / _ / _ | 5. | | \$ |
| _ / _ / _ | 6. | | \$ |
| _ / _ / _ | 7. | | \$ |
| _ / _ / _ | 8. | | \$ |
| _ / _ / _ | 9. | | \$ |
| _ / _ / _ | 10. | | \$ |
| Total This Page | | | \$ <i>Ø</i> |

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

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

Section I

| | | | |
|---|--|---|-------------------------------|
| Name of candidate or Political Committee and Chairperson <i>GENE TULLY</i> | | Office Sought (if candidate) <i>TF Co. Coroner</i> | District (if any) |
| Mailing Address <i>P.O. Box 5244</i> | City and Zip <i>TWIN FALLS, 83303</i> | Home Phone <i>316-3116</i> | Work Phone |
| Name of Political Treasurer <i>MARK F. HOLMSTED</i> | | | |
| Mailing Address <i>P.O. Box 1293</i> | City and Zip <i>TWIN FALLS 83303</i> | Home Phone <i>734-2708</i> | Work Phone <i>734-2077</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 11 / 13 / 14 through 12 / 31 / 14

- 7 Day Pre-Primary Report 30 Day Post-Primary Report October 10 Pre-General Report
 7 Day Pre-General Report 30 Day Post-General Report Annual Report

Semi Annual report (Statewide Candidates Only)

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

RECEIVED
 2015 JAN 28 AM 11:19
 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* | \$ XXXXXXXXXXXX | \$ 0.00 921.37 |
| Line 2. Enter Cash Balance ** | \$ 168.20 | \$ XXXXXXXXXXXX |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ (168.20) | \$ 2713.80 |
| Line 4. Subtotal (Add lines 1, 2 and 3) | \$ 0 | \$ 3635.17 |
| Line 5. Total Expenditures (Enter amount from line 11, Page 2) | \$ 0 | \$ 3635.17 |
| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ 0 | \$ 0 |
| Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ | \$ |

* 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, Mark F. Holmsted, 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

1/29/15

DETAILED SUMMARY PAGE

Name of Candidate or Committee: GEORGE TURLEY 12/31/14

| Contributions | Total This Period |
|--|----------------------|
| (1) Unitemized Contributions (\$50 and less) # of Contributors <u>CLOSE ACCOUNT</u> | + \$ (168.20) |
| (2) Itemized Contributions (Total of all Schedule A sheets) | + \$ |
| (3) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets) | + \$ |
| (4) Loans (Total of all New Loan amounts from Schedule D sheets) | + \$ |
| (5) Total Contributions (Transfer this figure to page 1, Section IV, Line 3) | = \$ (168.20) |

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

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

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

**SCHEDULE A
ITEMIZED CONTRIBUTIONS**

Of more than fifty dollars (\$50.00) this period

Name of Candidate or Committee: GENE TULLY 12/31/14

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check |
|---|---|-------------------------------------|
| 12/1/14 | 1. GENE TULLY - CLOSE FF BANK ACCOUNT P.O. BOX 5244 TWIN FALLS, IDAHO 83303 | \$ (168.20) |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ 2713.80 Calendar year To Date |
| / / | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> 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

SCHEDULE B ITEMIZED EXPENDITURES

Of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee: Gene Turley 12/31/14

Purpose Codes

- | | |
|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 Spent | Full Name, Mailing Address and Zip Code of Recipient | Purpose Code | Cash or Check |
|------------------------|--|--------------|-------------------------------|
| / / | 1. <i>NONE</i> | S | \$ 700.00 <i>0</i> |
| / / | 2. | | \$ |
| / / | 3. | | \$ |
| / / | 4. | | \$ |
| / / | 5. | | \$ |
| / / | 6. | | \$ |
| / / | 7. | | \$ |
| / / | 8. | | \$ |
| / / | 9. | | \$ |
| / / | 10. | | \$ |
| Total This Page | | | \$ |

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

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

Section I

| | | | |
|--|---|---|-------------------------------|
| Name of candidate or Political Committee and Chairperson <u>Gene Turley</u> | | Office Sought (if candidate) <u>74 Co. Coroner</u> | District (if any) |
| Mailing Address <u>P.O. Box 5244</u> | City and Zip <u>Twin Falls 83303</u> | Home Phone <u>316-3116</u> | Work Phone |
| Name of Political Treasurer <u>Mark F. Holmstead</u> | | | |
| Mailing Address <u>P.O. Box 1293</u> | City and Zip <u>Twin Falls 83303</u> | Home Phone | Work Phone <u>734-2077</u> |

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 / 14 through 11 / 14 / 14

- 7 Day Pre-Primary Report 30 Day Post-Primary Report October 10 Pre-General Report
 7 Day Pre-General Report 30 Day Post-General Report Annual Report

Semi Annual report (Statewide Candidates Only)

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

RECEIVED
2014 DEC -2 AM 11:56
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* | \$ XXXXXXXXXXXX | \$ 0.00 921.37 |
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| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ 168.20 | \$ 168.20 |
| Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ 0 | \$ 0 |

* This same figure should be entered on Line 1 of all reports filed this calendar year.

** This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.

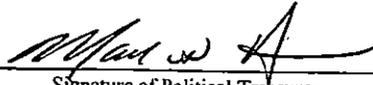
Note: The closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Return This Report To:

Kristina Glascock
Twin Falls County
PO Box 126
Twin Falls, ID 83301
208-736-4004
208-736-4182

Section V CERTIFICATION

I, Mark F. Holmstead, 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 12/1/14

DETAILED SUMMARY PAGE

Name of Candidate or Committee: _____

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

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

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

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

INDEPENDENT EXPENDITURES

(Please note the definition of independent expenditures and Section 67-6611; Page 53)

Totaling More Than \$100
Made in Support of or in Opposition to
Any One Candidate, Political Committee or Measure

Full Name: _____ Telephone No: _____

Mailing Address and Zip Code: _____

TYPE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Statement | <input type="checkbox"/> 7 Day Pre-General Statement |
| <input type="checkbox"/> 30 Day Post-Primary Statement | <input type="checkbox"/> 30 Day Post-General Statement |

| | | |
|------------------|---|--|
| Purpose Codes | B Broadcast Advertising (Radio, TV, Internet) E Event Expenses F Food & Refreshments L Literature, Brochures, Printing N Newspaper & Other Periodical Advertising | O Other Advertising P Postage S Surveys & Polls Z Preparation & Production of Advertising |
|------------------|---|--|

ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS

| Date | Full Name, Mailing Address and Zip Code of Recipient | Candidate or Measure Supported or Opposed | Purpose Code | Amount |
|----------|--|---|--------------|--------|
| __/__/__ | 1. _____ | | | \$ |
| __/__/__ | 2. _____ | | | \$ |
| __/__/__ | 3. _____ | | | \$ |
| __/__/__ | 4. _____ | | | \$ |
| __/__/__ | 5. _____ | | | \$ |

Submit This Report To:

 Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

Total Expenditure(s): \$

I _____, hereby certify that the information in this report is true, complete and correct.

Signature

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED Of One Thousand Dollars (\$1,000.00) Or More

Directions: Use this form to report any contribution of one thousand dollars (\$1,000) or more received after the sixteenth (16th) day before, but not more than forty-eight hours before, any primary or general election. Notification must be made within forty-eight (48) hours after receipt of such contribution. (Section 67-6607(c), Idaho Code.)

| | | |
|---|---|---|
| 2012 Elections | | This requirement applies to all types of contributions, including but not limited to: <ul style="list-style-type: none"> • Cash contributions • In-kind contributions • Loans • Contributions or personal loans made by the candidate |
| 48 Hour Notice required for contributions received: | | |
| Primary Election | April 30, 2012 through May 12, 2012 | |
| General Election | October 22, 2012 through November 3, 2012 | |

| | |
|--------------------------------|--------------------------|
| Name of Candidate or Committee | District (If Applicable) |
| Mailing Address | |
| City, State and Zip Code | |

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check | In-Kind (Non-monetary) | Loan |
|---------------|---|---------------|------------------------|------|
| _ / _ / _ | 1. | \$ | \$ | \$ |
| _ / _ / _ | 2. | \$ | \$ | \$ |
| _ / _ / _ | 3. | \$ | \$ | \$ |

Submit Report To:

Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
208-736-4004
208-736-4182

I, _____, hereby certify that the information in this
Name of Political Treasurer
 report is true, complete and correct

 Signature of Political Treasurer

STATEMENT BY A NONBUSINESS ENTITY

(Type or Print Clearly)
See Instructions at bottom of Page

| Name and Address of Nonbusiness Entity | | | | |
|--|---------|------|-------|-----|
| Name | Address | City | State | Zip |
| | | | | |

| Name and Address of Principal Officer or Directors | | | | |
|--|---------|------|-------|-----|
| Name | Address | City | State | Zip |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List the name and address of each person whose fees, dues, payments or other consideration paid to the nonbusiness entity during either of the prior two (2) calendar years has exceeded \$500; or who is obligated to or has agreed to pay fees, dues, payments or other consideration exceeding \$500 to such entity during the current year.

| Name | Address | City | State | Zip |
|------|---------|------|-------|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|---|---|
| <p style="text-align: center;">INSTRUCTIONS</p> <p>Who should file this form? Any nonbusiness entity domiciled in the State of Idaho, which makes expenditures in the amount exceeding one thousand dollars (\$1,000) in any calendar year for the purpose of supporting or opposing one (1) or more candidates or measures. (Please Note: the definition of nonbusiness entity and Section 67-6606, I.C. – Page 65)</p> <p>Filing Deadline: This statement shall be filed within thirty (30) days of exceeding the one thousand dollar (\$1,000) threshold.</p> <p>To Be Filed With: Kristina Glascock Twin Falls County PO Box 126 Twin Falls, ID 83301 208-736-4004 208-736-4182</p> | <p>Certification: I hereby certify that the information contained herein is a true, correct and complete statement in accordance with Section 67-6624, Idaho Code.</p> <p>Signature _____</p> <p>Title _____</p> <p>Date _____</p> |
|---|---|

INDEPENDENT EXPENDITURES 48 HOUR NOTICE

(Please note the definition of independent expenditures and Section 67-6611, Idaho Code; Page 53 of Manual)

Totaling More Than \$1000
Made in Support of or in Opposition to
Any One Candidate, Political Committee or Measure

Full Name: _____ Telephone No: _____

Mailing Address and Zip Code: _____

2012 Elections
48 Hour Notice required for expenditures made:

Primary Election – April 30, 2012 through May 12, 2012

General Election – October 22, 2012 through November 3, 2012

| | | |
|------------------|---|--|
| Purpose Codes | B Broadcast Advertising (Radio, TV, Internet) E Event Expenses F Food & Refreshments L Literature, Brochures, Printing N Newspaper & Other Periodical Advertising | O Other Advertising P Postage S Surveys & Polls Z Preparation & Production of Advertising |
|------------------|---|--|

ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS

| Date | Full Name, Mailing Address and Zip Code of Recipient | Candidate or Measure Supported or Opposed | Purpose Code | Amount |
|-----------|--|---|--------------|--------|
| _ / _ / _ | 1. | | | \$ |
| _ / _ / _ | 2. | | | \$ |
| _ / _ / _ | 3. | | | \$ |
| _ / _ / _ | 4. | | | \$ |
| _ / _ / _ | 5. | | | \$ |

Submit This Report To:
 Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

Total Expenditure(s): \$

I _____ hereby certify that the information in this report is true, complete and correct.

Signature

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 _____
Address (Physical) _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Telephone _____

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) _____

| | |
|---|----|
| Total Expenditures this Statement | \$ |
| Total Itemized Contributions of \$50 or More this Statement | \$ |
| Total Contributions this Statement | \$ |

I _____ 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.

Signature of Individual Completing Report

Date Signed

Submit Report To:
 Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

**SCHEDULE A
ITEMIZED CONTRIBUTIONS**

Of more than fifty dollars (\$50.00) this period

Name of Candidate or Committee: GENE S. TURLEY

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check |
|---|---|--|
| / / | 1. | \$ <u>0</u> |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ <u>2882.00</u> Calendar year To Date |
| / / | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> 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

SCHEDULE B ITEMIZED EXPENDITURES

Of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee: GENE TURLEY

Purpose Codes

- | | |
|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 Spent | Full Name, Mailing Address and Zip Code of Recipient | Purpose Code | Cash or Check |
|------------------------|--|--------------|----------------------------------|
| _ / _ / _ | 1. | S | \$ 700.00 \emptyset |
| _ / _ / _ | 2. | | \$ |
| _ / _ / _ | 3. | | \$ |
| _ / _ / _ | 4. | | \$ |
| _ / _ / _ | 5. | | \$ |
| _ / _ / _ | 6. | | \$ |
| _ / _ / _ | 7. | | \$ |
| _ / _ / _ | 8. | | \$ |
| _ / _ / _ | 9. | | \$ |
| _ / _ / _ | 10. | | \$ |
| Total This Page | | | \$ \emptyset |

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: _____

Purpose Codes

- | | |
|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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. ____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | \$ \$ Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ Purpose Code |
| 2. ____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | \$ \$ Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ Purpose Code |
| 3. ____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | \$ \$ Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ Purpose Code |
| 4. ____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> 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) | | \$ |
| Contributor Total: (Transfer the combined total of all Contributors on Schedule C pages to Detailed Summary, page 2, line 3) | | \$ |

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. | \$ | Date: / / Amount: \$ | \$ | Date: / / Amount: \$ | \$ |
| 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 Total: | \$ | Received | Interest | Repayments | Ending Balance |
| Received Total: (Transfer the combined total of all received loans to the Detailed Summary, page 2, line 4) | \$ | | | | |
| Interest Total: | | | \$ | | |
| Repayments Total: (Transfer the combined total of all loan repayments to the Detailed Summary, page 2, line 9 & 16) | | | | \$ | |
| | | | | Ending Balance: | \$ |

(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. | \$ | Date: // Amount: \$ | Date: / / Amount: \$ | \$ |
| 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 | \$ | | | |
| Incurred Total: (Transfer combined total of all incurred debt to the Detailed Summary, page 2, line 14) | | \$ | | |
| Repayments Total: (Transfer the combined total of all debt repayments to the Detailed Summary, page 2, line 10 & 17) | | | \$ | |
| Ending Balance Total: | | | | \$ |

**SCHEDULE E-1
CREDIT CARD and DEBT ITEMIZATION**

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) | 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 |
| I. Interest Accrued & Finance Charges | Y. Petition Circulators |
| L. Literature, Brochures, Printing | Z. Preparation & Production of Advertising |
| M. Management Services | |

| Date Incurred | Full Name, Mailing Address, and Zip Code of Expenditures | Purpose Code | Amount |
|------------------------|--|--------------|-----------|
| ____/____/____ | 1. | | \$ |
| ____/____/____ | 2. | | \$ |
| ____/____/____ | 3. | | \$ |
| ____/____/____ | 4. | | \$ |
| ____/____/____ | 5. | | \$ |
| ____/____/____ | 6. | | \$ |
| ____/____/____ | 7. | | \$ |
| ____/____/____ | 8. | | \$ |
| ____/____/____ | 9. | | \$ |
| Total This Page | | | \$ |

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

**SCHEDULE F
PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED**

Name of Candidate or Committee: _____

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 |
|--|---------------------|---|-----------------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 1. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ___/___/___ | 11. | \$ _____ |
| Total Amount of Pledged Contributions | | | \$ _____ |

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

ITEMIZED CONTRIBUTION FOR ELECTIONEERING COMMUNICATIONS (\$50 OR MORE)

Name of Person/Entity _____

| | |
|--|-----------------------------|
| 1. Date Received ____/____/____ | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ _____ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received ____/____/____ | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ _____ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received ____/____/____ | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ _____ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received ____/____/____ | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ _____ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received ____/____/____ | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ _____ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

ITEMIZED EXPENDITURES FOR ELECTIONEERING COMMUNICATIONS

Name of Person/Entity _____

| | |
|--|--|
| 1. Date Expended ____ / ____ / ____ 2. Amount \$ _____ Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> | 3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____ 8. Support _____ Oppose _____ 9. Purpose of Expenditure _____ |
|--|--|

| | |
|--|--|
| 1. Date Expended ____ / ____ / ____ 2. Amount \$ _____ Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> | 3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____ 8. Support _____ Oppose _____ 9. Purpose of Expenditure _____ |
|--|--|

| | |
|--|--|
| 1. Date Expended ____ / ____ / ____ 2. Amount \$ _____ Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> | 3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____ 8. Support _____ Oppose _____ 9. Purpose of Expenditure _____ |
|--|--|

| | |
|--|--|
| 1. Date Expended ____ / ____ / ____ 2. Amount \$ _____ Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> | 3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____ 8. Support _____ Oppose _____ 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 <i>GENE TURLEY</i> | | Office Sought (if candidate) <i>TF Co. COLONEL</i> | | District (if any) | |
| Mailing Address <i>P.O. Box 5244</i> | | City and Zip <i>TWIN FALLS 83303</i> | | Home Phone <i>316-3116</i> | |
| Name of Political Treasurer <i>MARK F. HOLMSTED</i> | | | | | |
| Mailing Address <i>P.O. Box 1293</i> | | City and Zip <i>TWIN FALLS 83303</i> | | Home Phone <i>734-2708</i> | |
| | | | | Work Phone <i>734-2077</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 10 / 1 / 14 through 10 / 19 / 14

- 7 Day Pre-Primary Report 30 Day Post-Primary Report October 10 Pre-General Report
 7 Day Pre-General Report 30 Day Post-General Report Annual Report

Semi Annual report (Statewide Candidates Only)

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

RECEIVED
 2014 OCT 27 PM 2:37
 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

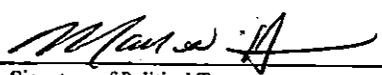
| To reach your Calendar Year To Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6). | COLUMN I This Period | COLUMN II Calendar Year To Date |
|---|-------------------------|------------------------------------|
| Line 1. Cash on Hand January 1, This Year* | \$ XXXXXXXXXXXX | \$ 0.00 921.37 |
| Line 2. Enter Cash Balance ** | \$ 168.20 | \$ XXXXXXXXXXXX |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ 0 | \$ 2882.00 |
| Line 4. Subtotal (Add lines 1, 2 and 3) | \$ 168.20 | \$ 3803.37 |
| Line 5. Total Expenditures (Enter amount from line 11, Page 2) | \$ 0 | \$ 3635.17 |
| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ 168.20 | \$ 168.20 |
| Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ 0 | \$ 0 |

* This same figure should be entered on Line 1 of all reports filed this calendar year.
 ** This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.
 Note: The closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

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

Section V CERTIFICATION

I, MARK F. HOLMSTED 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

10/24/14

DETAILED SUMMARY PAGE

Name of Candidate or Committee: Gene Turley

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

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

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

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

INDEPENDENT EXPENDITURES

(Please note the definition of independent expenditures and Section 67-6611; Page 53)

Totaling More Than \$100
Made in Support of or in Opposition to
Any One Candidate, Political Committee or Measure

Full Name: _____ Telephone No: _____

Mailing Address and Zip Code: _____

TYPE OF REPORT

- 7 Day Pre-Primary Statement 7 Day Pre-General Statement
 30 Day Post-Primary Statement 30 Day Post-General Statement

| | | |
|------------------|---|--|
| Purpose Codes | B Broadcast Advertising (Radio, TV, Internet) E Event Expenses F Food & Refreshments L Literature, Brochures, Printing N Newspaper & Other Periodical Advertising | O Other Advertising P Postage S Surveys & Polls Z Preparation & Production of Advertising |
|------------------|---|--|

ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS

| Date | Full Name, Mailing Address and Zip Code of Recipient | Candidate or Measure Supported or Opposed | Purpose Code | Amount |
|----------|--|---|--------------|--------|
| __/__/__ | 1. | | | \$ |
| __/__/__ | 2. | | | \$ |
| __/__/__ | 3. | | | \$ |
| __/__/__ | 4. | | | \$ |
| __/__/__ | 5. | | | \$ |

Submit This Report To:

 Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

Total Expenditure(s): \$

I _____, hereby certify that the information in this report is true, complete and correct.

Signature

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

Name of Candidate or Committee: GENE TURLEY

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check |
|---|---|--|
| / / | 1. | \$ <u>0</u> |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | \$ <u>2882.00</u> Calendar year To Date |
| / / | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| Total This Page: | | \$ <u>0</u> |

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

SCHEDULE B ITEMIZED EXPENDITURES

Of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee: Gabe TURLEY

Purpose Codes

- | | |
|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 Spent | Full Name, Mailing Address and Zip Code of Recipient | Purpose Code | Cash or Check |
|------------------------|--|--------------|-------------------------|
| _ / _ / _ | 1. | S | \$ <u>700.00</u> ϕ |
| _ / _ / _ | 2. | | \$ |
| _ / _ / _ | 3. | | \$ |
| _ / _ / _ | 4. | | \$ |
| _ / _ / _ | 5. | | \$ |
| _ / _ / _ | 6. | | \$ |
| _ / _ / _ | 7. | | \$ |
| _ / _ / _ | 8. | | \$ |
| _ / _ / _ | 9. | | \$ |
| _ / _ / _ | 10. | | \$ |
| Total This Page | | | \$ ϕ |

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

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. | \$ | Date: // Amount: \$ | Date: / / Amount: \$ | \$ |
| 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 | \$ | | | |
| Incurred Total: (Transfer combined total of all incurred debt to the Detailed Summary, page 2, line 14) | | \$ | | |
| Repayments Total: (Transfer the combined total of all debt repayments to the Detailed Summary, page 2, line 10 & 17) | | | \$ | |
| | | | Ending Balance Total: | \$ / |

SCHEDULE F
PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED

Name of Candidate or Committee: _____

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 |
|--|--------------|--|----------------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 1. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 11. | \$ _____ |
| Total Amount of Pledged Contributions | | | \$ <u> </u> |

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

RECEIVED

C-2
Rev. 11/07

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

2014 OCT -8 PM 12:56

TWIN FALLS
COUNTY CLERK

Section I

| | | | |
|--|---|--|-------------------------------|
| Name of candidate or Political Committee and Chairperson <i>GENE TURLEY</i> | | Office Sought (if candidate) <i>7th Co. COLONEL</i> | District (if any) |
| Mailing Address <i>P.O. BOX 5244</i> | City and Zip <i>TWIN FALLS 83303</i> | Home Phone <i>734-5254</i> | Work Phone <i>316-3116</i> |
| Name of Political Treasurer <i>MARK F HOLMSTED</i> | | | |
| Mailing Address <i>P.O. BOX 1293</i> | City and Zip <i>TWIN FALLS ID.</i> | Home Phone <i>734-2708</i> | Work Phone <i>734-2077</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 5 / 31 / 14 through 9 / 30 / 14

- 7 Day Pre-Primary Report 30 Day Post-Primary Report October 10 Pre-General Report
 7 Day Pre-General Report 30 Day Post-General Report Annual Report

Semi Annual report (Statewide Candidates Only)

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

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* | \$ XXXXXXXXXXXX | \$ 0.00 921.37 |
| Line 2. Enter Cash Balance ** | \$ 352.30 | \$ XXXXXXXXXXXX |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ 0 | \$ 2882.00 |
| Line 4. Subtotal (Add lines 1, 2 and 3) | \$ 352.30 | \$ 2882.00 |
| Line 5. Total Expenditures (Enter amount from line 11, Page 2) | \$ 184.10 | \$ 3635.17 |
| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ 168.20 | \$ 168.20 |
| Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ 0 | \$ 0 |

* This same figure should be entered on Line 1 of all reports filed this calendar year.

** This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.

Note: The closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Return This Report To:

Kristina Glascock
Twin Falls County
PO Box 126
Twin Falls, ID 83301
208-736-4004
208-736-4182

Section V

CERTIFICATION

I, MARK F. HOLMSTED, 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

10/8/14

DETAILED SUMMARY PAGE

Name of Candidate or Committee: Gene Turley

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

| | |
|--|--------------------|
| Expenditures | |
| (6) Unitemized Expenditures (\$25 and less) # of Expenditures _____ | + \$ |
| (7) Itemized Expenditures (Total of all Schedule B sheets) | + \$ 184.10 |
| (8) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets) | + \$ |
| (9) Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets) | + \$ |
| (10) Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets) | + \$ |
| (11) Total Expenditures (Transfer this figure to page 1, Section IV, Line 5) | = \$ 184.10 |

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

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

9/30/14

SCHEDULE B ITEMIZED EXPENDITURES

Of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee: Gene Tully

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 |
|-----------------|--|--------------|-----------------------------|
| 6/1/14 | 1. TIMES NEWS P.O. Box 548 TWIN LAKE, IOWA 52303 | \$ N | \$ 700.00 184.10 |
| ___/___/___ | 2. | | \$ |
| ___/___/___ | 3. | | \$ |
| ___/___/___ | 4. | | \$ |
| ___/___/___ | 5. | | \$ |
| ___/___/___ | 6. | | \$ |
| ___/___/___ | 7. | | \$ |
| ___/___/___ | 8. | | \$ |
| ___/___/___ | 9. | | \$ |
| ___/___/___ | 10. | | \$ |
| Total This Page | | | \$ 184.10 |

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

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

Section I

| | | | |
|--|---|---|-------------------------------|
| Name of candidate or Political Committee and Chairperson <i>GENE TURLEY</i> | | Office Sought (if candidate) <i>Tx Co. Coroner</i> | District (if any) |
| Mailing Address <i>P.O. Box 5244</i> | City and Zip <i>TWIN FALLS 83301</i> | Home Phone <i>734-5254</i> | Work Phone |
| Name of Political Treasurer <i>MARK F. HORNSTEAD</i> | | | |
| Mailing Address <i>P.O. Box 1293</i> | City and Zip <i>TWIN FALLS ID.</i> | Home Phone <i>734-2708</i> | Work Phone <i>734-2077</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 5 / 5 / 14 through 5 / 30 / 14

- 7 Day Pre-Primary Report 30 Day Post-Primary Report October 10 Pre-General Report
- 7 Day Pre-General Report 30 Day Post-General Report Annual Report
- Semi Annual report (Statewide Candidates Only)
- Is this Report an amendment? Yes No Is this a Termination Report? Yes No

RECEIVED
 2014 JUN 18 PM 2:23
 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

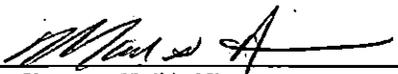
| To reach your Calendar Year To Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6). | COLUMN I This Period | COLUMN II Calendar Year To Date |
|---|-------------------------|------------------------------------|
| Line 1. Cash on Hand January 1, This Year* | \$ XXXXXXXXXXXX | \$ 0.00 921.37 |
| Line 2. Enter Cash Balance ** | \$ 510.06 | \$ XXXXXXXXXXXX |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ 2332.00 | \$ 2882.00 |
| Line 4. Subtotal (Add lines 1, 2 and 3) | \$ 2842.06 | \$ 3803.37 |
| Line 5. Total Expenditures (Enter amount from line 11, Page 2) | \$ 2489.76 | \$ 3451.88 |
| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ 352.30 | \$ 352.30 |
| Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ 0 | \$ 0 |

* This same figure should be entered on Line 1 of all reports filed this calendar year.
 ** This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.
 Note: The closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

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

Section V CERTIFICATION

I, MARK HORNSTEAD, 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

6/18/14

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:

Name of Political Candidate

Home Phone *Work Phone* *Cell Phone*

Office Sought *District #* *Party*

Candidate Mailing Address

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, _____, hereby certify and appoint the following individual who is a registered elector of the
Name of Candidate or Committee Chairman
State of Idaho as the political treasurer for the above named candidate or committee:

Name of Political Treasurer

Home Phone *Work Phone* *Cell Phone*

Treasurer Mailing Address

Treasurer E-mail address

Signature of Candidate or Committee Chairman

Return This Form To:
Kristina Glascock
Twin Falls County
PO Box 126
Twin Falls, ID 83301
208-736-4004
208-736-4182

I, _____, hereby accept the appointment as the political treasurer
Name of Political Treasurer
for the above named candidate or committee:

Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee: _____

| | Total This Period |
|--|--------------------------|
| Contributions | |
| (1) Unitemized Contributions (\$50 and less) # of Contributors _____ | + \$ |
| (2) Itemized Contributions (Total of all Schedule A sheets) | + \$ 2332. ⁰⁰ |
| (3) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets) | + \$ |
| (4) Loans (Total of all New Loan amounts from Schedule D sheets) | + \$ |
| (5) Total Contributions (Transfer this figure to page 1, Section IV, Line 3) | = \$ 2332. ⁰⁰ |

| | |
|--|--------------------------|
| Expenditures | |
| (6) Unitemized Expenditures (\$25 and less) # of Expenditures _____ | + \$ |
| (7) Itemized Expenditures (Total of all Schedule B sheets) | + \$ 2489. ⁷⁶ |
| (8) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets) | + \$ |
| (9) Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets) | + \$ |
| (10) Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets) | + \$ |
| (11) Total Expenditures (Transfer this figure to page 1, Section IV, Line 5) | = \$ 2489. ⁷⁶ |

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

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

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

Name of Candidate or Committee: GENE TURLEY

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check |
|---|---|---|
| 5/7/14 | 1. GENE TURLEY 461 RIDGEWAY TWIN FALLS, IDAHO 83301 | \$ 2332. ⁰⁰ |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 2832. ⁰⁰ Calendar year To Date |
| / / | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| Total This Page: | | \$ 2332. ⁰⁰ |

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

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. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> 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

SCHEDULE B ITEMIZED EXPENDITURES

Of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee: _____

Purpose Codes

- | | |
|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 Spent | Full Name, Mailing Address and Zip Code of Recipient | Purpose Code | Cash or Check |
|------------------------|---|--------------|---------------------------------|
| 5 / 7 / 14 | 1. <i>TIMES NEWS</i> <i>P.O. BOX 548</i> <i>TWIN FALLS, IDAHO 83303</i> | S N | \$ 300.00 2331.60 |
| 5 / 7 / 14 | 2. <i>OFFICE MAX</i> <i>1519 BLUE LAKES BLVD N</i> <i>TWIN FALLS, IDAHO 83399</i> | O | \$ 58.16 |
| 5 / 14 / 14 | 3. <i>KERRICANE BUNCH</i> <i>TWIN FALLS, IDAHO</i> | O | \$ 100.00 |
| _ / _ / _ | 4. | | \$ |
| _ / _ / _ | 5. | | \$ |
| _ / _ / _ | 6. | | \$ |
| _ / _ / _ | 7. | | \$ |
| _ / _ / _ | 8. | | \$ |
| _ / _ / _ | 9. | | \$ |
| _ / _ / _ | 10. | | \$ |
| Total This Page | | | \$ 2489.76 |

- 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: _____

Purpose Codes

- | | |
|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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. ____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | \$ | |
| | | \$ | |
| | | \$ | Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ | Purpose Code |
| 2. ____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | \$ | |
| | | \$ | |
| | | \$ | Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ | Purpose Code |
| 3. ____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | \$ | |
| | | \$ | |
| | | \$ | Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ | Purpose Code |
| 4. ____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> 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) | | \$ | |
| Contributor Total: (Transfer the combined total of all Contributors on Schedule C pages to Detailed Summary, page 2, line 3) | | \$ | |

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. | \$ | Date: / / Amount: \$ | \$ | Date: / / Amount: \$ | \$ |
| 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 Total: | Previous | Received | Interest | Repayments | Ending Balance |
| | \$ | | | | |
| | | Received Total: | | | |
| | | \$ | | | |
| | | | Interest Total: | | |
| | | | \$ | | |
| | | | | Repayments Total: | |
| | | | | \$ | |
| | | | | | Ending Balance: |
| | | | | | \$ |

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. | \$ | Date: // Amount: \$ | Date: // Amount: \$ | \$ |
| 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

\$

Incurred Total:

(Transfer combined total of all incurred debt to the Detailed Summary, page 2, line 14)

\$

Repayments Total:

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

\$

Ending Balance Total:

\$

**SCHEDULE E-1
CREDIT CARD and DEBT ITEMIZATION**

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) | 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 |
| I. Interest Accrued & Finance Charges | Y. Petition Circulators |
| L. Literature, Brochures, Printing | Z. Preparation & Production of Advertising |
| M. Management Services | |

| Date Incurred | Full Name, Mailing Address, and Zip Code of Expenditures | Purpose Code | Amount |
|------------------------|--|--------------|--------|
| ____/____/____ | 1. | | \$ |
| ____/____/____ | 2. | | \$ |
| ____/____/____ | 3. | | \$ |
| ____/____/____ | 4. | | \$ |
| ____/____/____ | 5. | | \$ |
| ____/____/____ | 6. | | \$ |
| ____/____/____ | 7. | | \$ |
| ____/____/____ | 8. | | \$ |
| ____/____/____ | 9. | | \$ |
| Total This Page | | | \$ |

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: _____

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) | 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 |
| I. Interest Accrued & Finance Charges | Y. Petition Circulators |
| L. Literature, Brochures, Printing | Z. Preparation & Production of Advertising |
| M. Management Services | |

| Date Incurred | Full Name, Mailing Address, and Zip Code of Expenditures | Purpose Code | Amount |
|------------------------|--|--------------|--------|
| ____/____/____ | 1. | | \$ |
| ____/____/____ | 2. | | \$ |
| ____/____/____ | 3. | | \$ |
| ____/____/____ | 4. | | \$ |
| ____/____/____ | 5. | | \$ |
| ____/____/____ | 6. | | \$ |
| ____/____/____ | 7. | | \$ |
| ____/____/____ | 8. | | \$ |
| ____/____/____ | 9. | | \$ |
| Total This Page | | | \$ |

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

**SCHEDULE F
PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED**

Name of Candidate or Committee: _____

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 |
|--|--------------|--|-----------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 1. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 2. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 3. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 4. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 5. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 6. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 7. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 8. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 9. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 10. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | _ / _ / _ | 11. _____ | \$ _____ |
| Total Amount of Pledged Contributions | | | \$ _____ |

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

ITEMIZED CONTRIBUTION FOR ELECTIONEERING COMMUNICATIONS (\$50 OR MORE)

Name of Person/Entity _____

| | |
|--|-----------------------------|
| 1. Date Received / / | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received / / | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received / / | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received / / | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received / / | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

ITEMIZED EXPENDITURES FOR ELECTIONEERING COMMUNICATIONS

Name of Person/Entity _____

| | |
|--|---|
| 1. Date Expended ____ / ____ / ____ | 3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____ _____ |
| 2. Amount \$ _____ Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> | 8. Support _____ Oppose _____ 9. Purpose of Expenditure _____ |

| | |
|--|---|
| 1. Date Expended ____ / ____ / ____ | 3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____ _____ |
| 2. Amount \$ _____ Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> | 8. Support _____ Oppose _____ 9. Purpose of Expenditure _____ |

| | |
|--|---|
| 1. Date Expended ____ / ____ / ____ | 3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____ _____ |
| 2. Amount \$ _____ Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> | 8. Support _____ Oppose _____ 9. Purpose of Expenditure _____ |

| | |
|--|---|
| 1. Date Expended ____ / ____ / ____ | 3. Name (last, first) _____ 4. Address _____ 5. City/State/Zip _____ 6. Method of Communication(s) _____ 7. Name of Candidate(s) referred to _____ _____ |
| 2. Amount \$ _____ Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> | 8. Support _____ Oppose _____ 9. Purpose of Expenditure _____ |

INDEPENDENT EXPENDITURES

(Please note the definition of independent expenditures and Section 67-6611; Page 53)

Totaling More Than \$100
Made in Support of or in Opposition to
Any One Candidate, Political Committee or Measure

Full Name: _____ Telephone No: _____

Mailing Address and Zip Code: _____

TYPE OF REPORT

- 7 Day Pre-Primary Statement
- 7 Day Pre-General Statement
- 30 Day Post-Primary Statement
- 30 Day Post-General Statement

| | | |
|------------------|---|---|
| Purpose Codes | B Broadcast Advertising (Radio, TV, Internet) | O Other Advertising |
| | E Event Expenses | P Postage |
| | F Food & Refreshments | S Surveys & Polls |
| | L Literature, Brochures, Printing | Z Preparation & Production of Advertising |
| | N Newspaper & Other Periodical Advertising | |

ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS

| Date | Full Name, Mailing Address and Zip Code of Recipient | Candidate or Measure Supported or Opposed | Purpose Code | Amount |
|-------------|--|---|--------------|--------|
| ___/___/___ | 1. _____ | | | \$ |
| ___/___/___ | 2. _____ | | | \$ |
| ___/___/___ | 3. _____ | | | \$ |
| ___/___/___ | 4. _____ | | | \$ |
| ___/___/___ | 5. _____ | | | \$ |

Submit This Report To:
 Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

Total Expenditure(s): \$

I, _____, hereby certify that the information in this report is true, complete and correct.

Signature _____

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED Of One Thousand Dollars (\$1,000.00) Or More

Directions: Use this form to report any contribution of one thousand dollars (\$1,000) or more received after the sixteenth (16th) day before, but not more than forty-eight hours before, any primary or general election. Notification must be made within forty-eight (48) hours after receipt of such contribution. (Section 67-6607(c), Idaho Code.)

| | | |
|---|---|---|
| 2012 Elections | | This requirement applies to all types of contributions, including but not limited to: <ul style="list-style-type: none"> • Cash contributions • In-kind contributions • Loans • Contributions or personal loans made by the candidate |
| 48 Hour Notice required for contributions received: | | |
| Primary Election | April 30, 2012 through May 12, 2012 | |
| General Election | October 22, 2012 through November 3, 2012 | |

| | |
|--------------------------------|--------------------------|
| Name of Candidate or Committee | District (If Applicable) |
| Mailing Address | |
| City, State and Zip Code | |

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check | In-Kind (Non-monetary) | Loan |
|---------------|---|---------------|------------------------|------|
| _ / _ / _ | 1. | \$ | \$ | \$ |
| _ / _ / _ | 2. | \$ | \$ | \$ |
| _ / _ / _ | 3. | \$ | \$ | \$ |

Submit Report To:

Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

I, _____, hereby certify that the information in this
Name of Political Treasurer
 report is true, complete and correct

 Signature of Political Treasurer

STATEMENT BY A NONBUSINESS ENTITY
(Type or Print Clearly)
See Instructions at bottom of Page

| Name and Address of Nonbusiness Entity | | | | |
|--|---------|------|-------|-----|
| Name | Address | City | State | Zip |
| | | | | |

| Name and Address of Principal Officer or Directors | | | | |
|--|---------|------|-------|-----|
| Name | Address | City | State | Zip |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List the name and address of each person whose fees, dues, payments or other consideration paid to the nonbusiness entity during either of the prior two (2) calendar years has exceeded \$500; or who is obligated to or has agreed to pay fees, dues, payments or other consideration exceeding \$500 to such entity during the current year.

| Name | Address | City | State | Zip |
|------|---------|------|-------|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

INSTRUCTIONS

Who should file this form? Any nonbusiness entity domiciled in the State of Idaho, which makes expenditures in the amount exceeding one thousand dollars (\$1,000) in any calendar year for the purpose of supporting or opposing one (1) or more candidates or measures. (Please Note: the definition of nonbusiness entity and Section 67-6606, I.C. — Page 65)

Filing Deadline: This statement shall be filed within thirty (30) days of exceeding the one thousand dollar (\$1,000) threshold.

To Be Filed With:
Kristina Glascock
Twin Falls County
PO Box 126
Twin Falls, ID 83301
208-736-4004
208-736-4182

Certification: I hereby certify that the information contained herein is a true, correct and complete statement in accordance with Section 67-6624, Idaho Code.

Signature _____

Title _____

Date _____

INDEPENDENT EXPENDITURES 48 HOUR NOTICE

(Please note the definition of independent expenditures and Section 67-6611, Idaho Code; Page 53 of Manual)

Totaling More Than \$1000
Made in Support of or in Opposition to
Any One Candidate, Political Committee or Measure

Full Name: _____ Telephone No: _____

Mailing Address and Zip Code: _____

2012 Elections

48 Hour Notice required for expenditures made:

Primary Election – April 30, 2012 through May 12, 2012

General Election – October 22, 2012 through November 3, 2012

| | | |
|---------|---|---|
| | B Broadcast Advertising (Radio, TV, Internet) | O Other Advertising |
| | E Event Expenses | P Postage |
| Purpose | F Food & Refreshments | S Surveys & Polls |
| Codes | L Literature, Brochures, Printing | Z Preparation & Production of Advertising |
| | N Newspaper & Other Periodical Advertising | |

ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS

| Date | Full Name, Mailing Address and Zip Code of Recipient | Candidate or Measure Supported or Opposed | Purpose Code | Amount |
|------|--|---|--------------|--------|
| _/_/ | 1. | | | \$ |
| _/_/ | 2. | | | \$ |
| _/_/ | 3. | | | \$ |
| _/_/ | 4. | | | \$ |
| _/_/ | 5. | | | \$ |

Submit This Report To: _____
 Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

Total Expenditure(s): \$

I _____ hereby certify that the information in this report is true, complete and correct.

Signature

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 _____
 Address (Physical) _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Telephone _____

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) _____

| | |
|---|----|
| Total Expenditures this Statement | \$ |
| Total Itemized Contributions of \$50 or More this Statement | \$ |
| Total Contributions this Statement | \$ |

I _____ 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.

 Signature of Individual Completing Report

 Date Signed

Submit Report To:

Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

RECEIVED

C-2
Rev. 11/07

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

2014 MAY -9 AM 9:26

TWIN FALLS
COUNTY CLERK

Section I

| | | | | |
|--|---------------------------------------|---|-------------------------------|-------------------|
| Name of candidate or Political Committee and Chairperson GENE TURLEY | | Office Sought (if candidate) Tf Co. CORONER | | District (if any) |
| Mailing Address P.O. BOX 5244 | City and Zip TWIN FALLS ID. | Home Phone 734-5254 | Work Phone | |
| Name of Political Treasurer MARK F. HOLMSTED | | | | |
| Mailing Address P.O. BOX 1293 | City and Zip TWIN FALLS ID. | Home Phone 734-2708 | Work Phone 734-2877 | |

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 1/1/14 through 5/4/14

7 Day Pre-Primary Report 30 Day Post-Primary Report October 10 Pre-General Report

7 Day Pre-General Report 30 Day Post-General Report Annual Report

Semi Annual report (Statewide Candidates Only)

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

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* | \$ XXXXXXXXXXX | \$ 0.00 |
| Line 2. Enter Cash Balance ** | \$ 921.37 | \$ XXXXXXXXXXX |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ 550.00 | \$ 550.00 |
| Line 4. Subtotal (Add lines 1, 2 and 3) | \$ 1,471.37 | \$ 1,471.37 |
| Line 5. Total Expenditures (Enter amount from line 11, Page 2) | \$ 961.31 | \$ 961.31 |
| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ 510.06 | \$ 510.06 |
| 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
208-736-4004
208-736-4182

Section V CERTIFICATION

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

Mark F. Holmsted
Signature of Political Treasurer

5/8/14

DETAILED SUMMARY PAGE

Name of Candidate or Committee: Gene Turley

| | | Total This Period |
|--|----------------------------|-------------------|
| Contributions | | |
| (1) Unitemized Contributions (\$50 and less) | # of Contributors <u>1</u> | + \$ 50.00 |
| (2) Itemized Contributions (Total of all Schedule A sheets) | | + \$ 500.00 |
| (3) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets) | | + \$ |
| (4) Loans (Total of all New Loan amounts from Schedule D sheets) | | + \$ |
| (5) Total Contributions (Transfer this figure to page 1, Section IV, Line 3) | | = \$ 550.00 |

| | | |
|--|----------------------------|-------------|
| Expenditures | | |
| (6) Unitemized Expenditures (\$25 and less) | # of Expenditures <u>2</u> | + \$ 75.11 |
| (7) Itemized Expenditures (Total of all Schedule B sheets) | | + \$ 886.20 |
| (8) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets) | | + \$ |
| (9) Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets) | | + \$ |
| (10) Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets) | | + \$ |
| (11) Total Expenditures (Transfer this figure to page 1, Section IV, Line 5) | | = \$ 961.31 |

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

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

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

Name of Candidate or Committee: GENE TURLEY

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check |
|---|---|------------------------------------|
| 4/9/14 | 1. GENE TURLEY 661 RIDGEWAY TWIN FALLS, IDAHO 83334 | \$ 500.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 500.00 Calendar year To Date |
| / / | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> 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

SCHEDULE A ITEMIZED CONTRIBUTIONS

Of more than fifty dollars (\$50.00) this period

Name of Candidate or Committee: Gene TURLEY

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check |
|--|---|-----------------------------------|
| / / | 1. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> 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

SCHEDULE B ITEMIZED EXPENDITURES

Of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee: GENE TURLEY

Purpose Codes

- | | |
|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 Spent | Full Name, Mailing Address and Zip Code of Recipient | Purpose Code | Cash or Check |
|------------------------|---|--------------|-----------------------------|
| 4 / 7 / 14 | 1. <i>LYTLE SIGNS</i> <i>1925 KIMBERLY RD, TWIN FALLS</i> | \$ 0 | \$ 700.00 286.20 |
| 4 / 11 / 14 | 2. <i>TIMES NEWS</i> <i>220 P.O. BOX 548, TWIN FALLS ID. 83303</i> | N | \$ 600.00 |
| _ / _ / _ | 3. | | \$ |
| _ / _ / _ | 4. | | \$ |
| _ / _ / _ | 5. | | \$ |
| _ / _ / _ | 6. | | \$ |
| _ / _ / _ | 7. | | \$ |
| _ / _ / _ | 8. | | \$ |
| _ / _ / _ | 9. | | \$ |
| _ / _ / _ | 10. | | \$ |
| Total This Page | | | \$ 886.20 |

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

INDEPENDENT EXPENDITURES

(Please note the definition of independent expenditures and Section 67-6611; Page 53)

Totaling More Than \$100
Made in Support of or in Opposition to
Any One Candidate, Political Committee or Measure

Full Name: _____ Telephone No: _____

Mailing Address and Zip Code: _____

TYPE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Statement | <input type="checkbox"/> 7 Day Pre-General Statement |
| <input type="checkbox"/> 30 Day Post-Primary Statement | <input type="checkbox"/> 30 Day Post-General Statement |

| | | |
|---------------|---|--|
| Purpose Codes | B Broadcast Advertising (Radio, TV, Internet) E Event Expenses F Food & Refreshments L Literature, Brochures, Printing N Newspaper & Other Periodical Advertising | O Other Advertising P Postage S Surveys & Polls Z Preparation & Production of Advertising |
|---------------|---|--|

ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS

| Date | Full Name, Mailing Address and Zip Code of Recipient | Candidate or Measure Supported or Opposed | Purpose Code | Amount |
|-----------|--|---|--------------|--------|
| _ / _ / _ | 1. | | | \$ |
| _ / _ / _ | 2. | | | \$ |
| _ / _ / _ | 3. | | | \$ |
| _ / _ / _ | 4. | | | \$ |
| _ / _ / _ | 5. | | | \$ |

Submit This Report To:
 Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

Total Expenditure(s): \$ _____

_____, hereby certify that the information in this report is true, complete and correct.

Signature _____

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED Of One Thousand Dollars (\$1,000.00) Or More

Directions: Use this form to report any contribution of one thousand dollars (\$1,000) or more received after the sixteenth (16th) day before, but not more than forty-eight hours before, any primary or general election. Notification must be made within forty-eight (48) hours after receipt of such contribution. (Section 67-6607(c), Idaho Code.)

| | | |
|---|---|---|
| 2012 Elections | | This requirement applies to all types of contributions, including but not limited to: <ul style="list-style-type: none"> Cash contributions In-kind contributions Loans Contributions or personal loans made by the candidate |
| 48 Hour Notice required for contributions received: | | |
| Primary Election | April 30, 2012 through May 12, 2012 | |
| General Election | October 22, 2012 through November 3, 2012 | |

| | |
|--------------------------------|--------------------------|
| Name of Candidate or Committee | District (If Applicable) |
| Mailing Address | |
| City, State and Zip Code | |

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check | In-Kind (Non-monetary) | Loan |
|---------------|---|---------------|------------------------|------|
| _ / _ / _ | 1. | \$ | \$ | \$ |
| _ / _ / _ | 2. | \$ | \$ | \$ |
| _ / _ / _ | 3. | \$ | \$ | \$ |

Submit Report To:

Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

I, _____, hereby certify that the information in this
Name of Political Treasurer
 report is true, complete and correct

 Signature of Political Treasurer

STATEMENT BY A NONBUSINESS ENTITY
(Type or Print Clearly)
 See Instructions at bottom of Page

| Name and Address of Nonbusiness Entity | | | | |
|--|---------|------|-------|-----|
| Name | Address | City | State | Zip |
| | | | | |

| Name and Address of Principal Officer or Directors | | | | |
|--|---------|------|-------|-----|
| Name | Address | City | State | Zip |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List the name and address of each person whose fees, dues, payments or other consideration paid to the nonbusiness entity during either of the prior two (2) calendar years has exceeded \$500; or who is obligated to or has agreed to pay fees, dues, payments or other consideration exceeding \$500 to such entity during the current year.

| Name | Address | City | State | Zip |
|------|---------|------|-------|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

INSTRUCTIONS

Who should file this form? Any nonbusiness entity domiciled in the State of Idaho, which makes expenditures in the amount exceeding one thousand dollars (\$1,000) in any calendar year for the purpose of supporting or opposing one (1) or more candidates or measures. **(Please Note: the definition of nonbusiness entity and Section 67-6606, I.C. - Page 65)**

Filing Deadline: This statement shall be filed within thirty (30) days of exceeding the one thousand dollar (\$1,000) threshold.

To Be Filed With:

Kristina Glascock
 Twin Falls County,
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 08-736-4182

Certification: I hereby certify that the information contained herein is a true, correct and complete statement in accordance with Section 67-6624, Idaho Code.

Signature _____

Title _____

Date _____

INDEPENDENT EXPENDITURES 48 HOUR NOTICE

(Please note the definition of independent expenditures and Section 67-6611, Idaho Code; Page 53 of Manual)

Totaling More Than \$1000
Made in Support of or in Opposition to
Any One Candidate, Political Committee or Measure

Full Name: _____ Telephone No: _____

Mailing Address and Zip Code: _____

2012 Elections

48 Hour Notice required for expenditures made:

Primary Election – April 30, 2012 through May 12, 2012

General Election – October 22, 2012 through November 3, 2012

| | | | | |
|------------------|---|---|---|---|
| Purpose Codes | B | Broadcast Advertising (Radio, TV, Internet) | O | Other Advertising |
| | E | Event Expenses | P | Postage |
| | F | Food & Refreshments | S | Surveys & Polls |
| | L | Literature, Brochures, Printing | Z | Preparation & Production of Advertising |
| | N | Newspaper & Other Periodical Advertising | | |

ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS

| Date | Full Name, Mailing Address and Zip Code of Recipient | Candidate or Measure Supported or Opposed | Purpose Code | Amount |
|-------------|--|---|--------------|--------|
| ___/___/___ | 1. | | | \$ |
| ___/___/___ | 2. | | | \$ |
| ___/___/___ | 3. | | | \$ |
| ___/___/___ | 4. | | | \$ |
| ___/___/___ | 5. | | | \$ |

Submit This Report To:

Kristina Glascock
Twin Falls County
PO Box 126
Twin Falls, ID 83301

208-736-4004
208-736-4182

Total Expenditure(s): \$

I hereby certify that the information in this report is true, complete and correct.

Signature

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 _____
Address (Physical) _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Telephone _____

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) _____

| | |
|---|----|
| Total Expenditures this Statement | \$ |
| Total Itemized Contributions of \$50 or More this Statement | \$ |
| Total Contributions this Statement | \$ |

I _____ 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.

Signature of Individual Completing Report

Date Signed

Submit Report To:
 Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

**SCHEDULE C
IN-KIND CONTRIBUTIONS and EXPENDITURES**

Name of Candidate or Committee: _____

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. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | | \$ \$ Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ | Purpose Code |
| 2. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | | \$ \$ Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ | Purpose Code |
| 3. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | | \$ \$ Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ | Purpose Code |
| 4. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> 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) | | \$ | |
| Contributor Total: (Transfer the combined total of all Contributors on Schedule C pages to Detailed Summary, page 2, line 3) | | \$ | 0 |

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. | \$ | Date: / / Amount: \$ | \$ | Date: / / Amount: \$ | \$ |
| 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 Total: | \$ | Received | Interest | Repayments | Ending Balance |
| | \$ | Received Total: | | | |
| (Transfer the combined total of all received loans to the Detailed Summary, page 2, line 4) | | \$ | | | |
| | | Interest Total: | \$ | | |
| | | | Repayments Total: | \$ | |
| (Transfer the combined total of all loan repayments to the Detailed Summary, page 2, line 9 & 16) | | | | Ending Balance: | \$ |

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. | \$ | Date: // Amount: \$ | Date: / / Amount: \$ | \$ |
| 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 | \$ | | | |
| | | Incurred Total: (Transfer combined total of all incurred debt to the Detailed Summary, page 2, line 14) | \$ | |
| | | Repayments Total: (Transfer the combined total of all debt repayments to the Detailed Summary, page 2, line 10 & 17) | \$ | |
| | | Ending Balance Total: | | \$ |

**SCHEDULE E-1
CREDIT CARD and DEBT ITEMIZATION**

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) | 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 |
| I. Interest Accrued & Finance Charges | Y. Petition Circulators |
| L. Literature, Brochures, Printing | Z. Preparation & Production of Advertising |
| M. Management Services | |

| Date Incurred | Full Name, Mailing Address, and Zip Code of Expenditures | Purpose Code | Amount |
|------------------------|--|--------------|-----------|
| ____/____/____ | 1. | | \$ |
| ____/____/____ | 2. | | \$ |
| ____/____/____ | 3. | | \$ |
| ____/____/____ | 4. | | \$ |
| ____/____/____ | 5. | | \$ |
| ____/____/____ | 6. | | \$ |
| ____/____/____ | 7. | | \$ |
| ____/____/____ | 8. | | \$ |
| ____/____/____ | 9. | | \$ |
| Total This Page | | | \$ |

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: _____

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) | 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 |
| I. Interest Accrued & Finance Charges | Y. Petition Circulators |
| L. Literature, Brochures, Printing | Z. Preparation & Production of Advertising |
| M. Management Services | |

| Date Incurred | Full Name, Mailing Address, and Zip Code of Expenditures | Purpose Code | Amount |
|------------------------|--|--------------|--------|
| ___/___/___ | 1. | | \$ |
| ___/___/___ | 2. | | \$ |
| ___/___/___ | 3. | | \$ |
| ___/___/___ | 4. | | \$ |
| ___/___/___ | 5. | | \$ |
| ___/___/___ | 6. | | \$ |
| ___/___/___ | 7. | | \$ |
| ___/___/___ | 8. | | \$ |
| ___/___/___ | 9. | | \$ |
| Total This Page | | | \$ |

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

**SCHEDULE F
PLEGGED CONTRIBUTIONS BUT NOT YET RECEIVED**

Name of Candidate or Committee: _____

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 |
|--|----------------|--|----------------------|
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 1. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 2. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 3. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 4. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 5. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 6. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 7. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 8. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 9. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 10. _____ | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | ____/____/____ | 11. _____ | \$ _____ |
| Total Amount of Pledged Contributions | | | \$ <u> </u> |

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

ITEMIZED CONTRIBUTION FOR ELECTIONEERING COMMUNICATIONS (\$50 OR MORE)

Name of Person/Entity _____

| | |
|--|-----------------------------|
| 1. Date Received ____/____/____ | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ _____ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received ____/____/____ | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ _____ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received ____/____/____ | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ _____ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received ____/____/____ | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ _____ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

| | |
|--|-----------------------------|
| 1. Date Received ____/____/____ | 4. Name (last, first) _____ |
| 2. Contribution Amount \$ _____ | 5. Address _____ |
| 3. <input type="checkbox"/> Cash <input type="checkbox"/> Loan <input type="checkbox"/> In-Kind | 6. City/State/Zip _____ |

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

Section I

| | | | |
|--|---|--|-----------------------------------|
| Name of candidate or Political Committee and Chairperson <i>GENE TURLEY</i> | | Office Sought (if candidate) <i>TF COUNTY CORONER</i> | District (if any) |
| Mailing Address: <i>P.O. Box 5244</i> | City and Zip <i>TWIN FALLS 83301</i> | Home Phone <i>208.734.8254</i> | Work Phone |
| Name of Political Treasurer <i>MARK F HOLMSTED</i> | | | |
| Mailing Address <i>P.O. Box 1293</i> | City and Zip <i>TWIN FALLS 83301</i> | Home Phone <i>208.734.2708</i> | Work Phone <i>208.734.2077</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 9 / 26 / 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)
 Is this Report an amendment? Yes No Is this a Termination Report? Yes No

RECEIVED
2014 JAN 29 PM 12:53
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* | \$ XXXXXXXXXXXX | \$ 0.00 |
| Line 2. Enter Cash Balance ** | \$ 0 | \$ XXXXXXXXXXXX |
| Line 3. Total Contributions (Enter amount on line 5, Page 2) | \$ 3000.00 | \$ 3000.00 |
| Line 4. Subtotal (Add lines 1, 2 and 3) | \$ 3000.00 | \$ 3000.00 |
| Line 5. Total Expenditures (Enter amount from line 11, Page 2) | \$ 2078.63 | \$ 2078.63 |
| Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)** | \$ 921.37 | \$ 921.63 |
| Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2) | \$ 0 | \$ 0 |

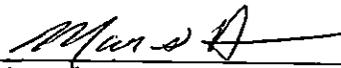
* This same figure should be entered on Line 1 of all reports filed this calendar year.
 ** This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.
 Note: The closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

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

Section V

CERTIFICATION

I, MARK F HOLMSTED, 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 1/28/14

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:

Name of Political Candidate

Home Phone *Work Phone* *Cell Phone*

Office Sought *District #* *Party*

Candidate Mailing Address

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

COUNTY CLERK
 TWIN FALLS COUNTY
 2011 APR 20 10:15 AM

CERTIFICATION AND APPOINTMENT

I, _____, hereby certify and appoint the following individual who is a registered elector of the
Name of Candidate or Committee Chairman
 State of Idaho as the political treasurer for the above named candidate or committee:

Name of Political Treasurer

Home Phone *Work Phone* *Cell Phone*

Treasurer Mailing Address

Treasurer E-mail address

Signature of Candidate or Committee Chairman

Return This Form To:

Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

I, _____, hereby accept the appointment as the political treasurer
Name of Political Treasurer
 for the above named candidate or committee:

Signature of Political Treasurer

12/31/13

DETAILED SUMMARY PAGE

Name of Candidate or Committee:

GEN. TURLEY

| Contributions | Total This Period |
|--|--------------------------|
| (1) Unitemized Contributions (\$50 and less) # of Contributors _____ | + \$ |
| (2) Itemized Contributions (Total of all Schedule A sheets) | + \$ 3000. ⁰⁰ |
| (3) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets) | + \$ |
| (4) Loans (Total of all New Loan amounts from Schedule D sheets) | + \$ |
| (5) Total Contributions (Transfer this figure to page 1, Section IV, Line 3) | = \$ 3000. ⁰⁰ |

| Expenditures | |
|--|--------------|
| (6) Unitemized Expenditures (\$25 and less) # of Expenditures _____ | + \$ |
| (7) Itemized Expenditures (Total of all Schedule B sheets) | + \$ 2078.63 |
| (8) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets) | + \$ |
| (9) Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets) | + \$ |
| (10) Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets) | + \$ |
| (11) Total Expenditures (Transfer this figure to page 1, Section IV, Line 5) | = \$ 2078.63 |

| Loans, Credit Cards and Debt | |
|---|--------|
| (12) Outstanding balance from previous reporting period | + \$ |
| (13) New Loans received during this reporting period (Total of all New Loan amounts plus Accrued Interest from Schedule D sheet) | + \$ |
| (14) New Credit Card and Debt incurred this reporting period (Total of all New Incurred Debt amounts from Schedule E sheets) | + \$ |
| (15) Subtotal | = \$ |
| (16) Repayments of Loans made during this reporting period (Total of all Loan Repayment amounts from Schedule D sheets) | - \$ |
| (17) Repayments of Credit Card and Debt this reporting period (Total of all Debt Repayment amounts from Schedule E sheets) | - \$ |
| (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 _____ | + \$ |
| (20) Itemized Pledged Contributions (Total of all Schedule F sheets) | + \$ |
| (21) Total Pledged Contributions this period | + \$ 0 |

INDEPENDENT EXPENDITURES

(Please note the definition of independent expenditures and Section 67-6611; Page 53)

Totaling More Than \$100
Made in Support of or in Opposition to
Any One Candidate, Political Committee or Measure

Full Name: _____ Telephone No: _____

Mailing Address and Zip Code: _____

TYPE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> 7 Day Pre-Primary Statement | <input type="checkbox"/> 7 Day Pre-General Statement |
| <input type="checkbox"/> 30 Day Post-Primary Statement | <input type="checkbox"/> 30 Day Post-General Statement |

- | | | |
|------------------|---|--|
| Purpose Codes | B Broadcast Advertising (Radio, TV, Internet) E Event Expenses F Food & Refreshments L Literature, Brochures, Printing N Newspaper & Other Periodical Advertising | O Other Advertising P Postage S Surveys & Polls Z Preparation & Production of Advertising |
|------------------|---|--|

ITEMIZED EXPENDITURES IN EXCESS OF FIFTY DOLLARS

| Date | Full Name, Mailing Address and Zip Code of Recipient | Candidate or Measure Supported or Opposed | Purpose Code | Amount |
|-----------|--|---|--------------|--------|
| _ / _ / _ | 1. | | | \$ |
| _ / _ / _ | 2. | | | \$ |
| _ / _ / _ | 3. | | | \$ |
| _ / _ / _ | 4. | | | \$ |
| _ / _ / _ | 5. | | | \$ |

Submit This Report To:

 Kristina Glascock
 Twin Falls County
 PO Box 126
 Twin Falls, ID 83301
 208-736-4004
 208-736-4182

Total Expenditure(s): \$

I _____, hereby certify that the information in this report is true, complete and correct.

Signature

12/31/13

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

Name of Candidate or Committee: GENE TURLEY

| Date Received | Full Name, Mailing Address and Zip Code of Contributor/Lender | Cash or Check |
|---|---|-------------------------------------|
| 8/26/13 | 1. GENE TURLEY 661 RIDGEWAY TWIN FALLS, IDAHO 83301 | \$ 3000.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | \$ 3000.00 Calendar year To Date |
| / / | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> 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

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. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 2. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 3. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 4. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 5. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 6. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 7. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 8. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 9. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | \$ _____ Calendar year To Date |
| / / | 10. | \$ _____ |
| <input type="checkbox"/> Primary <input type="checkbox"/> 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

12/31/13

SCHEDULE B ITEMIZED EXPENDITURES

Of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee: GENL TURLEY

Purpose Codes

- | | |
|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 Spent | Full Name, Mailing Address and Zip Code of Recipient | Purpose Code | Cash or Check |
|------------------------|---|--------------|----------------------------|
| 9 / 3 / 2013 | 1. <u>MAGC VALLEY PRINTING</u> <u>2538 ADDISON AVE E. TF</u> | \$ 0 | \$ <u>700.00</u> 254,40 |
| 10 / 9 / 2013 | 2. <u>LYTLE SIGNS</u> <u>1925 KIMBERLY ROAD TF</u> | 0 | \$ 286.20 |
| 11 / 25 / 2013 | 3. <u>LYTLE SIGNS</u> <u>1925 KIMBERLY ROAD TF</u> | 0 | \$ 1538.63 |
| _ / _ / _ | 4. | | \$ |
| _ / _ / _ | 5. | | \$ |
| _ / _ / _ | 6. | | \$ |
| _ / _ / _ | 7. | | \$ |
| _ / _ / _ | 8. | | \$ |
| _ / _ / _ | 9. | | \$ |
| _ / _ / _ | 10. | | \$ |
| Total This Page | | | \$ 2078.63 |

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: _____

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. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | | \$ |
| | | | \$ Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ | Purpose Code |
| 2. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | | \$ |
| | | | \$ Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ | Purpose Code |
| 3. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General | Contributor Name, Mailing Address & Zip Code: | | \$ |
| | | | \$ Calendar Year-To-Date |
| | Expenditure Name, Mailing Address and Zip Code | \$ | Purpose Code |
| 4. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> 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) | \$ |
| | | Contributor Total: (Transfer the combined total of all Contributors on Schedule C pages to Detailed Summary, page 2, line 3) | \$ ϕ |

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. | \$ | Date: // Amount: \$ | Date: // Amount: \$ | \$ |
| 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 | \$ | | | |
| | | Incurred Total: (Transfer combined total of all incurred debt to the Detailed Summary, page 2, line 14) | \$ | |
| | | Repayments Total: (Transfer the combined total of all debt repayments to the Detailed Summary, page 2, line 10 & 17) | \$ | |
| | | Ending Balance Total: | \$ | ϕ |

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. | \$ | Date: / / Amount: \$ | \$ | Date: / / Amount: \$ | \$ |
| 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 Total: | Previous | Received | Interest | Repayments | Ending Balance |
| | \$ | | | | |
| | Received Total: (Transfer the combined total of all received loans to the Detailed Summary, page 2, line 4) | | \$ | | |
| | | Interest Total: | | \$ | |
| | | | Repayments Total: (Transfer the combined total of all loan repayments to the Detailed Summary, page 2, line 9 & 16) | | \$ |
| | | | | Ending Balance: | |
| | | | | | \$ 0 |

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

**SCHEDULE E-1
CREDIT CARD and DEBT ITEMIZATION**

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) | 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 |
| I. Interest Accrued & Finance Charges | Y. Petition Circulators |
| L. Literature, Brochures, Printing | Z. Preparation & Production of Advertising |
| M. Management Services | |

| Date Incurred | Full Name, Mailing Address, and Zip Code of Expenditures | Purpose Code | Amount |
|------------------------|--|--------------|----------------|
| ____/____/____ | 1. _____ | | \$ _____ |
| ____/____/____ | 2. _____ | | \$ _____ |
| ____/____/____ | 3. _____ | | \$ _____ |
| ____/____/____ | 4. _____ | | \$ _____ |
| ____/____/____ | 5. _____ | | \$ _____ |
| ____/____/____ | 6. _____ | | \$ _____ |
| ____/____/____ | 7. _____ | | \$ _____ |
| ____/____/____ | 8. _____ | | \$ _____ |
| ____/____/____ | 9. _____ | | \$ _____ |
| Total This Page | | | \$ <u> </u> |

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: _____

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) | 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 |
| I. Interest Accrued & Finance Charges | Y. Petition Circulators |
| L. Literature, Brochures, Printing | Z. Preparation & Production of Advertising |
| M. Management Services | |

| Date Incurred | Full Name, Mailing Address, and Zip Code of Expenditures | Purpose Code | Amount |
|------------------------|--|--------------|--------|
| ___/___/___ | 1. | | \$ |
| ___/___/___ | 2. | | \$ |
| ___/___/___ | 3. | | \$ |
| ___/___/___ | 4. | | \$ |
| ___/___/___ | 5. | | \$ |
| ___/___/___ | 6. | | \$ |
| ___/___/___ | 7. | | \$ |
| ___/___/___ | 8. | | \$ |
| ___/___/___ | 9. | | \$ |
| Total This Page | | | \$ |

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