

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

Section I

Name of candidate or Political Committee and Chairperson <u>Grant Loebis</u>		Office Sought (if candidate) <u>Prosecuting Attorney</u>	District (if any)
Mailing Address <u>747 Morning Sun Drive</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-539-3110</u>	Work Phone <u>208-736-4020</u>
Name of Political Treasurer <u>Melvin W. Quale</u>			
Mailing Address <u>982 Carriage Lane</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-733-7455</u>	Work Phone

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment
This report is for the period from 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

RECEIVED
2016 JAN 29 PM 1:49
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*	\$ 50.02	\$ 50.02
Line 2. Enter Cash Balance **	\$ 50.02	\$ 50.02
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 50.02	\$ 50.02
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ 0	\$ 0
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 50.02	\$ 50.02
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ 0	\$ 0

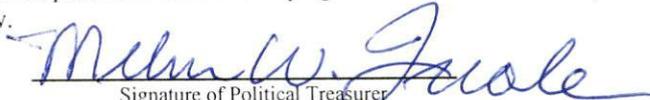
* This same figure should be entered on Line 1 of all reports filed this calendar year.
** This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.
Note: The closing cash balance for the current reporting period appears on the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

Return This Report to:
Kristina Glascock
Twin Falls County
PO Box 126
Twin Falls, ID 83303
P - 208-736-4004
F - 208-736-4182
Valerie.varadi@co.twin-falls.id.us

Section V

CERTIFICATION

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


Signature of Political Treasurer

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

RECEIVED

2015 JAN 23 AM 8:01

Section I

Name of candidate or Political Committee and Chairperson Grant Locks		Office Sought (if candidate) Prosecuting Attorney		District (if any) TWIN FALLS COUNTY CLERK	
Mailing Address 747 Morning Sun Drive		City and Zip Twin Falls 83301		Home Phone 208-539-3110	
Name of Political Treasurer Melvin W. Quale		Mailing Address 982 Carriage Lane		City and Zip Twin Falls 83301	
		Home Phone 208-733-7455		Work Phone 208-736-4020	

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 2/1 2014 through 12 1 31 2014

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

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

Semi Annual report (Statewide Candidates Only)

Is this Report an amendment? Yes No

Is this a Termination Report? Yes No

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	\$ 50.02
Line 2. Enter Cash Balance at Close of Last Reporting Period **	\$ 50.02	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount from Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 50.02	\$ 50.02
Line 5. Total Expenditures (Enter amount from Page 2)	\$ 0	\$ 0
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 50.02	\$ 50.02
Line 7. Outstanding Debt to Date	\$ 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:

Twin Falls County Elections
PO Box 126
Twin Falls, Id. 83303
lhaycock@co.twin-falls.id.us
www.twinfallscounty.org

Section V

CERTIFICATION

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

Melvin W. Quale
Signature of Political Treasurer

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

Section I

Name of candidate or Political Committee and Chairperson Grant Loebis		Office Sought (if candidate) Prosecutor	District (if any)
Mailing Address 747 Morning Sun Dr.	City and Zip Twin Falls ID	Home Phone 208-539-3110	Work Phone 208-736-4020
Name of Political Treasurer Melvin W. Quale		Home Phone	Work Phone
Mailing Address 982 Carriage Lane	City and Zip Twin Falls 83301	208-733-7455	

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 1/1/2013 through 12/31/2013

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

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

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 **	\$ 50.02	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 50.02	\$ 50.02
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ 0	\$ 0
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 50.02	\$ 50.02
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. 83303
208-736-4004
208-736-4182

Section V

CERTIFICATION

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

Melvin W. Quale
Signature of Political Treasurer

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

Section I

Name of candidate or Political Committee and Chairperson <u>Grant Loeb</u>		Office Sought (if candidate) <u>Prosecutor</u>	District (if any)
Mailing Address <u>747 Morning Sun Drive</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-539-3110</u>	Work Phone <u>208-736-4020</u>
Name of Political Treasurer <u>Melvin W. Duale</u>		Home Phone <u>208-733-7455</u>	Work Phone
Mailing Address <u>982 Carriage Lane</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone	Work Phone

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment
This report is for the period from 11/17/2012 through 12/31/2012

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

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

RECEIVED
 2013 FEB - 1 PM 3:46
 TWIN FALLS
 COUNTY CLERK

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Cons: 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 **	\$ <u>49.86</u>	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ <u>.16</u>	\$ <u>.16</u>
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ <u>50.02</u>	\$ <u>50.02</u>
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ <u>0</u>	\$ <u>0</u>
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ <u>50.02</u>	\$ <u>50.02</u>
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ <u>0</u>	\$ <u>0</u>

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

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

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

Return This Report To:

KRISTINA GLASCOCK
TWIN FALLS COUNTY
PO BOX 126
TWIN FALLS, ID. 83303
208-736-4004
208-736-4182

Section V

CERTIFICATION

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

Melvin W. Duale
Signature of Political Treasurer

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

on I

Name of candidate or Political Committee and Chairperson <u>Grant Loeb</u>		Office Sought (if candidate) <u>Prosecutor</u>	District (if any)
Mailing Address <u>747 Morning Sun Dr.</u>	City and Zip <u>Twin Falls ID</u>	Home Phone <u>208-539-3110</u>	Work Phone <u>208-736-4020</u>
Name of Political Treasurer <u>Melvin W. Duale</u>			
Mailing Address <u>982 Carriage Lane</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-733-7455</u>	Work Phone

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment
This report is for the period from ___/___/___ through ___/___/___

- 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
 2012 DEC -6 PM 3:47
 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 **	\$ 49.86	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 49.86	\$ 49.86
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ 0	\$ 0
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 49.86	\$ 49.86
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. 83303
 208-736-4004
 208-736-4182

Section V CERTIFICATION

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

Melvin W. Duale
 Signature of Political Treasurer

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

Section I

Name of candidate or Political Committee and Chairperson <u>Grant Loehs</u>		Office Sought (if candidate) <u>Prosecutor</u>	District (if any)
Mailing Address <u>747 Morning Sun Dr.</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-539-3110</u>	Work Phone <u>208-736-4020</u>
Name of Political Treasurer <u>Melvin W. Quate</u>		Home Phone <u>208-733-7455</u>	Work Phone
Mailing Address <u>982 Carriage Lane</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone	Work Phone

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment
This report is for the period from 10/1/2012 through 10/21/2012

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

RECEIVED
2012 OCT 30 AM 10:16
TWIN FALLS
COUNTY CLERK

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Instructions: 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 <u>549.86</u>
Line 2. Enter Cash Balance **	\$ <u>49.86</u>	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ <u>0</u>	\$ <u>0</u>
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ <u>49.86</u>	\$ <u>49.86</u>
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ <u>0</u>	\$ <u>500.03</u>
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ <u>49.86</u>	\$ <u>49.86</u>
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ <u>0</u>	\$ <u>0</u>

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

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

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

Return This Report To:

KRISTINA GLASCOCK
TWIN FALLS COUNTY
PO BOX 126
TWIN FALLS, ID. 83303
208-736-4004
208-736-4182

Section V

CERTIFICATION

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

Melvin Quate
Signature of Political Treasurer

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

Section I

Name of candidate or Political Committee and Chairperson <u>Grant Loeb</u>		Office Sought (if candidate) <u>Prosecutor</u>	District (if any)
Mailing Address <u>747 Morning Sun Dr.</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-539-3110</u>	Work Phone <u>208-736-4020</u>
Name of Political Treasurer <u>Melvin W. Quale</u>			
Mailing Address <u>982 Carriage Ln</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-733-7455</u>	Work Phone

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment
This report is for the period from 5/26/2012 through 9/30/2012

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

Semi Annual report (Statewide Candidates Only)

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

RECEIVED
TWIN FALLS
COUNTY CLERK
2012 OCT 10 AM 9:27

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

I, Grant Loeb, 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 **	\$ <u>590.00</u>	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ <u>0</u>	\$ <u>0</u>
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ <u>590.00</u>	\$ <u>590.00</u>
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ <u>500.00</u>	\$ <u>500.00</u>
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ <u>50.00</u>	\$ <u>90.00</u>
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ <u>0</u>	\$ <u>0</u>

* 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
MIN FALLS, ID. 83303
208-736-4004
208-736-4182

Section V

CERTIFICATION

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

Melvin W. Quale
Signature of Political Treasurer

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

Section I

Name of candidate or Political Committee and Chairperson Grant Loehs		Office Sought (if candidate) Prosecutor	District (if any)
Mailing Address 747 Morning Sun Dr.	City and Zip Twin Falls, 83301	Home Phone 208-539-3110	Work Phone 208-736-4020
Name of Political Treasurer Melvin W. Duale			
Mailing Address 982 Carriage Ln.	City and Zip Twin Falls 83301	Home Phone 733-7455	Work Phone

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment
 This report is for the period from **April 30, 2012** through **May 25, 2012**

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

RECEIVED
2012 JUN -4 AM 11:40
TWIN FALLS
COUNTY CLERK

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

I 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 **	\$ 549.86	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 549.86	\$ 549.86
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ 0	\$ 0
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 549.86	\$ 549.86
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
 WIN FALLS, ID. 83303
 208-736-4004
 208-736-4182

Section V

CERTIFICATION

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

Melvin W. Duale
 Signature of Political Treasurer

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

Section I

Name of candidate or Political Committee and Chairperson <u>Grant Loebis</u>		Office Sought (if candidate) <u>Prosecutor</u>	District (if any)
Mailing Address <u>747 Morning Sun Drive</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-539-3129</u>	Work Phone <u>208-736-4020</u>
Name of Political Treasurer <u>Melvin W. Quale</u>			
Mailing Address <u>982 Carriage Ln.</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-733-7455</u>	Work Phone

Change of address for: Candidate or Political Committee Political treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment
 This report is for the period from Jan -11 2012 through April 29 12012

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
Line 2. Enter Cash Balance at Close of Last Reporting Period **	\$ 549.86	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount from Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 549.86	\$ 549.86
Line 5. Total Expenditures (Enter amount from Page 2)	\$ 0	\$ 0
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 549.86	\$ 549.86
Line 7. Outstanding Debt to Date	\$ 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:

Twin Falls County Elections
PO Box 126
Twin Falls, Id. 83303
lhaycock@co.twin-falls.id.us
www.twinfallscounty.org

Section V

CERTIFICATION

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

Signature of Political Treasurer



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

C-2
Rev. 5/11

Section I

Name of Candidate or Political Committee and Chairperson <u>GRANT LOGGS</u>		Office Sought (if candidate) <u>Prosecutor</u>		District (if any)	
Mailing Address <u>747 Maury St Apt 1</u>		City and Zip <u>Twain Falls ID 83301</u>		Home Phone <u>208 539-3110</u>	
Name of Political Treasurer <u>Melvin W. Quale</u>				Work Phone <u>736-4020</u>	
Mailing Address <u>982 Cavenage Lane</u>		City and Zip <u>Twain Falls 83301</u>		Home Phone <u>733-7455</u>	
				Work Phone	

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment

This report is for the period from 1/1/2012 through 4/29/2012

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

Is this a Termination Report: Yes No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

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 Calendar Year*	\$ <u>XXXXXX</u>	\$ <u>0.00</u>
Line 2: Enter Beginning Cash Balance**	\$ <u>549.86</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ <u>0</u>	\$ <u>0</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>549.86</u>	\$ <u>549.86</u>
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ <u>0</u>	\$ <u>0</u>
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ <u>549.86</u>	\$ <u>549.86</u>
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ <u>0</u>	

*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 the beginning cash on hand.

Section V

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

I, MELVIN W. QUALE, hereby certify that the information in this
Name of Political Treasurer

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

Melvin W. Quale
Signature of Political Treasurer

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

Section I

Name of candidate or Political Committee and Chairperson <i>Grant Loeb</i>		Office Sought (if candidate) <i>Prosecutor</i>	District (if any)
Mailing Address <i>747 Morning Sun Drive</i>	City and Zip <i>Twin Falls 83301</i>	Home Phone <i>208-539-3129</i>	Work Phone <i>208-736-4020</i>
Name of Political Treasurer <i>Melvin W. Quale</i>		Home Phone	Work Phone
Mailing Address <i>982 Carriage Lane</i>	City and Zip <i>Twin Falls 83301</i>	Home Phone <i>208-733-7455</i>	Work Phone

Change of address for: Candidate or Political Committee Political treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment
This report is for the period from 1/01 2011 through 12/31 2011

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
2012 FEB -1 PM 4:25
TWIN FALLS
COUNTY CLERK

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Sections: 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 **	\$ 549.86	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 549.86	\$ 549.86
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ 0	\$ 0
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 549.86	\$ 549.86
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:

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

Section V

CERTIFICATION

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

Melvin W. Quale
Signature of Political Treasurer

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

Section I

Name of candidate or Political Committee and Chairperson <u>Graut Loeb's</u>		Office Sought (if candidate) <u>Prosecutor</u>	District (if any)
Mailing Address <u>747 Morning Sun Drive</u>	City and Zip <u>Twin Falls ID 83301</u>	Home Phone <u>208-539-3129</u>	Work Phone <u>208-736-4020</u>
Name of Political Treasurer <u>Melvin W. Duale</u>			
Mailing Address <u>982 Carriage Ln.</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-733-7455</u>	Work Phone <u>208-733-4910</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 1 01 2010 through 12-31 2010

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

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

RECEIVED
 2011 AUG 16 PM 1:25
 TWIN FALLS
 COUNTY CLERK

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Actions: 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 **	\$ 998.86	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 998.86	\$ 998.86
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ 450.00	\$ 450.00
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 549.86	\$ 549.86
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:

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

Section V

CERTIFICATION

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

Melvin W. Duale
 Signature of Political Treasurer

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee: _____

Purpose Codes

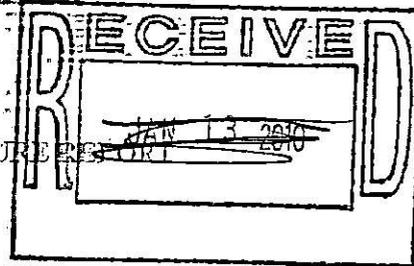
- | | |
|--|---|
| <ul style="list-style-type: none"> A. All Travel Expenses (Airfare, Fuel, Lodging & Mileage) B. Broadcast Advertising (Radio, TV & Internet) C. Contributions to Candidates & PAC's D. Donations & Gifts E. Event Expenses F. Food & Refreshments G. General Operational Expenses L. Literature, 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
1/27 2010	1. Committee to Elect Wells Ashby 86 SW Century Drive PMB 296 Bend, Oregon 97702	C	\$ 200.00
7/30 2010	2. Committee to Elect Wells Ashby "	C	\$ 250.00
/ /	3.		\$
/ /	4.		\$
/ /	5.		\$
/ /	6.		\$
/ /	7.		\$
/ /	8.		\$
/ /	9.		\$
/ /	10.		\$
Total This Page			\$ 450.00

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

C-2
Rev. 11/07

CAMPAIGN FINANCIAL DISCLOSURE
SUMMARY PAGE
(Please Print or Type)



Jan 13 2007
Jan 23 2007

Section I

Name of candidate or Political Committee and Chairperson <u>Grant Loeb</u>		Office Sought (if candidate) <u>Prosecutor</u>	District (if any)
Mailing Address <u>747 Morning Sun Drive</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-539-3110</u>	Work Phone <u>208-736-4020</u>
Name of Political Treasurer <u>Mel Quale</u>			
Mailing Address <u>982 Carriage Ln.</u>	City and Zip <u>Twin Falls, 83301</u>	Home Phone <u>208-733-7455</u>	Work Phone <u>208-733-4910</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 / / through / /

- 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
Line 2. Enter Cash Balance at Close of Last Reporting Period **	\$ 998.86	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount from Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 998.86	\$ 998.86
Line 5. Total Expenditures (Enter amount from Page 2)	\$ 0	\$ 0
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 998.86	\$ 998.86
Line 7. Outstanding Debt to Date	\$ 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:

Twin Falls County Elections
PO Box 126
Twin Falls, Id. 83303
lhaycock@co.twin-falls.id.us
www.twinfallscounty.org

Section V

CERTIFICATION

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

Mel W. Quale
Signature of Political Treasurer

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

JAN 30 2009

Section I

Name of candidate or Political Committee and Chairperson <u>Grant Loehs</u>		Office Sought (if candidate) <u>Prosecutor</u>	District (if any)
Mailing Address <u>3373 Willow Way</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-734-9775</u>	Work Phone <u>208-736-4020</u>
Name of Political Treasurer <u>Mel Justa</u>			
Mailing Address <u>982 Carnegie Way</u>	City and Zip <u>Twin Falls 83301</u>	Home Phone <u>208-733-7455</u>	Work Phone <u>208-733-4910</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 11/15/2008 through 12/31/2008

- 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

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Line 1. Cash on Hand January 1, This Year*	\$ XXXXXXXXXXXX	\$ 0.00
Line 2. Enter Cash Balance at Close of Last Reporting Period **	\$ 998.86	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount from Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 998.86	\$ 998.86
Line 5. Total Expenditures (Enter amount from Page 2)	\$ 0	\$ 0
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 998.86	\$ 998.86
Line 7. Outstanding Debt to Date	\$ 0	\$ 0

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

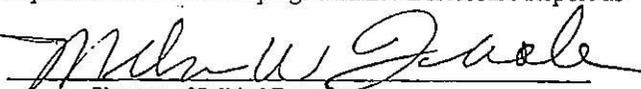
Return This Report To:

Twin Falls County Elections
PO Box 126
Twin Falls, Id. 83303
lhaycock@co.twin-falls.id.us
www.twinfallscounty.org

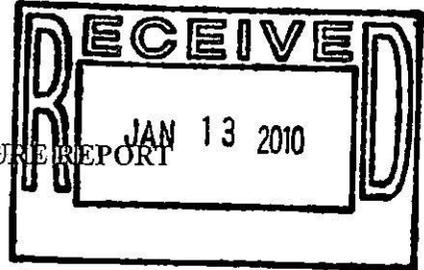
Section V

CERTIFICATION

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


Signature of Political Treasurer

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



Section I

Name of candidate or Political Committee and Chairperson Grant Loeb		Office Sought (if candidate) Prosecutor	District (if any)
Mailing Address 747 Morning Sun Drive	City and Zip Twin Falls 83301	Home Phone 208-539-3110	Work Phone 208-736-4020
Name of Political Treasurer Mel Quale			
Mailing Address 982 Carriage Ln.	City and Zip Twin Falls, 83301	Home Phone 208-733-7455	Work Phone 208-733-4910

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 ___/___/___ through ___/___/___

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.

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Line 2. Enter Cash Balance at Close of Last Reporting Period **	\$ 998.86	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount from Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 998.86	\$ 998.86
Line 5. Total Expenditures (Enter amount from Page 2)	\$ 0	\$ 0
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 998.86	\$ 998.86
Line 7. Outstanding Debt to Date	\$ 0	\$ 0

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Return This Report To:

Twin Falls County Elections
PO Box 126
Twin Falls, Id. 83303
lhaycock@co.twin-falls.id.us
www.twinfallscounty.org

Section V

CERTIFICATION

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

Mel Quale
Signature of Political Treasurer