

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

Section I

Name of candidate or Political Committee and Chairperson <i>Jan Mittleider</i>		Office Sought (if candidate) <i>CSI Board #1</i>	District (if any)
Mailing Address <i>1381 Galena Dr</i>	City and Zip <i>Twin Falls</i>	Home Phone <i>208 733-0843</i>	Work Phone
Name of Political Treasurer <i>Leon E Smith</i>		<i>83301</i>	
Mailing Address <i>1381 Galena Dr.</i>	City and Zip <i>Twin Falls</i>	Home Phone <i>208-733-0843</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 *1-1-15* through *12-31-15*

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

RECEIVED
 2016 JAN -8 AM 10:43
 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 **	\$ 0	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 0	\$ 0
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)**	\$ 0.00	\$ 0
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, *Leon E Smith*, hereby certify that the information in this report is a true, complete and correct Campaign Finance Disclosure Report as required by law.

Leon E Smith
 Signature of Political Treasurer

signed & filed January 8 2016

DETAILED SUMMARY PAGE

Name of Candidate or Committee: Jayice Mittleder

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

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

Loans, Credit Cards and Debt	
(12) Outstanding balance from previous reporting period	+ \$
(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>Jan Mittleder</i>		Office Sought (if candidate) <i>CSI Board #1</i>	District (if any)
Mailing Address <i>1381 Galena Dr</i>	City and Zip <i>Twin Falls</i>	Home Phone <i>208 733-0843</i>	Work Phone
Name of Political Treasurer <i>Leon E Smith</i>		<i>83301</i>	
Mailing Address <i>1381 Galena Dr.</i>	City and Zip <i>Twin Falls</i>	Home Phone <i>208-733-0843</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 *12 1 6 12* through *1 1 10 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

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 the reporting period

RECEIVED
 2014 JAN 10 5 11 PM
 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
Line 2. Enter Cash Balance **	\$ 0	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ 0	\$ 0
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 0	\$ 0
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)**	\$ 0.67	\$ 0
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, Leon E Smith, hereby certify that the information in this report is a true, complete and correct Campaign Finance Disclosure Report as required by law.

Leon E Smith
Signature of Political Treasurer
Signed & filed 1-10-14

DETAILED SUMMARY PAGE

Name of Candidate or Committee: Janice Mittleder

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

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

Loans, Credit Cards and Debt	
(12) Outstanding balance from previous reporting period	+ \$
(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	+ \$

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>Janice Mittleder</i>		Office Sought (if candidate) <i>CSI Trustee</i>	District (if any) <i>1</i>
Mailing Address <i>1381 Galena Dr</i>	City and Zip <i>Twin F. 83301</i>	Home Phone <i>733 0843</i>	Work Phone
Name of Political Treasurer <i>Leon E Smith</i>			
Mailing Address <i>1381 Galena Dr</i>	City and Zip <i>Twin F 83301</i>	Home Phone <i>733 0843</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 11.15.12 through 2.15.13

- 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
TWIN FALLS COUNTY CLE
2013 FEB 19 AM 8:55

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 **	\$	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$	\$
Line 4. Subtotal (Add lines 1, 2 and 3)	\$	\$
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ 0	\$ 0
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)	\$ 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, Leon E Smith hereby certify that the information in this report is a true, complete and correct Campaign Finance Disclosure Report as required by law.

Leon E Smith
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>Jan Mittleder</i>		Office Sought (if candidate) <i>CS 1 Board #1</i>	District (if any)
Mailing Address <i>1381 Galena Dr.</i>	City and Zip <i>Twin Falls</i>	Home Phone <i>208 733 0843</i>	Work Phone
Name of Political Treasurer <i>Leon E Smith</i>			
Mailing Address <i>1381 Galena Dr</i>	City and Zip <i>Twin Falls</i>	Home Phone <i>208 733 0843</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 *10/30/12* through *12/6/12*

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 -30 AM 9:23
 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
Line 2. Enter Cash Balance **	\$ 297.67	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ 0	\$ 1185.17
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 297.67	\$ 1185.17
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ 297.67	\$ 1185.17
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)	\$ 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, Leon E Smith, hereby certify that the information in this report is a true, complete and correct Campaign Finance Disclosure Report as required by law.

Leon E Smith
 Signature of Political Treasurer

SCHEDULE B ITEMIZED EXPENDITURES

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

Name of Candidate or Committee: Jan Mittleder

Codes

- | | |
|--|---|
| <ul style="list-style-type: none"> A. 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 H. Literature, Brochures, Printing I. 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
12-1-12	1. <u>Jan Mittleder</u> <u>1381 Galena Dr.</u> <u>Twin Falls 83301</u>	A	\$ 297 ⁰⁰
	2.		\$
	3.		\$
	4.		\$
	5.		\$
	6.		\$
	7.		\$
	8.		\$
	9.		\$
	10.		\$
Total This Page			\$ 297⁰⁰

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

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

Name of Candidate or Committee: Jan Mittlender

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
11.	<i>All contrib. thru term</i> Total This Page:	\$ <u>1185.17</u>

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: Jan Mittleder

Received	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check
	1. <u>None</u>	\$ _____
Primary General		\$ _____ Calendar year To Date <u>1185.17</u>
	2.	\$ _____
Primary General		\$ _____ Calendar year To Date
	3.	\$ _____
Primary General		\$ _____ Calendar year To Date
	4.	\$ _____
Primary General		\$ _____ Calendar year To Date
	5.	\$ _____
Primary General		\$ _____ Calendar year To Date
	6.	\$ _____
Primary General		\$ _____ Calendar year To Date
	7.	\$ _____
Primary General		\$ _____ Calendar year To Date
	8.	\$ _____
Primary General		\$ _____ Calendar year To Date
	9.	\$ _____
Primary General		\$ _____ Calendar year To Date
	10.	\$ _____
Primary General		\$ _____ Calendar year To Date
Total This Page:		\$ _____

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

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

Section I

Name of candidate or Political Committee and Chairperson <u>Jan Mittleider</u>		Office Sought (if candidate) <u>CSI Board #1</u>	District (if any)
Mailing Address <u>1381 Galena Dr</u>	City and Zip <u>Twin Falls</u>	Home Phone <u>208 733-0843</u>	Work Phone
Name of Political Treasurer <u>Leon E Smith</u>		<u>83301</u>	
Mailing Address <u>1381 Galena Dr.</u>	City and Zip <u>Twin Falls</u>	Home Phone <u>208-733-0843</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 10 1 10 11 12 through 10 30 11 12

- 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 30 AM 9:02

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
Line 2. Enter Cash Balance **	\$ <u>162.50</u>	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ <u>360.17</u>	\$ <u>1185.17</u>
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ <u>522.67</u>	\$ <u>1185.17</u>
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ <u>225.00</u>	\$ <u>887.50</u>
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ <u>297.67</u>	\$
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ <u>0</u>	\$

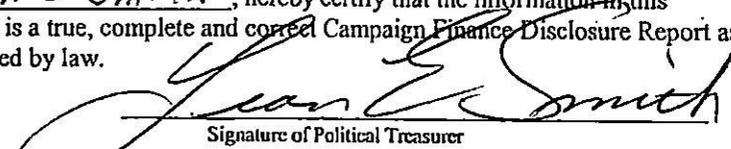
* This same figure should be entered on Line 1 of all reports filed this calendar year.
 ** This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.
 Note: The closing cash balance for the current reporting period appears on the next report as 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, Leon E Smith, 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
Signed & filed Oct 30, 2012

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

Name of Candidate or Committee: Jan Middleider

Date Received	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check
10-16-12 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Leroy Craig 101 E Main Jerome, ID 83338	\$ <u>100</u>
		\$ <u>✓</u> Calendar year To Date
10-18-12 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. Michael & Rosemary Stroebel 1726 Pomerelle Twin Falls, ID 83301	\$ <u>50</u>
		\$ <u>✓</u> Calendar year To Date
10-11-12 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. Leon E Smith, Rep Political Fund	\$ <u>310.17</u>
		\$ <u>710.17</u> Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	4.	\$ _____
		\$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	5.	\$ _____
		\$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	6.	\$ _____
		\$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	7.	\$ _____
		\$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	8.	\$ _____
		\$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____
		\$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General	10.	\$ _____
		\$ _____ Calendar year To Date
Total This Page:		\$ <u>360.17</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: Jan Middleider

- Purpose Codes**
- | | |
|--|---|
| <ul style="list-style-type: none"> A. 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 H. 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 |
|--|---|

Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
10-17-12	1. US Post Office	P	\$ 225.00
_____	2.		\$
_____	3.		\$
_____	4.		\$
_____	5.		\$
_____	6.		\$
_____	7.		\$
_____	8.		\$
_____	9.		\$
_____	10.		\$
Total This Page			\$ 225.00

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

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)	+ \$ 360.17
(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)	= \$ 360.17

Expenditures	
(6) Unitemized Expenditures (\$25 and less) # of Expenditures _____	+ \$
(7) Itemized Expenditures (Total of all Schedule B sheets)	+ \$ 225.00
(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)	= \$ 225.00

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)	<i>None</i>	- \$
(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	<i>None</i>	+ \$

INDEPENDENT EXPENDITURES

(Please note the definition of independent expenditures and Section 67-6611, Idaho Code-reverse side)

Totaling More Than \$100

Made in Support of or in Opposition to
Any One Candidate, Political Committee or Measure

Full Name: Jan Middleider Telephone No: 208 733 0843

Mailing Address and Zip Code: 1381 Galena Dr. Twin Falls, ID 83301

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
<u> </u> / <u> </u> / <u> </u>	1.			\$
<u> </u> / <u> </u> / <u> </u>	2. <u>N/A</u>			\$
<u> </u> / <u> </u> / <u> </u>	3.			\$
<u> </u> / <u> </u> / <u> </u>	4.			\$
<u> </u> / <u> </u> / <u> </u>	5.			\$

Submit This Report To:

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

Total Expenditure(s): \$

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

Leon E Smith
Signature

None

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 _____

None

ITEMIZED EXPENDITURES FOR ELECTIONEERING COMMUNICATIONS

Name of Person/Entity _____

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

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

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

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

**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 |

None

1. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code:		\$
			\$
	Expenditure Name, Mailing Address and Zip Code		Purpose Code
		\$	
2. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code:		\$
			\$
	Expenditure Name, Mailing Address and Zip Code		Purpose Code
		\$	
3. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code:		\$
			\$
	Expenditure Name, Mailing Address and Zip Code		Purpose Code
		\$	
4. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code:		\$
			\$
	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**

None

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: \$	\$
	\$	Date: / / Amount: \$	\$	Date: / / Amount: \$	\$
6.	\$	Date: / / Amount: \$	\$	Date: / / Amount: \$	\$
7.	\$	Date: / / Amount: \$	\$	Date: / / Amount: \$	\$

	Previous	Received	Interest	Repayments	Ending Balance
Previous Total:	\$				
	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**

None

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 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: \$	\$
	\$	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**

None

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.

None

**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.

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

Section I

Name of candidate or Political Committee and Chairperson <u>Jan Mittleder</u>		Office Sought (if candidate) <u>CSI Board #1</u>	District (if any)
Mailing Address <u>1381 Galena Dr</u>	City and Zip <u>Twin Falls</u>	Home Phone <u>208 733-0843</u>	Work Phone
Name of Political Treasurer <u>Leon E Smith</u>		<u>83301</u>	
Mailing Address <u>1381 Galena Dr.</u>	City and Zip <u>Twin Falls</u>	Home Phone <u>208-733-0843</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 9/15/12 through 10/10/12

- 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 -9 AM 10:01
 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
Line 2. Enter Cash Balance **	\$ 0	\$ XXXXXXXXXXXX
Line 3. Total Contributions (Enter amount on line 5, Page 2)	\$ 825.00	\$
Line 4. Subtotal (Add lines 1, 2 and 3)	\$ 825.00	\$
Line 5. Total Expenditures (Enter amount from line 11, Page 2)	\$ 662.50	\$
Line 6. Cash Balance at Close of Period (Subtract Line 5 from Line 4)**	\$ 162.50	\$
Line 7. Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ 0	\$

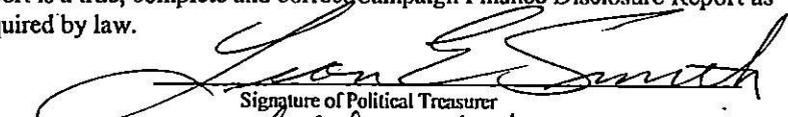
* This same figure should be entered on Line 1 of all reports filed this calendar year.
 ** This is the figure on line 6 of the last Campaign Financial Disclosure Report filed. If this is your first report, this amount is 0.
 Note: The closing cash balance for the current reporting period appears on 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, Leon E Smith, 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
 signed & filed w/ clerk 10-9-12

**SCHEDULE A
ITEMIZED CONTRIBUTIONS**

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

Name of Candidate or Committee: Jan Mittleider

Date Received	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check
9/10/12	1. Arthur T Duncan 379 Scott Ct. Twin Falls, ID 83301	\$ _____ \$ <u>100⁰⁰</u> Calendar year To Date
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
9/10/12	2. Dick Irwin \$50 cash Byrd Golay \$50 cash	\$ <u>100</u> \$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
9/11/12	3. Leon E Smith Rep. Political Fund	\$ <u>500</u> \$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
9/24/12	4. Irene Link 44 W. Broadway #1605 Salt Lake City, UT 84101	\$ <u>100</u> \$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
10/31/12	5. Margarie Slaughter	\$ <u>25</u> \$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		
1/1	6.	\$ _____ \$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		
1/1	7.	\$ _____ \$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		
1/1	8.	\$ _____ \$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		
1/1	9.	\$ _____ \$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		
1/1	10.	\$ _____ \$ _____ Calendar year To Date
<input type="checkbox"/> Primary <input type="checkbox"/> General		
Total This Page:		\$ <u>825⁰⁰</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: Jan Mittelder

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
<u>9/22/12</u>	1. Desk top by Design Twin Falls, ID 83301 (bookmarks)	S O	\$ <u>700.00</u> 137.80
<u>1/1</u>	2. Signs & Banners, 488 B.L. Blvd. Suite 110, Twin Falls 83301 (signs)	O	\$ 524.70
<u>1/1</u>	3.		\$
<u>1/1</u>	4.		\$
<u>1/1</u>	5.		\$
<u>1/1</u>	6.		\$
<u>1/1</u>	7.		\$
<u>1/1</u>	8.		\$
<u>1/1</u>	9.		\$
<u>1/1</u>	10.		\$
Total This Page			\$ 1662.50

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 |

None

1. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code:		\$
			\$
	Expenditure Name, Mailing Address and Zip Code		Purpose Code
		\$	
2. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code:		\$
			\$
	Expenditure Name, Mailing Address and Zip Code		Purpose Code
		\$	
3. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code:		\$
			\$
	Expenditure Name, Mailing Address and Zip Code		Purpose Code
		\$	
4. ___/___/___ <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address & Zip Code:		\$
			\$
	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**

None

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: \$	\$
	\$	Date: / / Amount: \$	\$	Date: / / Amount: \$	\$
6.	\$	Date: / / Amount: \$	\$	Date: / / Amount: \$	\$
7.	\$	Date: / / Amount: \$	\$	Date: / / Amount: \$	\$
	Previous	Received	Interest	Repayments	Ending Balance

Previous Total:

\$

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**

None

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**

None

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.

None

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.

None

ITEMIZED EXPENDITURES FOR ELECTIONEERING COMMUNICATIONS

Name of Person/Entity _____

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

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

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

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

None

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 _____

INDEPENDENT EXPENDITURES

(Please note the definition of independent expenditures and Section 67-6611, Idaho Code-reverse side)

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

Full Name: Jan Middleider Telephone No: 208 733 0843

Mailing Address and Zip Code: 1381 Galena Dr. Twin Falls, ID 83301

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
<u> / / </u>	1.			\$
<u> / / </u>	2. <u>N/A</u>			\$
<u> / / </u>	3.			\$
<u> / / </u>	4.			\$
<u> / / </u>	5.			\$

Submit This Report To:

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

Total Expenditure(s): \$

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

Signature

DETAILED SUMMARY PAGE

Name of Candidate or Committee: Jan Mattleider

	Total This Period
Contributions	
(1) Unitemized Contributions (\$50 and less) # of Contributors <u>3</u>	+ \$ <u>125</u>
(2) Itemized Contributions (Total of all Schedule A sheets)	+ \$ <u>7.00</u>
(3) In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$ <u>0</u>
(4) Loans (Total of all New Loan amounts from Schedule D sheets)	+ \$ <u>0</u>
(5) Total Contributions (Transfer this figure to page 1, Section IV, Line 3)	= \$ <u>825</u>

Expenditures	
(6) Unitemized Expenditures (\$25 and less) # of Expenditures <u>N/A</u>	+ \$ <u>0</u>
(7) Itemized Expenditures (Total of all Schedule B sheets)	+ \$ <u>662.50</u>
(8) In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$ <u>0</u>
(9) Loan Repayments (Total of all Loan Repayment amounts from Schedule D sheets)	+ \$ <u>0</u>
(10) Credit Card and Debt Repayments (Total of all Repayment amounts from Schedule E sheets)	+ \$ <u>0</u>
(11) Total Expenditures (Transfer this figure to page 1, Section IV, Line 5)	= \$ <u>662.50</u>

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)	= \$

NONE

Pledged Contributions	
(19) Unitemized Pledged Contributions (\$50 and less) # of Pledges <u>NONE</u>	+ \$
(20) Itemized Pledged Contributions (Total of all Schedule F sheets)	+ \$
(21) Total Pledged Contributions this period	+ \$

NONE