

C-2
Rev. 12/15

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

Section I

Name of candidate or Political Committee and Chairperson Karl Kleinkopf		Office Sought (if candidate) CSI Trustee	District (if any)
Mailing Address 3602 E 3920 N	City and Zip Kimberly 83341	Home Phone 208 420-0738	Work Phone
Name of Political Treasurer Gale Kleinkopf		Home Phone	Work Phone
Mailing Address 2146 Concordia Way	City and Zip Twin Falls 83301	Home Phone 208 734-8359	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 11/1/15 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

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

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

I hereby certify that I have received no contributions and have made no expenditures during this reporting period

Section IV

SUMMARY

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

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

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

Section V

CERTIFICATION

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

Gale Kleinkopf
Signature of Political Treasurer

RECEIVED
 2016 JAN 26 PM 8
 TWIN FALLS
 COUNTY CLERK



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

Section I

Name of Candidate or Political Committee and Chairperson Karl Kleinkopf		Office Sought (if candidate) CSI Trustee		District (if any)
Mailing Address 5602 East 3920 North	City and Zip Kimberly 83341	Home Phone 208 420-0738	Work Phone	
Name of Political Treasurer Gale Kleinkopf				
Mailing Address 2146 Concordia Way	City and Zip Twin Falls	Home Phone 208 734-8359	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 / 13 / 2014 through 12 / 31 / 2014.

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

Is this a Termination Report: Yes No

Section III

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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*	\$ XXXXXX	\$ XXXXXX
Line 2: Enter Beginning Cash Balance**	\$ _____	\$ 526.00
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ _____	\$ 526.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ _____	\$ 526.00
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ _____	\$ 0.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ _____	\$ _____
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ _____	\$ _____

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Return This Report To:

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

I, Gale Kleinkopf, 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.

Gale Kleinkopf
Signature of Political Treasurer

RECEIVED
 JAN 28 4:28 PM '14
 TWIN FALLS COUNTY CLERK



**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 Karl Kleinkopf		Office Sought (if candidate) CSI Trustee	District (if any)
Mailing Address 3602 East 3920 North	City and Zip Kimberly 83341	Home Phone 208 420-0738	Work Phone
Name of Political Treasurer Gale Kleinkopf			
Mailing Address 2146 Concordia Way	City and Zip Twin Falls 83301	Home Phone 208 734-8359	Work Phone

Change of address for: Candidate or Political Committee Political Treasurer

Section II

This filing is an: Original Amendment
 This report is for the period from 10 / 20 / 14 through 12 / 04 / 14

TYPE OF REPORT

- 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.

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RECEIVED
 2015 DEC 11 AM 8:13
 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 Calendar Year*	\$ XXXXXX	\$ _____
Line 2: Enter Beginning Cash Balance**	\$ _____	\$ XXXXXX
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Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ _____	\$ 0.00
Line 7: Outstanding Debt to Date (Enter amount from line 18, page 2)	\$ _____	

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

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

Gale Kleinkopf
 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 Karl Kleinkopf		Office Sought (if candidate) CSI Trustee	District (if any)
Mailing Address 3602 East 3920 North	City and Zip Kimberly 83341	Home Phone 208 420-0738	Work Phone
Name of Political Treasurer Gale Kleinkopf			
Mailing Address 2146 Concordia Way	City and Zip Twin Falls 83301	Home Phone 208 734-8359	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 10/1/14 through 10/19/14.

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

RECEIVED
 OCT 27 AM 9:30
 TWIN FALLS
 COUNTY CLERK

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.

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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*	\$ XXXXXX	\$ 0
Line 2: Enter Beginning Cash Balance**	\$ _____	\$ XXXXXX
Line 3: Total Contributions (Enter amount from line 5, page 2)	\$ _____	\$ 526.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ _____	\$ 526.00
Line 5: Total Expenditures (Enter amount from line 11, page 2)	\$ _____	\$ 526.00
Line 6: Enter Ending Cash Balance (Subtract line 5 from line 4)	\$ _____	\$ 0.00
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Note: The closing cash balance for the current reporting period appears on the next report as the beginning cash on hand.

Section V

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

I, Gale Kleinkopf, hereby certify that the information in this report is a true, complete and correct Campaign Financial 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

RECEIVED

2014 OCT -3 PM 3: 08

Section I

Name of Candidate or Political Committee and Chairperson: Karl Kleinkopf
Office Sought (if candidate): CSI Trustee
District (if any): TWIN FALLS COUNTY CLERK
Mailing Address: 3602 East 3920 North
City and Zip: Kimberly 83341
Home Phone: 208 420-0738
Name of Political Treasurer: Gale Kleinkopf
Mailing Address: 2146 Concordia Way
City and Zip: Twin Falls 83301
Home Phone: 208 734-8359

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 [x] 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).

Table with 3 columns: Description, COLUMN I This Period, COLUMN II Calendar Year to Date. Rows include Cash on Hand, Beginning Cash Balance, Total Contributions, Subtotal, Total Expenditures, Ending Cash Balance, and Outstanding Debt to Date.

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

Signature of Gale Kleinkopf

DETAILED SUMMARY

Name of Candidate or Committee: Karl Kleinkopf

	Total This Period
Contributions	
① Unitemized Contributions (\$50 and less) # of Contributors _____	+ \$
② Itemized Contributions (Total of all Schedule A sheets)	+ \$226.00
③ In-Kind Contributions (Total of all Contribution amounts from Schedule C sheets)	+ \$300.00
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)	= \$526.00

Expenditures	
⑥ Unitemized Expenditures (Less than \$25) # of Expenditures _____	+ \$
⑦ Itemized Expenditures (Total of all Schedule B sheets)	+ \$226.00
⑧ In-Kind Expenditures (Total of all Expenditure amounts from Schedule C sheets)	+ \$300.00
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)	= \$526.00

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 sheets)	+ \$
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 this Period (Total of all Schedule F sheets)	+ \$
㉑ Total Pledged Contributions this period	= \$

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

Name of Candidate or Committee: Karl Kleinkopf		
Date Received	Full Name, Mailing Address and Zip Code of Contributor	Cash or Check
9 / 29 / 14 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. Karl Kleinkopf 3602 East 3920 North Kimberly, Idaho 83341	\$ 226.00 \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	2.	\$ _____ \$ _____ Calendar Year-To-Date
/ / <input type="checkbox"/> Primary <input type="checkbox"/> General	3.	\$ _____ \$ _____ 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:		\$ 226.00

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

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

Name of Candidate or Committee: Karl Kleinkopf

Purpose Codes

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

Date Spent	Full Name, Mailing Address and Zip Code of Recipient	Purpose Code	Cash or Check
9 / 29 / 14	1. Lytle Signs 1925 Kimberly Road Twin Falls, Idaho 83301	O	\$ 226.00
/ /	2.		\$ _____
/ /	3.		\$ _____
/ /	4.		\$ _____
/ /	5.		\$ _____
/ /	6.		\$ _____
/ /	7.		\$ _____
/ /	8.		\$ _____
/ /	9.		\$ _____
/ /	10.		\$ _____
Total This Page:			\$ 226.00

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: Karl Kleinkopf

Purpose Codes

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

1.	<u>10</u> / <u>10</u> / <u>14</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code Karl Kleinkopf 3602 East 3920 North Kimberly, Idaho 83341	\$ 300.00 \$ _____ Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code Karl Kleinkopf 3602 East 3920 North Kimberly, Idaho 83341	\$ 300.00 Purpose Code O
2.	<u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____ \$ _____ Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code	\$ _____ Purpose Code
3.	<u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____ \$ _____ Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code	\$ _____ Purpose Code
4.	<u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	Contributor Name, Mailing Address and Zip Code	\$ _____ \$ _____ Calendar Year-To-Date
		Expenditure Name, Mailing Address and Zip Code	\$ _____ Purpose Code
		Expenditure Total: (Transfer the combined total of all Expenditures on Schedule C pages to the Detailed Summary, page 2 line 8)	\$ 300.00
		Contributor Total: (Transfer the combined total of all Contributors on Schedule C pages to the Detailed Summary, page 2 line 3)	\$ 300.00

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

Rec'd
11/22/07

Section I

Name of candidate or Political Committee and Chairperson Karl Kleinkopf		Office Sought (if candidate) CSI TRUSTEE	District (if any) ✓
Mailing Address 3602 E 3920 N	City and Zip Kimberly, Id 83341	Home Phone 208-734-9886	Work Phone —
Name of Political Treasurer Gale Kleinkopf			
Mailing Address 2146 Concordia Way	City and Zip Twin Falls 83301	Home Phone 208 734-8359	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 **12/1/2013** through **12/31/13**

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

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

Semi Annual report (Statewide Candidates Only)

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

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

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

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

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

Return This Report To:

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

Section V

CERTIFICATION

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

Gale Kleinkopf
Signature of Political Treasurer