

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

Section I

| | | | |
|--|-----------------------------------|--|---|
| Name of candidate or Political Committee and Chairperson <i>Mike Hamilton</i> | | Office Sought (if candidate) <i>Trustee</i> | District (if any) <i>Buhl 5, 412</i> |
| Mailing Address <i>526 Sawtooth</i> | City and Zip <i>Buhl 83316</i> | Home Phone <i>543-6258</i> | Work Phone <i>543-4354</i> |
| Name of Political Treasurer <i>NORC</i> | | | |
| Mailing Address | City and Zip | 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 ___/___/___ 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

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* | \$ | \$ |
| Line 2. Enter Cash Balance ** | \$ | \$ |
| 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) | \$ | \$ |
| 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 83303
P - 208-736-4004
F - 208-736-4182
Valerie.varadi@co.twin-falls.id.us

Section V

CERTIFICATION

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

Mike Hamilton 1-27-16
Signature of Political Treasurer

RECEIVED
 2016 JAN 28 AM 10:13
 TWIN FALLS
 COUNTY CLERK

RECEIVED

C-1

2015 SEP 28 AM 8:59

REV 08/07

TWIN FALLS COUNTY CLERK

APPOINTMENT AND CERTIFICATION OF POLITICAL TREASURER FOR CANDIDATES AND COMMITTEES

(Please Print or Type)

Pursuant to Sections 31-2012 and 67-6603(c1), Idaho Code. No contribution shall be received or expenditure made by or on behalf of a candidate or political committee until the candidate or political committee appoints a political treasurer and certifies the name and address of the treasurer to the County Clerk.

Certification is for: (check appropriate box)

CANDIDATE:

Mike Hamilton
 Name of Political Candidate
543-6258 543-4354
 Home Phone Work Phone Cell Phone
School Trustee 412
 Office Sought District # Party
526 Sawtooth Ave, Buhl, ID 83316
 Candidate Mailing Address
mhamilton@fnbidaho.com
 Candidate E-mail address

COMMITTEE:

N/A None
 Name of Committee
 Party
 Name of Committee Chairman Party Affiliation (if any)
 Miscellaneous Home Phone Work Phone Cell Phone
 Measure Committee Mailing Address
 Candidate/Measure Chairman E-mail address

CERTIFICATION AND APPOINTMENT

I, Mike Hamilton, hereby certify and appoint the following individual who is a registered elector of the State of Idaho as the political treasurer for the above named candidate or committee:

Mike Hamilton
 Name of Political Treasurer
543-6258 543-4354
 Home Phone Work Phone Cell Phone
526 Sawtooth Ave, Buhl, Idaho 83316
 Treasurer Mailing Address
mhamilton@fnbidaho.com
 Treasurer E-mail address

Mike Hamilton
 Signature of Candidate of Committee Chairman

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

I, Mike Hamilton, hereby accept the appointment as the political treasurer for the above named candidate or committee:

Mike Hamilton
 Signature of Political Treasurer

RECEIVED
CAMPAIGN FINANCIAL DISCLOSURE REPORT
SUMMARY PAGE

(Please Print or Type) **2015 SEP 28 AM 8:59**

Section I

| | | | |
|--|------------------------------------|---|--|
| Name of candidate or Political Committee and Chairperson <i>Mike Hamilton</i> | | Office Sought (if candidate) <i>School Trustee</i> | District (if any) <i>District 412</i> |
| Mailing Address <i>526 Sawtooth ave</i> | City and Zip <i>Buhl, 83316</i> | Home Phone <i>543-6258</i> | Work Phone <i>543-4354</i> |
| Name of Political Treasurer <i>Mike Hamilton</i> | | | |
| Mailing Address <i>526 Sawtooth ave</i> | City and Zip <i>Buhl 83316</i> | Home Phone <i>543-6258</i> | Work Phone <i>543-4354</i> |

Change of address for: Candidate or Political Committee Political Treasurer

Section II

TYPE OF REPORT

This filing is an: Original Amendment
This report is for the period from 6/30/14 through 7/1/15

- 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

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208-736-4182

Section V CERTIFICATION

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Signature of Political Treasurer