

C-2  
Rev. 7/97



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>SHARON L. BLOCK</b>		Office Sought (if candidate) <b>ST. REP. B</b>	District (if any) <b>24</b>
Mailing Address <b>1093 LAKEWOOD DR.</b>	<input type="checkbox"/> Check if address change. City and Zip <b>TWIN FALLS, 83301</b>	Home Phone <b>(208) 731-6360</b>	Work Phone <b>SAME</b>
Name of Political Treasurer <b>ORRIETTE SINCLAIR</b>			
Mailing Address <b>262 LINCOLN ST.</b>	<input type="checkbox"/> Check if address change. City and Zip <b>TWIN FALLS, 83301</b>	Home Phone <b>(208) 733-7580</b>	Work Phone <b>SAME</b>

**Section II**

**TYPE OF REPORT**

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from OCT. 01, 04 through OCT. 17, 04

- 7 Day Pre-Primary Report
- 7 Day Pre-General Report
- Quarterly (April 30)  
(only filed by ballot measure committees)
- 30 Day Post-Primary Report
- 30 Day Post-General Report
- Quarterly (July 30)  
(only filed by ballot measure committees)
- October 10 Pre-General Report
- Annual Report

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 had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates 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 from \_\_\_\_\_ through \_\_\_\_\_.

**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*	\$ XXXXXX	\$ 420.39
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 754.23	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 1,750.00	\$ 5,250.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 2,504.23	\$ 5,670.39
Line 5: Total Expenditures (Enter amount from page 2)	\$ 564.79	\$ 3,730.95
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 1,939.44	\$ 1,939.44

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

\*\*You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

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

**Section V**

**CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES**

Contributions Pledged during this reporting period but not yet received:  None  \$ \_\_\_\_\_ (see attached Schedule C-2A)

Incurred Expenditures during this reporting period but not yet paid:  None  \$ \_\_\_\_\_ (see attached Schedule C-2B)

Return This Report To:  
 Pete T. Cenarrusa  
 Secretary of State  
 PO Box 83720  
 Boise ID 83720-0080  
 fax: (208) 334-2282

**Section VI**

**CERTIFICATION**

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

Orriette Sinclair  
Signature of Political Treasurer

STATE  
OCT 26 12:30

**DETAILED SUMMARY PAGE**

Name of Candidate or Committee	Report Covering the Period From ___/___/___ to ___/___/___
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**UNITEMIZED CONTRIBUTIONS**  
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 1 Total Amount \$ 50.00

**UNITEMIZED EXPENDITURES**  
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number -0- Total Amount \$ -0-

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>50.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>1,700.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>1,750.00</u>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>-0-</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>564.79</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>564.79</u>

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

Name of Candidate or Committee  
**SHARON L. Black**

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
10/12/04	1. LEWIS EILERS 3471 E. 3600 N. KIMBERLY, ID. 83341	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/12/04	2. WELLS FARGO IDAHO PAC 119 N. 9 <sup>TH</sup> ST. BOISE, ID. 83702	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 150.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/12/04	3. IDAHO ASSOC. REALTORS 1450 W. BANNOCK ST. BOISE, ID. 83702	\$ 500.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 500.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/12/04	4. AG. & NAT. RESOURCE INI. PAC 5685 PARADET COURT BOISE, ID. 83703	\$ 300.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/12/04	5. IPM & CSA P.O. BOX 984 BOISE, ID. 83701	\$ 150.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ 150.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/12/04	6. IDAHO HEALTHCARE ASSOC. 802 W. BANNOK BOISE, ID. 83702	\$ 500.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 500.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 1,700.00	\$ -0-	\$ -0-
Total This Page (add columns A, B & C)				\$ 1,700.00

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

Name of Candidate or Committee  
**SHARON L. BLOCK**

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
10/15/04	1. THE TIMES NEWS P.O. BOX 548 TWIN FALLS, ID. 83303	\$ 564.79	\$ _____
Purpose of Above Expenditure: <b>CAMPAIGN ADS</b>			
____/____/____	2.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____/____/____	3.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____/____/____	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____/____/____	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____/____/____	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____/____/____	7.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____/____/____	8.	\$ _____	\$ _____
Purpose of Above Expenditure:			
____/____/____	9.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 564.79	\$ _____
Total This Page (add columns A & B)			\$ 564.79