



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

SCANNED

**Section I**

Name of Candidate or Political Committee and Chairperson <b>William T "Bill" Sali</b>		Office Sought (if candidate) <b>House of Rep</b>	District (if any) <b>21A</b>
Mailing Address <b>175 Linke Ct.</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>Kuna 83634</b>	Home Phone <b>922-4865</b>
Name of Political Treasurer <b>Terry Sali</b>		Work Phone <b>922-5377</b>	
Mailing Address <b>175 Linke Ct.</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>Kuna 83634</b>	Home Phone <b>922-4865</b>
		Work Phone <b>922-5377</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 1/1/04 through 5/9/04

- |                                                              |                                                     |                                                                                            |
|--------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report   | <input type="checkbox"/> Quarterly (April 30)<br>(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report          | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)<br>(only filed by ballot measure committees)  |
| <input type="checkbox"/> October 10 Pre-General Report       | <input type="checkbox"/> 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	\$ 3543.58
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 3543.58	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 1750.00	\$ 1750.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 5293.58	\$ 5293.58
Line 5: Total Expenditures (Enter amount from page 2)	\$ 623.74	\$ 623.74
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 4669.84	\$ 4669.84

\*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. Conarrusa  
Secretary of State  
PO Box 83720  
Boise ID 83720-0880  
fax: (208) 334-2282

**Section VI**

**CERTIFICATION**

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

*Terry Sali*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>William T "Bill" Sali</u>	Report Covering the Period From <u>1/1/04</u> to <u>5/9/04</u>
----------------------------------------------------------------	-------------------------------------------------------------------

<b>UNITEMIZED CONTRIBUTIONS</b> Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ <u>0</u>
<b>UNITEMIZED EXPENDITURES</b> Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>0</u>

	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>0</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>1750.00</u>
<b>Total Contributions (also enter this figure on page 1, Section IV, line 3)</b>	<b>\$ <u>1750.00</u></b>
<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>623.74</u>
<b>Total Expenditures (also enter this figure on page 1, Section IV, line 5)</b>	<b>\$ <u>623.74</u></b>

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

Name of Candidate or Committee  
William T "Bill" Sali

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
<u>4/6/04</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<u>1. Andrew M &amp; Laurel Chasan 3 Forest Lane Boise, ID 83714</u>	<u>\$ 500.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>4/8/04</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<u>2. ITLA PAC P.O. Box 1777 Boise, ID 83701</u>	<u>\$ 500.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>4/28/04</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<u>3. Idaho Medical PAC P.O. Box 2668 Boise, ID 83701</u>	<u>\$ 250.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>4/22/04</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<u>4. Richard S. Owen P.O. Box 278 Nampa, ID 83653</u>	<u>\$ 500.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>5. _____</u>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>6. _____</u>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>7. _____</u>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>8. _____</u>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>9. _____</u>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>   /   /   </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>10. _____</u>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		<u>\$ 1750.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ _____	\$ _____	\$ _____

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

Page 1 of 1

Name of Candidate or Committee  
**William T "Bill" Sali**

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
1/17/04	1. Walmart 4051 E. Fairview Ave Meridian, ID 83642	\$ 75.40	\$
Purpose of Above Expenditure: office			
1/20/04	2. House of Rep. Caucus State House P.O. Box 83720 Rm. # 309 Boise ID 83720	\$ 75.00	\$
Purpose of Above Expenditure: lounge fee			
3/17/04	3. Sec. of State P.O. Box 83720 Boise, ID 83720	\$ 30.00	\$
Purpose of Above Expenditure: <del>_____</del> Filing fee			
5/18/04	4. Cobalt Inc. 702 W. Hays Boise ID 83702	\$ 300.00	\$
Purpose of Above Expenditure: _____			
5/9/04	5. Harbor Freight 10296 Fairview Ave Boise, ID 83704	\$ 143.34	\$
Purpose of Above Expenditure: Tools			
____/____/____	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		\$ 623.74	\$ _____
Total This Page (add columns A & B)		\$ _____	\$ _____