

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: William T. "Bill" Sali; Office Sought: House of Rep.; District: 18A; Mailing Address: 175 Linke Ct; City and Zip: Kuna, 83634; Home Phone: 922-4865; Work Phone: 922-5377

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 11100 through 517100

- 7 Day Prc-Primary Report (checked), 7 Day Pre-General Report, Quarterly (April 30), 30 Day Post-Primary Report, 30 Day Post-General Report, Quarterly (July 30), October 10 Pre-General Report, Annual Report

Is this Report an amendment? Yes (checked) No; Is this a Termination Report? No Yes No

Section II J

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.

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).

Table with 3 columns: Line Item, COLUMN I This Period, COLUMN II Calendar Year to Date. Includes cash on hand, contributions, and expenditures.

\*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.

Section V

CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES

Contributions Pledged during this reporting period but not yet received: None; Incurred Expenditures during this reporting period but not yet paid: None

Section VI

CERTIFICATION

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

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.

Signature of Political Treasurer: Terry Sali

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <i>William T "Bill" Sali</i>	Report Covering the Period From <i>1.1.100</i> to <i>5.1.100</i>
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**UNITEMIZED CONTRIBUTIONS**  
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number *0* Total Amount \$ *0*

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

Total Number *0* Total Amount \$ *0*

	Total This Period
<u><i>1</i></u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ <i>652.36</i>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <i>652.36</i>
<u><i>1</i></u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ <i>402.36</i>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <i>402.36</i>

**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 (non-monetary)	In-Kind		Loans
<u>4.6.00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<u>1. FRALA</u> <u>2419 W. State Street 5</u> <u>Boise, Id. 83702</u>	<u>\$ 250.00</u>			
<u>5.1.00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<u>2. Id. Chooses life</u> <u>P.O. Box 8172</u> <u>I Boise, Id. 83707</u>			<u>\$ 402.36</u>	
<u>1. / /</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>3.</u>				
<u>1. / /</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>4.</u>				
<u>1. / /</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>5.</u>				
<u>1. / /</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>6.</u>				
<u>1. / /</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>7.</u>				
<u>1. / /</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>8.</u>				
<u>1. / /</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>9.</u>				
<u>1. / /</u> <input type="checkbox"/> Primary <input type="checkbox"/> General	<u>10.</u>				
Subtotals of Columns A, B & C		<u>\$ 250.00</u>		<u>\$ 402.36</u>	
Total This Page (add columns A, B & C)					<u>\$ 652.36</u>

\* W - W - -

SCHEDULE B

ITEMIZED EXPENDITURES

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

Name of Candidate or Committee

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
5.1.00	1. Id. Chooses Life P.O. Box 8172 Boise ID 83707	\$ _____	\$ 402.36
Purpose of Above Expenditure: mailing			
____/____/____	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		\$ _____	\$ _____
Total This Page (add columns A & B)			\$ 402.36