

C-2 Rev. 06/04



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

Section I

Form with fields for Name of Candidate (William T. "Bill" Sali), Office Sought (House of Rep.), District (21A), Mailing Address (175 Linke Ct.), City and Zip (Kuna), Home Phone (922-4865), Work Phone (922-5377), and Name of Political Treasurer (Terry Sali).

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 11/13/04 to 12/31/04

- Checkboxes for 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 (checked), and 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 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).

Table with 3 columns: Description, COLUMN I This Period, and COLUMN II Calendar Year to Date. Rows include Cash on Hand January 1, Cash Balance at Close of Last Reporting Period, Total Contributions, Subtotal, Total Expenditures, Cash Balance at Close of Period, and Outstanding Debt to Date.

*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.

Return This Report To: Ben Yeaman, Secretary of State, PO Box 83720, Boise ID 83720-0000, phone: (208) 334-2852, fax: (208) 334-2282

Section V

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.

Signature of Political Treasurer (Terry Sali)

DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>William T "Bill" Sali</u>	Report Covering the Period From <u>11/13/02</u> to <u>12/31/04</u>
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UNITEMIZED CONTRIBUTIONS
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number 1 Total Amount \$ 25.00

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

Total Number 3 Total Amount \$ 58.34

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>25.00</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>700.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>725.00</u>
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>58.34</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>412.39</u>
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>470.71</u>
<u> </u> Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$
<u> </u> Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

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

Page 1 of 1

Name of Candidate or Committee
William T "Bill" Sali

Date/Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
<u>12/07/04</u>	<u>ID. Assisted Living Assoc IDALA 4708 Fairview Ave suite 100 Boise, ID 83706</u>	\$ <u>200.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u>11/20/04</u>	<u>Inclusion, Inc 880 E Franklin Rd Suite 303 Meridian, ID 83642</u>	\$ <u>500.00</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u> / / </u>	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u> / / </u>	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u> / / </u>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u> / / </u>	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u> / / </u>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u> / / </u>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u> / / </u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
<u> / / </u>	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
Subtotals of Columns A, B & C		\$ <u>700.00</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>700.00</u>

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 Cash or Check	Column B In-Kind (non-monetary)
11/30/04	1. NRCC PO Box 90488 Washington DC 20090-0488	\$ 100.00	\$ _____
Purpose of Above Expenditure: <u>Donation</u>			
12/04/04	2. Terry Sali 175 Linke Ct. Kuna, ID 83634	\$ 58.00	\$ _____
Purpose of Above Expenditure: <u>Reimbursement for Cell Phone</u>			
12/14/04	3. Office Max 8557 W. Franklin Rd Boise, ID 83709	\$ 254.37	\$ _____
Purpose of Above Expenditure: <u>Office Supplies + Camera</u>			
____/____/____	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		\$ 412.37	\$ _____
Total This Page (add columns A & B)			\$ 412.37