



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

Section I

Name of Candidate or Political Committee and Chairperson <i>Bob Works</i>		Office Sought (if candidate) <i>State Rep.</i>	District (if any) <i>27</i>
Mailing Address <input type="checkbox"/> Check if address change. <i>P.O. Box 964</i>	City and Zip <i>Glenns Ferry 83623</i>	Home Phone <i>208-366-2561</i>	Work Phone <i>208-366-2329</i>
Name of Political Treasurer <i>Retha Works</i>			
Mailing Address <input type="checkbox"/> Check if address change. <i>P.O. Box 964</i>	City and Zip <i>Glenns Ferry 83623</i>	Home Phone <i>208-366-2561</i>	Work Phone <i>208-366-2329</i>

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 5/10/04 through 06/24/04

- | | | |
|--|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input checked="" type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)
(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	\$ <u>0</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ _____	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ _____	\$ <u>2500.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ _____	\$ <u>2500.00</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ _____	\$ <u>189.44</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ _____	\$ <u>2310.56</u>

*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)

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 Retha Works (name of Political Treasurer), hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Retha Works
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <div style="font-size: 1.2em; font-family: cursive;">Bob Works</div>	Report Covering the Period From <u>05/10/04</u> to <u>06/30/04</u>
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UNITEMIZED CONTRIBUTIONS

Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number <u>0</u>	Total Amount \$ <u>0</u>
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UNITEMIZED EXPENDITURES

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	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ <u>2500.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$
<u> </u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>189.44</u>

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

Name of Candidate or Committee Bob Works

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
<u>06/03/04</u>	1. <u>Bob Works</u> <u>P.O. Box 964</u> <u>Glenns Ferry 83623</u>	\$ _____	\$ _____	\$ <u>2500.00</u>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u> / / </u>	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		\$ _____	\$ _____	\$ <u>2500.00</u>
Total This Page (add columns A, B & C)				\$ <u>2500.00</u>

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

Name of Candidate or Committee Bob Works

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
06/03/04	1. Pioneer Federal Credit Union 250 W. 3rd. South Mountain Home 83647 208-587-3304	\$ 84.96	\$ _____
Purpose of Above Expenditure: Checks			
06/06/04	2. WALMART Credit Card P.O. Box 960023 Orlando, FL 32896-0023 877-294-7880	\$ 51.49	\$ _____
Purpose of Above Expenditure: Business Cards & Office Supplies, Envelopes for Sunshine Reports			
06/06/04	3. American Express Costco P.O. Box 7863 Ft. Lauderdale, FL 33329 800-964-8542	\$ 52.99	\$ _____
Purpose of Above Expenditure: Office supplie "Printer Ink Carterage			
/ /	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		\$ 189.44	\$ _____
Total This Page (add columns A & B)			\$ 189.44