

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Sali For Congress

ADDRESS (number and street)  
▼

PO Box 71

☐Check if different  
than previously  
reported. (ACC)

Kuna

ID

83634

0071

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00414078

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

ID

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Terry Sali

Signature of Treasurer

Electronically Filed by Terry Sali

Date

11

24

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Sali For Congress

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	230680.30	887541.66
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	225.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	230680.30	887316.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	274022.22	748393.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	434.86	3680.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	273587.36	744713.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	161603.12	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	136575.93	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
Sali For Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

83194.85

209711.60

(ii) Unitemized.....

49093.55

99629.88

(iii) TOTAL of contributions

132288.40

309341.48

from individuals..... ▶

5000.00

9706.00

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACS).....

93391.90

568494.18

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS  
(other than loans)

230680.30

887541.66

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

191.97

191.97

## 13. LOANS

(a) Made or Guaranteed by the  
Candidate.....

0.00

10000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

10000.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....

434.86

3680.44

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

434.98

4125.88

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

231742.11

905539.95

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	274022.22	748393.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	125.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	225.00
21. OTHER DISBURSEMENTS.....	5040.00	6264.12
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	279062.22	754882.92

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	208923.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	231742.11
25. SUBTOTAL (add Line 23 and Line 24).....	440665.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	279062.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	161603.12

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

A.

Full Name (Last, First, Middle Initial)

Holloway Properties, LP

Mailing Address 411 Cashmere Road

City

Boise

State

ID

Zip Code

83702-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 8

Transaction ID: A-C11030

Amount of Each Receipt this Period

500.00

SEE MEMO ITEM

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Contribution from Partner-  
ship. Partners exceeding  
reporting threshold itemi-  
zed as memos.

B.

Full Name (Last, First, Middle Initial)

Keith Holloway

Mailing Address 411 Cashmere Road

City

Boise

State

ID

Zip Code

83702-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holloway Properties, LPOccupation  
Partner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 8

Transaction ID: A-PI17

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

Partnership Itemization  
Memo

C.

Full Name (Last, First, Middle Initial)

Rick L. Holloway

Mailing Address 13888 Galloway Road

City

Caldwell

State

ID

Zip Code

83607-7662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Health CareOccupation  
Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 1 / 2 0 0 8

Transaction ID: A-C11031

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Clifton P. Boutelle

Mailing Address 2821 Erin Avenue

City

Nampa

State

ID

Zip Code

83686-8547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 8

Transaction ID: A-C10839

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

William W. Boyd

Mailing Address PO Box 1147

City

Tallahassee

State

FL

Zip Code

32302-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Mechanical Engineer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 8

Transaction ID: A-C10840

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Dale M. Courtney

Mailing Address 1830 Victoria Drive

City

Moscow

State

ID

Zip Code

83843-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 8

Transaction ID: A-C10842

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Howard R. Foley

Mailing Address 3955 E Vantage Pointe Lane

City

Meridian

State

ID

Zip Code

83642-7268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2008

Transaction ID: A-C10822

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Larry B. Hansen

Mailing Address 1888 E Rodeo Ln

City

Kuna

State

ID

Zip Code

83634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Realtor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1115.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2008

Transaction ID: A-C10829

Amount of Each Receipt this Period

15.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Jim Kissler

Mailing Address 1591 Sendero Lane

City

Boise

State

ID

Zip Code

83712-6692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norco

Occupation

Sales

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2008

Transaction ID: A-C11042

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Robert E. Kniefel

Mailing Address 2375 Center Avenue

City

Payette

State

ID

Zip Code

83661-2737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 8

Transaction ID: A-C11044

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Marjory Schmaehl

Mailing Address P.O. Box 1492

City

Kamiah

State

ID

Zip Code

83536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Innkeeper

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 8

Transaction ID: A-C10742

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Warren M. Smith

Mailing Address 2034 Birch Avenue

City

Lewiston

State

ID

Zip Code

83501-6129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 7 / 2 0 0 8

Transaction ID: A-C10743

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Eric Zepp

Mailing Address 2500 Provine Road

City

McKinney

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BP Sales, Inc

Occupation  
Sales

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2008

Transaction ID: A-C10752

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Slatecard.com PAC

Mailing Address 228 South Washington Street  
Suite 115

City

Alexandria

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.

C

C00438549

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

77.58

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2008

Transaction ID: A-C10720

Amount of Each Receipt this Period

9.55

SEE EARMARKED ITEM

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Transfer of Earmarked Funds

**C.**

Full Name (Last, First, Middle Initial)

Mark Davis

Mailing Address 717 N. 9th Street

City

St. Peter

State

MN

Zip Code

56082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davisco Foods International, Inc.

Occupation  
Cheesemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2008

Transaction ID: A-C10683

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1009.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Roald Doskeland

Mailing Address 10235 W Hindsdale Ct

City

Boise

State

ID

Zip Code

83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windland, Inc.

Occupation  
President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 7 / 2 0 0 8

Transaction ID: A-C10684

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Mary C. Drennan

Mailing Address PO Box 2204

City

Coeur D Alene

State

ID

Zip Code

83816-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 7 / 2 0 0 8

Transaction ID: A-C10702

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Adam Graham

Mailing Address 2834 Abbs Lane

City

Boise

State

ID

Zip Code

86705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wells Fargo

Occupation  
Quality Assurance Monitor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

259.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 7 / 2 0 0 8

Transaction ID: A-PI16

Amount of Each Receipt this Period

10.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

Earmarked through Slateca-  
rd.com PAC.

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Thomas E. Symonds

Mailing Address 10690 W Southerland Street

City

Boise

State

ID

Zip Code

83709-2366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Accountant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 7 / 2 0 0 8

Transaction ID: A-C10694

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

James DuFrain

Mailing Address 3485 S Windy Ridge Drive

City

Nampa

State

ID

Zip Code

83686-4908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 8

Transaction ID: A-C10124

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Michelle Glasglow

Mailing Address 5010 Allamar Drive

City

Boise

State

ID

Zip Code

83704-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Business Consultant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1175.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 8

Transaction ID: A-I11339

Amount of Each Receipt this Period

137.79

Inkind: Furniture

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

462.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Michelle Glasglow

Mailing Address 5010 Allamar Drive

City

Boise

State

ID

Zip Code

83704-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Business Consultant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1175.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 8

Transaction ID: A-I11340

Amount of Each Receipt this Period

24.99

Inkind: Office Supplies

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Steven L. Goddard

Mailing Address 4685 N Quail Terrace Place

City

Boise

State

ID

Zip Code

83703-3864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winco Foods, LLC

Occupation

Chief Executive Officer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 8

Transaction ID: A-C10656

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Nicholas Peay, Jr.

Mailing Address 2965 Fairmount Blvd.

City

Cleveland Hts

State

OH

Zip Code

44118-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 8

Transaction ID: A-C10663

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

774.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

John Woodhouse

Mailing Address 650 Ramblewood Road

City

Houston

State

TX

Zip Code

77079-6905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 8

Transaction ID: A-C10669

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Lynda A. Bachman

Mailing Address 9546 Cunningham Road

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Transaction ID: A-C10929

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

John N. Cross

Mailing Address 4600 E Inverness Drive

City

Post Falls

State

ID

Zip Code

83854-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coldwell Banker Schneidmiller

Occupation

Realtor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C10637

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Paul S. Finman

Mailing Address PO Box 1539

City

Post Falls

State

ID

Zip Code

83877-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LCF Enterprises

Occupation  
Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C10638

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Ruthie Johnson

Mailing Address 11101 N Avondale Loop

City

Hayden Lake

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C10643

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Donna L. Montgomery

Mailing Address 37186 North Hayden Lake Road

City

Hayden Lake

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Dump Truck Service

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C10648

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Timothy Stewart

Mailing Address 6433 Shady Lane

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Capitol Group

Occupation  
partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C12514

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Charles R. Uhlenkott

Mailing Address 431 Denver Road

City

Grangeville

State

ID

Zip Code

83530-5217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Uhlenkott Pump Service

Occupation  
Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C10631

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Hollingsworth Enterprises

Mailing Address 3130 N Conference Drive

City

Coeur D Alene

State

ID

Zip Code

83815-8196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: A-C10619

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Contribution from Partner-  
ship. Partners exceeding  
reporting threshold item-  
ized as memos.

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Marcel J. Bujarski

Mailing Address 522 W. Welch Street

City

Meridian

State

ID

Zip Code

83646-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1055.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: A-C10614

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

James H. Hollingsworth

Mailing Address 3130 N Cherry Ln

City

Coeur d'Alene

State

ID

Zip Code

83815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hollingsworth Enterprises

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: A-PI14

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

Partnership Itemization  
Memo

**C.**

Full Name (Last, First, Middle Initial)

Paul Zatica

Mailing Address PO Box 937

City

Homedale

State

ID

Zip Code

83628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: A-C11294

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Marcel J. Bujarski

Mailing Address 522 W. Welch Street

City

Meridian

State

ID

Zip Code

83646-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1055.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	8

Transaction ID: A-C10629

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Dawn Hatch

Mailing Address 8214 Donnybrook Drive

City

Boise

State

ID

Zip Code

83709-0663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	8

Transaction ID: A-C10627

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Norman Semanko

Mailing Address 237 W River Trail Drive

City

Eagle

State

ID

Zip Code

83616-7115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Idaho Water Uses Associat-  
ion

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	8

Transaction ID: A-C10624

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Ted Echols

Mailing Address 10093 W Secretariat Street

City

Boise

State

ID

Zip Code

83704-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: A-C10605

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Virginia Ketcham

Mailing Address PO Box 397

City

Grangeville

State

ID

Zip Code

83530-0397

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: A-C10607

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Eric Redman

Mailing Address PO Box 930

City

Rathdrum

State

ID

Zip Code

83858-0930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Redman Insurance

Occupation  
Insurance Sales

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: A-C10610

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Robert E. Kniefel

Mailing Address 2375 Center Avenue

City

Payette

State

ID

Zip Code

83661-2737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Transaction ID: A-C10590

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

R. A. Symms

Mailing Address 13527 Chicken Dinner Road

City

Caldwell

State

ID

Zip Code

83607-9325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Symms Fruit Ranch

Occupation

Farmer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Transaction ID: A-C10598

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Vin Weber

Mailing Address 7701 Ridgcrest Drive

City

Alexandria

State

VA

Zip Code

22308-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clark and Weinstock

Occupation

Chief Executive Officer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Transaction ID: A-C10599

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Charles S. Yochum

Mailing Address 3147 N 24th Street

City

Boise

State

ID

Zip Code

83702-0611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: A-C10600

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

James J. Albertine

Mailing Address 6307 Mountain Branch Court

City

Bethesda

State

MD

Zip Code

20817-5838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: A-C11348

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

William P. Hollier

Mailing Address 12707 West Brook Drive

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hollier and Associates

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: A-C11356

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

A.

Full Name (Last, First, Middle Initial)

Slatecard.com PAC

Mailing Address 228 South Washington Street  
Suite 115City State Zip Code  
Alexandria VA 22314-5404FEC ID number of contributing  
federal political committee. **C** C00438549

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
77.58

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C11326

Amount of Each Receipt this Period

19.10

SEE EARMARKED ITEM

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Transfer of Earmarked Funds

B.

Full Name (Last, First, Middle Initial)

Joe Arrotta

Mailing Address 550 N Alberta Street

City State Zip Code  
Post Falls ID 83854-6061FEC ID number of contributing  
federal political committee. **C**Name of Employer  
Midway AutomotiveOccupation  
OwnerReceipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C10576

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Richard L. Barger

Mailing Address 3326 Garrity Boulevard

City State Zip Code  
Nampa ID 83687-3120FEC ID number of contributing  
federal political committee. **C**Name of Employer  
RetiredOccupation  
RetiredReceipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C11302

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

569.10

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Gregory E. Ferch

Mailing Address 10150 W Geronimo Street

City

Boise

State

ID

Zip Code

83709-3464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Chiropractor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C11329

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Adalaide Fredriksen

Mailing Address 806 East Highland View Drive

City

Boise

State

ID

Zip Code

83702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C11323

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Adam Graham

Mailing Address 2834 Abbs Lane

City

Boise

State

ID

Zip Code

86705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wells Fargo

Occupation

Quality Assurance Monitor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

259.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-PI20

Amount of Each Receipt this Period

20.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

Earmarked through Slateca-  
rd.com PAC.

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Thomas Tilden

Mailing Address P.O. Box 310

City

Mc Call

State

ID

Zip Code

83638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C11333

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Alpha Omega Services

Mailing Address 715 S Diamond Street

City

Nampa

State

ID

Zip Code

83686-5530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: A-C11254

Amount of Each Receipt this Period

200.00

SEE MEMO ITEM

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
Contribution from Partner-  
ship. Partners exceeding  
reporting threshold itemi-  
zed as memos.**C.**

Full Name (Last, First, Middle Initial)

David J. Regnier

Mailing Address 715 S Diamond Street

City

Nampa

State

ID

Zip Code

83686-5530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alpha Omega Services

Occupation

Sole Proprietor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: A-PI19

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]  
Partnership Itemization  
Memo

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Barry C. Tenney

Mailing Address 307 North Monroe Street

City

Moscow

State

ID

Zip Code

83843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Carpet Salesman

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: A-C9575

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Jack P. Ambrosiani

Mailing Address 1075 W Oden Bay Road

City

Sandpoint

State

ID

Zip Code

83864-6496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cygnus, Inc.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 8

Transaction ID: A-C10447

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Tom Loertscher

Mailing Address 1357 Bone Road

City

Iona

State

ID

Zip Code

83427-9702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Rancher

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 8

Transaction ID: A-C10567

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Rick Stott

Mailing Address 3684 S Caleb Place

City

Meridian

State

ID

Zip Code

83642-7068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Agri Beef Company

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	0	8

Transaction ID: A-C10449

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

James Wogsland

Mailing Address 9675 Easy Street

City

Hayden Lake

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	0	8

Transaction ID: A-C10450

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Phillips S. Baker, Jr.

Mailing Address 6500 Mineral Drive, Suite 206

City

Coeur D'Alene

State

ID

Zip Code

83815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hecla Mining Company

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

Transaction ID: A-C10547

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Frank R. Bennett

Mailing Address 1020 E Palouse River Drive

City

Moscow

State

ID

Zip Code

83843-8923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bennett Lumber

Occupation  
Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10549

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

David R. Berberick

Mailing Address 407 W Aster Court

City

Post Falls

State

ID

Zip Code

83854-9282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hecla

Occupation  
Senior Mining Engineer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10548

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Michael L. Clary

Mailing Address 8106 E Sommerset Drive

City

Spokane

State

WA

Zip Code

99217-9212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hecla

Occupation  
Senior Counsel

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10550

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Jim Coulson

Mailing Address 5920 S Phalon Lane

City

Spokane

State

WA

Zip Code

99223-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Coeur D'Alenes Comapny

Occupation

Chief Executive Officer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10551

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Mike Dexter

Mailing Address PO Box 1080

City

Wallace

State

ID

Zip Code

83873-1080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hecla

Occupation

General Manager

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10552

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Karen Farrar

Mailing Address 2621 W Bolivar Avenue

City

Coeur D Alene

State

ID

Zip Code

83815-9761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hecla

Occupation

Manager

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10553

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

John P. Jordan

Mailing Address 4235 N Ceres Street

City

Coeur D Alene

State

ID

Zip Code

83815-7338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10554

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Vicki V. Larson

Mailing Address 9723 W George Lane

City

Post Falls

State

ID

Zip Code

83854-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hecla

Occupation

Vice President, Investor Relations

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10556

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

George L. Lytle

Mailing Address 9712 W Trails Road

City

Spokane

State

WA

Zip Code

99224-9189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hecla

Occupation

Human Resources

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10557

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Steve M. Petroni

Mailing Address 2880 E Red Cedar Court

City

Coeur D Alene

State

ID

Zip Code

83815-6201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hecla

Occupation

Executive

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: A-C10558

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Wolf C. Philip

Mailing Address 1821 E Chalet Court

City

Hayden

State

ID

Zip Code

83835-6926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: A-C10560

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

James A. Sabala

Mailing Address 1876 E Chalet Court

City

Hayden Lake

State

ID

Zip Code

83835-6926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hecla

Occupation

Chief Financial Officer

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: A-C10559

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Alpha Omega Services

Mailing Address 715 S Diamond Street

City

Nampa

State

ID

Zip Code

83686-5530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C10537

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Contribution from Partner-  
ship. Partners exceeding  
reporting threshold itemi-  
zed as memos.

**B.**

Full Name (Last, First, Middle Initial)

Terry Bowers

Mailing Address 2451 Watts Lane

City

Payette

State

ID

Zip Code

83661-5328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Idaho Power

Occupation  
Manager

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C10533

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Brasher

Mailing Address 7209 S Eddyville Road

City

Harrison

State

ID

Zip Code

83833-8504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Real Estate

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C10541

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

John N. Cross

Mailing Address 4600 E Inverness Drive

City

Post Falls

State

ID

Zip Code

83854-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coldwell Banker Schneidmi-  
ller

Occupation

Realtor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C10543

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Barbara A. Forrey

Mailing Address 4900 S Ridgewood Road

City

Nampa

State

ID

Zip Code

83687-9015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2158.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C10535

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

James P. Mertz

Mailing Address 14072 Sunnyslope Road

City

Caldwell

State

ID

Zip Code

83607-9358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Symms Fruit Ranch, Inc.

Occupation

Rancher

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C10536

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

David J. Regnier

Mailing Address 715 S Diamond Street

City

Nampa

State

ID

Zip Code

83686-5530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alpha Omega Services

Occupation

Sole Proprietor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: A-PI18

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

Partnership Itemization  
Memo

**B.**

Full Name (Last, First, Middle Initial)

Richard L. Barger

Mailing Address 3326 Garrity Boulevard

City

Nampa

State

ID

Zip Code

83687-3120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10455

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Sylvia J. Blake

Mailing Address 19593 Madison Road

City

Nampa

State

ID

Zip Code

83687-8058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10971

Amount of Each Receipt this Period

35.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Sylvia J. Blake

Mailing Address 19593 Madison Road

City

Nampa

State

ID

Zip Code

83687-8058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10972

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Clifton P. Boutelle

Mailing Address 2821 Erin Avenue

City

Nampa

State

ID

Zip Code

83686-8547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10459

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Dennis Buddell

Mailing Address 103 Ord Boulevard

City

Nampa

State

ID

Zip Code

83651-2067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10462

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Marcel J. Bujarski

Mailing Address 522 W. Welch Street

City

Meridian

State

ID

Zip Code

83646-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1055.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10993

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

John Dillard

Mailing Address 2417 14th Street

City

Lewiston

State

ID

Zip Code

83501-6301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C11017

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

John Dullmeyer

Mailing Address 396 E Woodlander Court

City

Eagle

State

ID

Zip Code

83616-6323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C11019

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Gregory E. Ferch

Mailing Address 10150 W Geronimo Street

City

Boise

State

ID

Zip Code

83709-3464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Chiropractor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10975

Amount of Each Receipt this Period

90.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

William C. Glynn

Mailing Address 4502 Hillcrest Drive

City

Boise

State

ID

Zip Code

83705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intermountain Industries,  
Incorporated

Occupation

President

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10506

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Virginia Ketcham

Mailing Address PO Box 397

City

Grangeville

State

ID

Zip Code

83530-0397

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10478

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Brad Little

Mailing Address PO Box 488

City

Emmett

State

ID

Zip Code

83617-0488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Rancher

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10482

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Zimri E. Mills

Mailing Address 6272 W Baron Lane

City

Boise

State

ID

Zip Code

83703-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10493

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Thomas E. Symonds

Mailing Address 10690 W Southerland Street

City

Boise

State

ID

Zip Code

83709-2366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Accountant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10998

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

R. John Taylor

Mailing Address 2020 Broadview Drive

City

Lewiston

State

ID

Zip Code

83501-3966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crop USA Insurance

Occupation

Chief Executive Officer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 8

Transaction ID: A-C10999

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Jay D. Fitch

Mailing Address PO Box 547

City

Payette

State

ID

Zip Code

83661-0547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Insurance Agent

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 2 / 2 0 0 8

Transaction ID: A-C10397

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Bruce Black

Mailing Address 416 S Hemingway Avenue

City

Boise

State

ID

Zip Code

83709-7751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ameritel Inns

Occupation

Chief Executive Officer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1868.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10349

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Clifton P. Boutelle

Mailing Address 2821 Erin Avenue

City

Nampa

State

ID

Zip Code

83686-8547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10419

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Terry Bowers

Mailing Address 2451 Watts Lane

City

Payette

State

ID

Zip Code

83661-5328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Idaho Power

Occupation

Manager

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10351

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Marcel J. Bujarski

Mailing Address 522 W. Welch Street

City

Meridian

State

ID

Zip Code

83646-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1055.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10352

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Dale V. Fortik

Mailing Address 3009 Ray Avenue

City

Caldwell

State

ID

Zip Code

83605-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10424

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Dean D. Gans

Mailing Address 7611 E Lewis Lane

City

Nampa

State

ID

Zip Code

83686-9069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Micron Technology

Occupation

Engineer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10355

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Dennis L. Harry

Mailing Address 1910 Pole Creek Road

City

Council

State

ID

Zip Code

83612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nordic Beer Systems

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10356

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Dawn Hatch

Mailing Address 8214 Donnybrook Drive

City

Boise

State

ID

Zip Code

83709-0663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10359

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Robert M. Hoover

Mailing Address 210 E Curling Drive

City

Boise

State

ID

Zip Code

83702-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Financial Planner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10361

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Robert K. Peterson

Mailing Address 12889 W Woodspring Street

City

Boise

State

ID

Zip Code

83713-1347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairly Reliable Bob's

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10364

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

F. Willard Robinson

Mailing Address 796 E Riverpark Lane

City

Boise

State

ID

Zip Code

83706-6532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10365

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Richard C. Staats

Mailing Address RT 1 Box 1290

City

Bonnerr's Ferry

State

ID

Zip Code

83805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10367

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Stanley R. Swanson

Mailing Address 1010 Park Lane

City

Eagle

State

ID

Zip Code

83616-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10368

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Charles R. Uhlenkott

Mailing Address 431 Denver Road

City

Grangeville

State

ID

Zip Code

83530-5217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Uhlenkott Pump Service

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10370

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Shannon A. Whitehead

Mailing Address 12570 E Highway 21

City

Boise

State

ID

Zip Code

83716-9320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Trailer Company

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C10371

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Roberta Thompson

Mailing Address 2900 N Government Way  
Apartment 321

City

Coeur d'Alene

State

ID

Zip Code

83815-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 8

Transaction ID: A-C10149

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Mary C. Drennan

Mailing Address PO Box 2204

City

Coeur D Alene

State

ID

Zip Code

83816-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: A-C10381

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Alice E. Hennessey

Mailing Address 614 E Highland View Drive

City

Boise

State

ID

Zip Code

83702-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: A-C10335

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Robin Isaacson

Mailing Address 8289 N Westview Drive

City

Coeur D'Alene

State

ID

Zip Code

83815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

General Building Contractor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: A-C10337

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Harty Schmaehl

Mailing Address PO Box 1492

City

Kamiah

State

ID

Zip Code

83536-1492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Innkeeper

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: A-C10150

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Curtis E. Young

Mailing Address 5655 W Becky Drive

City

Meridian

State

ID

Zip Code

83646-5333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USPS

Occupation  
Postal Worker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: A-C10331

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Gerald D. Patterson

Mailing Address PO Box 400

City

Cascade

State

ID

Zip Code

83611-0400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 0 / 2 0 0 8

Transaction ID: A-C10268

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Vincent A. Zito

Mailing Address PO Box 757

City

Coeur d' Alene

State

ID

Zip Code

83816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zito Enterprises

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Transaction ID: A-C10270

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Blaine Grow

Mailing Address 2122 S Secretariat Way

City

Nampa

State

ID

Zip Code

83686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

LTC Maintenance

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	8

Transaction ID: A-C10153

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Alan Coffel

Mailing Address PO Box 9151

City

Nampa

State

ID

Zip Code

83652-9151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coffel and Anthon

Occupation

Lawyer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

Transaction ID: A-C10294

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2650.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Dennis Ellis

Mailing Address 5102 Howard Lane

City

Nampa

State

ID

Zip Code

83687-8659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

Transaction ID: A-C10155

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

John B. Fery

Mailing Address P.O. Box 15407

City

Boise

State

ID

Zip Code

83715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

Transaction ID: A-C10300

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Ronald Frei

Mailing Address 1187 Long Haul Road

City

Grangeville

State

ID

Zip Code

83530-5250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Rancher

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

Transaction ID: A-C10301

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Russell M. Fulcher

Mailing Address PO Box 1166

City

Meridian

State

ID

Zip Code

83680-1166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Idaho

Occupation

Idaho State Senator

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

Transaction ID: A-C10307

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Gregory Gervais

Mailing Address 4773 W Mill River Court

City

Coeur d' Alene

State

ID

Zip Code

83814-9160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Copper Basin Construction

Occupation

Home Builder

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

Transaction ID: A-C10302

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Dennis Jensen

Mailing Address 5933 N Cape Arago Place

City

Boise

State

ID

Zip Code

83714-4022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Property Management

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

Transaction ID: A-C10157

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Fletcher Michael

Mailing Address 4490 E Sterling Drive

City

Post Falls

State

ID

Zip Code

83854-8848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consultant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

Transaction ID: A-C10284

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Janetta Michael

Mailing Address 4490 E Sterling Drive

City

Post Falls

State

ID

Zip Code

83854-8848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Advertising

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

Transaction ID: A-C10283

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Thomas J. Wilford

Mailing Address 1504 Warm Springs Avenue

City

Boise

State

ID

Zip Code

83712-8139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alscott Inc.

Occupation  
Executive

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 8

Transaction ID: A-C10322

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Stewart M. Butler

Mailing Address 18135 N Rimrock Road

City

Hayden Lake

State

ID

Zip Code

83835-7857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: A-C10249

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Ted Echols

Mailing Address 10093 W Secretariat Street

City

Boise

State

ID

Zip Code

83704-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: A-C10253

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Brian J. Sielaff

Mailing Address 2915 Agate Street

City

Boise

State

ID

Zip Code

83705-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tamarack Grove Engineerin-  
g, PLLC

Occupation

Structural Engineer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: A-C10242

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Daniel Symms

Mailing Address 13515 Chicken Dinner Road

City

Caldwell

State

ID

Zip Code

83607-9325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Symms Fruit Ranch

Occupation

Farmer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: A-C10259

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

R. John Taylor

Mailing Address 2020 Broadview Drive

City

Lewiston

State

ID

Zip Code

83501-3966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crop USA Insurance

Occupation

Chief Executive Officer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: A-C10260

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Frank L. Vandersloot

Mailing Address PO Box 50305

City

Idaho Falls

State

ID

Zip Code

83405-0305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Melalucca

Occupation

Chief Executive Officer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: A-C10261

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

A.

Full Name (Last, First, Middle Initial)

Bob Ward

Mailing Address PO Box 558

City

Athol

State

ID

Zip Code

83801-0558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Insurance Agent

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: A-C10160

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

John Brehmer

Mailing Address 201 Seabreeze Court

City

Vero Beach

State

FL

Zip Code

32963-9508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: A-C9689

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Roger Crouch

Mailing Address 1310 NE A Highway

City

Lathrop

State

MO

Zip Code

64465-9544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: A-C9682

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Norma Ellis

Mailing Address 2744 Manorwood Trail

City

Fort Worth

State

TX

Zip Code

76109-9589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: A-C9676

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Douglas Huebner

Mailing Address 66 Champions Run

City

San Antonio

State

TX

Zip Code

78258-7703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CCC Group, Inc.

Occupation

Construction

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: A-C9686

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Clarence Lieber

Mailing Address 3634 South 215th Street West

City

Goddard

State

KS

Zip Code

67052-8963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: A-C9680

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Richard Porter

Mailing Address 875 Bryant Avenue

City

Winnetka

State

IL

Zip Code

60093-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kirkland and Ellis

Occupation

Lawyer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: A-C9684

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Verne Willaman

Mailing Address 1535 Wild Rye Way

City

Arroyo Grande

State

CA

Zip Code

93420-4935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: A-C9678

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Peter K. Bourbeau

Mailing Address 430 Village Place  
Apartment 100

City

Longwood

State

FL

Zip Code

32779-5974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 8

Transaction ID: A-C9693

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Wesley R. Grow

Mailing Address 248 Mineral Street

City

Pottstown

State

PA

Zip Code

19464-3942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	8

Transaction ID: A-C9354

Amount of Each Receipt this Period

225.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Thomas Kavalier

Mailing Address 80 Pine Street

City

New York

State

NY

Zip Code

10005-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	8

Transaction ID: A-C9694

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Stanley Livingston, Jr.

Mailing Address P.O. Box 11

City

Bristol

State

RI

Zip Code

02809-0011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	8

Transaction ID: A-C9700

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

725.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Duane Alton

Mailing Address 712 N Lancashire Lane

City

Liberty Lake

State

WA

Zip Code

99019-8531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Alton's Tire Center

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Transaction ID: A-C9375

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Neil W. McDaniel

Mailing Address 3685 Mt Diablo Boulevard  
Suite 350

City

Lafayette

State

CA

Zip Code

94549-6822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Property Manager

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Transaction ID: A-C9715

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

James G. Harrison, III

Mailing Address 169 South Main Street

City

New City

State

NY

Zip Code

10956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	8

Transaction ID: A-C9467

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Maureen F. Buchwald

Mailing Address 17156 Glen Road

City

Mount Vernon

State

OH

Zip Code

43050-9020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C9434

Amount of Each Receipt this Period

750.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Blaine L. Cornell

Mailing Address 4355 SW 2nd Avenue

City

New Plymouth

State

ID

Zip Code

83655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C10962

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Clarence T. Froscher

Mailing Address 3892 Wilder Boulevard

City

Fernandina

State

FL

Zip Code

32034-7350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C9386

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Evetts Haley, Jr.

Mailing Address PO Box 2515

City

Midland

State

TX

Zip Code

79702-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Cattle Raiser

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C9384

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

David MacNeil

Mailing Address 79 Pine Street

City

Chatham

State

NJ

Zip Code

07928-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Silvercrest Asset Managem-  
ent

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C9383

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Gerardo Midence

Mailing Address 314 Preston Drive

City

Lewiston

State

ID

Zip Code

83501-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph Regional Cancer  
Center

Occupation

Physician

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C10214

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Gerardo Midence

Mailing Address 314 Preston Drive

City

Lewiston

State

ID

Zip Code

83501-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph Regional Cancer  
Center

Occupation  
Physician

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C10215

Amount of Each Receipt this Period

90.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Nicholas Peay, Jr.

Mailing Address 2965 Fairmount Blvd.

City

Cleveland Hts

State

OH

Zip Code

44118-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C9391

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Lovett Peters

Mailing Address 81 Old Orchard Road

City

Chestnut Hill

State

MA

Zip Code

02467-1213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer Institute

Occupation  
Executive

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C9416

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2340.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

James Whitcomb, Jr.

Mailing Address 22840 Country Club Trail

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	0	8

Transaction ID: A-C9438

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Paul Zatica

Mailing Address PO Box 937

City

Homedale

State

ID

Zip Code

83628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	0	8

Transaction ID: A-C10232

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

James Houston

Mailing Address 345 North Via Las Palmas

City

Palm Springs

State

CA

Zip Code

92262-4292

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

Transaction ID: A-C9488

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Bradford Wysong

Mailing Address 2707 Clublake Trail

City

Mc Kinney

State

TX

Zip Code

75070-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	8

Transaction ID: A-C9734

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

James R. Buell

Mailing Address 4790 Caughlin Parkway

City

Reno

State

NV

Zip Code

89519-0907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Farmer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: A-C9514

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Morgan Davis

Mailing Address 10 Whalers Bluff

City

Newport Coast

State

CA

Zip Code

92657-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: A-C9509

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Richard B. Fisher

Mailing Address 537 N Neville Street

City

Pittsburgh

State

PA

Zip Code

15213-2765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Federated Securities

Occupation

Investment Broker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: A-C9522

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Lanthrop B. Nelson

Mailing Address 13 Courtney Circle

City

Bryn Mawr

State

PA

Zip Code

19010-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: A-C9521

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Paul J. Schierl

Mailing Address 2413 Hazelwood Lane

City

Green Bay

State

WI

Zip Code

54304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: A-C9517

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Phyllis S. Thomas

Mailing Address 7259 Cascade Drive

City

Boise

State

ID

Zip Code

83704-8635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: A-C9341

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Virginia Ketcham

Mailing Address PO Box 397

City

Grangeville

State

ID

Zip Code

83530-0397

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 8

Transaction ID: A-C9258

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Fred Sacher

Mailing Address 14829 Stinson Drive

City

Grass Valley

State

CA

Zip Code

95949-6719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Investor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 8

Transaction ID: A-C9504

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Nathan Saint-Amand

Mailing Address 2 E 88th Street

City

New York

State

NY

Zip Code

10128-0555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 8

Transaction ID: A-C9744

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Joseph Crescio

Mailing Address 8785 S Tropical Trail

City

Merritt Island

State

FL

Zip Code

32952-6811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C10170

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Dennis Ellis

Mailing Address 5102 Howard Lane

City

Nampa

State

ID

Zip Code

83687-8659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C10172

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Cherie S. McDonough

Mailing Address PO Box 155

City

Cottonwood

State

ID

Zip Code

83522-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C9326

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Paul H. Wick

Mailing Address 170 Ramoso Road

City

Portola Valley

State

CA

Zip Code

94028-7328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J&W Seligman and Co.

Occupation

Mutual Fund Manager

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C9761

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Slatecard.com PAC

Mailing Address 228 South Washington Street  
Suite 115

City

Alexandria

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.

C

C00438549

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

77.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9281

Amount of Each Receipt this Period

19.21

SEE EARMARKED ITEM

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Transfer of Earmarked Funds

**SUBTOTAL** of Receipts This Page (optional) .....

1019.21

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Slatecard.com PAC

Mailing Address 228 South Washington Street  
Suite 115City State Zip Code  
Alexandria VA 22314-5404FEC ID number of contributing  
federal political committee. **C** C00438549

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
77.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9478

Amount of Each Receipt this Period

19.21

SEE EARMARKED ITEM

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)Transfer of Earmarked Fun-  
ds**B.**

Full Name (Last, First, Middle Initial)

Richard L. Barger

Mailing Address 3326 Garrity Boulevard

City State Zip Code  
Nampa ID 83687-3120FEC ID number of contributing  
federal political committee. **C**Name of Employer  
RetiredOccupation  
RetiredReceipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9342

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Gregory E. Ferch

Mailing Address 10150 W Geronimo Street

City State Zip Code  
Boise ID 83709-3464FEC ID number of contributing  
federal political committee. **C**Name of Employer  
Self-EmployedOccupation  
ChiropractorReceipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9230

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

119.21

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 194

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Michelle Glasglow

Mailing Address 5010 Allamar Drive

City

Boise

State

ID

Zip Code

83704-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Business Consultant

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1175.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: A-I11345

Amount of Each Receipt this Period

750.00

Inkind: Office Equipment  
Rental
☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Adam Graham

Mailing Address 2834 Abbs Lane

City

Boise

State

ID

Zip Code

86705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wells Fargo

Occupation

Quality Assurance Monitor

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

259.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: A-PI3

Amount of Each Receipt this Period

20.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**[MEMO ITEM]**Earmarked through Slateca-  
rd.com PAC.**C.**

Full Name (Last, First, Middle Initial)

Adam Graham

Mailing Address 2834 Abbs Lane

City

Boise

State

ID

Zip Code

86705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wells Fargo

Occupation

Quality Assurance Monitor

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

259.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: A-PI10

Amount of Each Receipt this Period

20.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**[MEMO ITEM]**Earmarked through Slateca-  
rd.com PAC.

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

James N. Graham

Mailing Address 1419 Warm Springs Avenue

City State Zip Code  
Boise ID 83712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9234

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Scott Hatch

Mailing Address 13506 Ridge Rock Drive

City State Zip Code  
Chantilly VA 20151

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Martin, Walker and Hatch

Occupation  
Attorney

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9295

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Richard Keavy

Mailing Address PO Box 4488

City State Zip Code  
Boise ID 83711-4488

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Insurance Agent

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C10183

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Philip G. Kiko

Mailing Address 3500 Arlington Boulevard

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9296

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Ron McMurray

Mailing Address 6250 Traci Joyce Lane

City

Alexandria

State

VA

Zip Code

22310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Livingston Group

Occupation

Consultant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9297

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Ben Milam

Mailing Address 1527 Stillwell Drive

City

Eagle

State

ID

Zip Code

83616-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C10184

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Barry J. Peterson

Mailing Address 1111 Poplar Drive

City

Mountain Home

State

ID

Zip Code

83647-3692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9238

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Brian J. Sielaff

Mailing Address 2915 Agate Street

City

Boise

State

ID

Zip Code

83705-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tamarack Grove Engineerin-  
g, PLLC

Occupation

Structural Engineer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C10180

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Judy Vanderwoude

Mailing Address 5311 Ridgewood Road

City

Nampa

State

ID

Zip Code

83687

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9229

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 194

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Daniel Whiting

Mailing Address 17 3rd Street NE  
Apartment 1

City State Zip Code  
Washington DC 20002-7317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2008

Transaction ID: A-C10185

Amount of Each Receipt this Period

210.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Michael A. Zakroff

Mailing Address PO Box 17910

City State Zip Code  
Boulder CO 80308-0910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Agua Caliente

Occupation  
Executive

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2008

Transaction ID: A-C9337

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1210.00

**TOTAL** This Period (last page this line number only) .....

83194.85

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 194

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Clearwater County Republicans

Mailing Address P.O. Box 707

City

Orofino

State

ID

Zip Code

83544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 2 / 2 0 0 8

Transaction ID: A-C11084

Amount of Each Receipt this Period

1000.00

STATE COMMITTEE

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 1st Street SE

City

Washington

State

DC

Zip Code

20003-1838

FEC ID number of contributing  
federal political committee.

C

C00075820

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8706.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C9277

Amount of Each Receipt this Period

4000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 194

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Associated General Contractors of America PAC

Mailing Address 2300 Wilson Boulevard  
Suite 400

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing  
federal political committee.

**C** C00082917

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2008

Transaction ID: A-C10950

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Automotive Free International Trade PAC

Mailing Address 1625 Prince Street  
Suite 225

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00250399

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2008

Transaction ID: A-C10718

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

OCPAC

Mailing Address 976 Pacific Avenue

City State Zip Code  
Willows CA 95988-9788

FEC ID number of contributing  
federal political committee.

**C** C00424358

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2008

Transaction ID: A-C10719

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 194

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Aircrafts Owners and Pilots Association (AOPA PAC)

Mailing Address 421 Aviation Way

City

Frederick

State

MD

Zip Code

21701

FEC ID number of contributing  
federal political committee.**C** C00131185

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	8

Transaction ID: A-C10932

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

American Association for Justice PAC

Mailing Address 1050 31st Street

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.**C** C00024521

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	8

Transaction ID: A-C10930

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

American Forest &amp; Paper Association PAC

Mailing Address 1111 19th Street NW  
Suite 800

City

Washington

State

DC

Zip Code

20036-3652

FEC ID number of contributing  
federal political committee.**C** C00029348

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	8

Transaction ID: A-C10931

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 194

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Conaway for Congress

Mailing Address PO Box 51272

City

Midland

State

TX

Zip Code

79710

FEC ID number of contributing  
federal political committee.**C** C00383828

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	8

Transaction ID: A-C10936

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Devon Energy Corporation Political Action Committee (DEC PAC)

Mailing Address 20 N. Broadway  
Suite 1500

City

Oklahoma City

State

OK

Zip Code

73102

FEC ID number of contributing  
federal political committee.**C** C00354753

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	8

Transaction ID: A-C10937

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

EnergySolutions, Inc. Fund for Effective Government

Mailing Address 423 West 300 South  
Suite 200

City

Salt Lake City

State

UT

Zip Code

84101

FEC ID number of contributing  
federal political committee.**C** C00387878

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	8

Transaction ID: A-C10940

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 194

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Experian North America Inc. PAC

Mailing Address 475 Anton Boulevard

City

Costa Mesa

State

CA

Zip Code

92626-7037

FEC ID number of contributing  
federal political committee.

**C** C00379768

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: A-C10933

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Koch Industries Inc Political Action Committee (KOCHPAC)

Mailing Address 655 15th Street NW Suite 445

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00236489

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: A-C10942

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

National Funeral Directors Association of the U. S. Inc. (NFDA-PAC)

Mailing Address 13625 Bishop's Drive

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing  
federal political committee.

**C** C00204008

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: A-C10946

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 194

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

American Optometric Association Political Action Committee

Mailing Address 1505 Prince Street  
Suite 300City State Zip Code  
Alexandria VA 22314FEC ID number of contributing  
federal political committee.**C** C00024968

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: A-C10919

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

Neugebauer Congressional Committee

Mailing Address PO Box 54175

City State Zip Code  
Lubbock TX 79453-4175FEC ID number of contributing  
federal political committee.**C** C00384016

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: A-C10917

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Action Committee for Rural Electrification

Mailing Address 4301 Wilson Boulevard

City State Zip Code  
Arlington VA 22203-1867FEC ID number of contributing  
federal political committee.**C** C00002972

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: A-C10918

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 194

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

DirecTV Group Inc. Fund - Federal (DIRECTV PAC)

Mailing Address 444 North Capitol Street NW  
Suite 728City State Zip Code  
Washington DC 20001FEC ID number of contributing  
federal political committee.**C** C00331991

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: A-C10920

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

Eagle Forum PAC

Mailing Address P O BOX 618

City State Zip Code  
ALTON IL 62002FEC ID number of contributing  
federal political committee.**C** C00103937

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: A-C10922

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Freedom's Defense Fund

Mailing Address 1155 15th Street NW  
Suite 614City State Zip Code  
Washington DC 20005-2706FEC ID number of contributing  
federal political committee.**C** C00401786

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: A-C10923

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 194

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

A.

Full Name (Last, First, Middle Initial)

GlaxoSmithKline PAC

Mailing Address 5 Moore Drive

City

Research Triangle

State

NC

Zip Code

29907

FEC ID number of contributing  
federal political committee.

C C00237156

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: A-C10924

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Romney for President Inc.

Mailing Address 585 Commercial Street

City

Boston

State

MA

Zip Code

02109-1024

FEC ID number of contributing  
federal political committee.

C C00431171

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: A-I11342

Amount of Each Receipt this Period

325.50

Inkind: Voter List

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Westmoreland for Congress

Mailing Address P.O. Box 458

City

Sharpsburg

State

GA

Zip Code

30277

FEC ID number of contributing  
federal political committee.

C C00387126

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: A-C10925

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1825.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 194

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Hardwood Federation PAC Inc.

Mailing Address 1111 Nineteenth Street NW  
Suite 800

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00396671

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C11328

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Zions Bancorporation Political Action Committee

Mailing Address 310 South Main Street

City State Zip Code  
Salt Lake City UT 84101

FEC ID number of contributing  
federal political committee.

**C** C00275230

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C11327

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

American Council of Engineering Companies (ACEC/PAC)

Mailing Address 1015 15th Street, NW  
Suite 802

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00010868

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10562

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 194

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Blue Cross Blue Shield Association (BLUE PAC)

Mailing Address 1310 G Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10563

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Helca Mining Company Political Action Fund

Mailing Address 6500 N Mineral Drive  
Suite 200

City State Zip Code  
Coeur d' Alene ID 83815

FEC ID number of contributing federal political committee. **C** C00124016

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 8000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 2 8 / 2 0 0 8

Transaction ID: A-C10564

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
National Stone, Sand & Gravel Association (ROCK PAC)

Mailing Address 1605 King Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 2 / 2 0 0 8

Transaction ID: A-C10391

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 194

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
New York Life Insurance Company PAC

Mailing Address 51 Madison Avenue  
Room 1109

City State Zip Code  
New York NY 10010-1603

FEC ID number of contributing  
federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 2 / 2 0 0 8

Transaction ID: A-C10390

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Rely of Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue SE

City State Zip Code  
Washington DC 20003-1107

FEC ID number of contributing  
federal political committee. **C** C00344648

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
10001.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-I11341

Amount of Each Receipt this Period

538.67

Inkind: Airfare & Lodging

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
American Bankers Association PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
12400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 8

Transaction ID: A-C10272

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2038.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Friends of Snowmobiling PAC

Mailing Address 1640 Haslett Road  
Suite 170

City Haslett State MI Zip Code 48840-8683

FEC ID number of contributing federal political committee. **C** C00380196

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 1 / 2 0 0 8

Transaction ID: A-C10271

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Conservative Victory Fund

Mailing Address 1101 Pennsylvania Avenue SE  
Suite 201

City Washington State DC Zip Code 20003-2277

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4996.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 7 / 2 0 0 8

Transaction ID: A-I11344

Amount of Each Receipt this Period

415.40

Inkind: Invitations

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Action Committee for Rural Electrification

Mailing Address 4301 Wilson Boulevard

City Arlington State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: A-C9268

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1915.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

American Physical Therapy Association (PT-PAC)

Mailing Address 1111 N Fairfax Street

City

Alexandria

State

VA

Zip Code

22314-1484

FEC ID number of contributing  
federal political committee.

**C** C00012880

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: A-C9269

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Americans for Common Sense Government PAC

Mailing Address 610 South Boulevard

City

Tampa

State

FL

Zip Code

33606-2693

FEC ID number of contributing  
federal political committee.

**C** C00449835

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: A-C9270

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Center for Coastal Conservation (CENTER PAC)

Mailing Address 1155 21st Street NW  
Suite 300

City

Washington

State

DC

Zip Code

20036-3312

FEC ID number of contributing  
federal political committee.

**C** C00435024

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: A-C9271

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 194

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Conservative Principles PAC

Mailing Address 314 Walnut Street

City

Early

State

IA

Zip Code

50535

FEC ID number of contributing  
federal political committee.**C** C00428839

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: A-C9272

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Citizens to Elect Curt McKenzie

Mailing Address 1911 S Candlewood Drive

City

Nampa

State

ID

Zip Code

83686-6701

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	8

Transaction ID: A-C9345

Amount of Each Receipt this Period

50.00

STATE COMMITTEE

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

McGeachin for State Representative

Mailing Address PO Box 50048

City

Idaho Falls

State

ID

Zip Code

83405-0048

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	8

Transaction ID: A-C9343

Amount of Each Receipt this Period

50.00

STATE COMMITTEE

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Conservative Victory Fund

Mailing Address 1101 Pennsylvania Avenue SE  
Suite 201City State Zip Code  
Washington DC 20003-2277FEC ID number of contributing  
federal political committee. **C** C00009704

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
4996.25

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C9273

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

Electrical Construction (EC PAC)

Mailing Address 3 Bethesda Metro Center  
Suite 1100City State Zip Code  
Bethesda MD 20814-6302FEC ID number of contributing  
federal political committee. **C** C00113811

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C9274

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Friends of Jeb Hensarling

Mailing Address PO Box 820504

City State Zip Code  
Dallas TX 75382-0504FEC ID number of contributing  
federal political committee. **C** C00370650

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C9275

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Idaho Health Underwriters PAC

Mailing Address PO Box 8102

City

Boise

State

ID

Zip Code

83707-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C9276

Amount of Each Receipt this Period

250.00

STATE COMMITTEE

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Occidental Petroleum (OXY) PAC

Mailing Address 10889 Wilshire Boulevard

City

Los Angeles

State

CA

Zip Code

90024-4201

FEC ID number of contributing  
federal political committee.

**C**

C00083857

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C9279

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Oldcastle Materials Inc. PAC

Mailing Address 101 Constitution Avenue NW

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

**C**

C00346353

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C9278

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Wal-Mart Stores, Inc. Political Action Committee for Responsible Government

Mailing Address 702 S.W. 8th Street

City

Bentonville

State

AR

Zip Code

72716

FEC ID number of contributing  
federal political committee.

**C** C00093054

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C9451

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

13th Colony Leadership Committee, Inc.

Mailing Address P. O. Box 2133

City

Savannah

State

GA

Zip Code

31402

FEC ID number of contributing  
federal political committee.

**C** C00381384

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9458

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Aircrafts Owners and Pilots Association (AOPA PAC)

Mailing Address 421 Aviation Way

City

Frederick

State

MD

Zip Code

21701

FEC ID number of contributing  
federal political committee.

**C** C00131185

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9289

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Aircrafts Owners and Pilots Association (AOPA PAC)

Mailing Address 421 Aviation Way

City	State	Zip Code
Frederick	MD	21701

FEC ID number of contributing  
federal political committee.**C** C00131185

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 9		3 0		2 0 0 8

Transaction ID: A-C9290

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

Altria Group, Inc. PAC

Mailing Address 101 Constitution Avenue NW  
Suite 400W

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing  
federal political committee.**C** C00089136

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 9		3 0		2 0 0 8

Transaction ID: A-C9305

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

American Association of Nurse Anesthetists (CRNA PAC)

Mailing Address 222 South Prospect Avenue

City	State	Zip Code
Park Ridge	IL	60068

FEC ID number of contributing  
federal political committee.**C** C00173153

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 9		3 0		2 0 0 8

Transaction ID: A-C9302

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Cantor for Congress

Mailing Address P. O. Box 17813

City

Richmond

State

VA

Zip Code

23226

FEC ID number of contributing  
federal political committee.

**C** C00355461

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9304

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Chevron Employees PAC

Mailing Address 6001 Bollinger Canyon Road  
Building A2114

City

San Ramon

State

CA

Zip Code

94583-2324

FEC ID number of contributing  
federal political committee.

**C** C00035006

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9267

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Comcast Corporation PAC

Mailing Address 1500 Market Street  
35th Floor

City

Philadelphia

State

PA

Zip Code

19102

FEC ID number of contributing  
federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9285

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 194

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Conservative Opportunities for a New America (CONA PAC)

Mailing Address 110 W Louisiana Avenue  
Suite 312

City State Zip Code  
Midland TX 79701

FEC ID number of contributing  
federal political committee. **C** C00409458

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2008

Transaction ID: A-C9288

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Council Of Insurance Agents & Brokers PAC

Mailing Address 701 Pennsylvania Avenue NW  
Suite 750

City State Zip Code  
Washington DC 20004-2661

FEC ID number of contributing  
federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2008

Transaction ID: A-C9283

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Dairy Farmers of America, Inc. (DE PAC)

Mailing Address P.O. Box 909700

City State Zip Code  
Kansas City MO 64190

FEC ID number of contributing  
federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2008

Transaction ID: A-C9306

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 194

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Eagle Forum PAC

Mailing Address P O BOX 618

City

ALTON

State

IL

Zip Code

62002

FEC ID number of contributing  
federal political committee.**C** C00103937

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: A-C9294

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Farm Credit Council Political Action Committee

Mailing Address 50 F Street NW  
Suite 900

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.**C** C00193631

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5963.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: A-C9456

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Freshmen PAC

Mailing Address PO Box 1635

City

Alexandria

State

VA

Zip Code

22313-1635

FEC ID number of contributing  
federal political committee.**C** C00383901

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: A-C9287

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 194

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Greenberg Taurig PAC

Mailing Address 1221 Brickell Avenue

City

Miami

State

FL

Zip Code

33131-3224

FEC ID number of contributing  
federal political committee.**C** C00266585

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: A-C9299

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

House Conservatives Fund

Mailing Address P. O. Box 2752

City

Washington

State

DC

Zip Code

20013

FEC ID number of contributing  
federal political committee.**C** C00326439

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: A-C9303

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

IPAA Wildcatters Fund

Mailing Address 1201 15th Street NW  
Suite 300

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00246306

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: A-C9463

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 194

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

J.P. Morgan Chase & Co. Federal PAC

Mailing Address 10 S Dearborn Street  
# 1-0520

City State Zip Code  
Chicago IL 60603-2300

FEC ID number of contributing  
federal political committee.

**C** C00104299

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9293

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

KPMG Partners/Principals & Employee's PAC

Mailing Address PO Box 18254

City State Zip Code  
Washington DC 20036-8254

FEC ID number of contributing  
federal political committee.

**C** C00280222

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9266

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Longhorn PAC

Mailing Address P.O. Box 40385  
Suite 300

City State Zip Code  
Washington DC 20016

FEC ID number of contributing  
federal political committee.

**C** C00402602

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9453

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Lowe's Companies Inc. PAC

Mailing Address 1000 Lowes Boulevard

City

Mooreville

State

NC

Zip Code

28117-8520

FEC ID number of contributing  
federal political committee.

**C** C00251751

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9292

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

National Association of Insurance and Financial Advisors PAC

Mailing Address 2901 Telestar Court

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing  
federal political committee.

**C** C00005249

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9291

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

National Community Pharmacist's Association (NCPA PAC)

Mailing Address 100 Daingerfield Road

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C** C00030809

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9300

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

National Rifle Association of America Political Victory Fund

Mailing Address 11250 Waples Mill Road

City State Zip Code  
 Fairfax VA 22030

FEC ID number of contributing  
federal political committee.

**C** C00053553

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9301

Amount of Each Receipt this Period

2500.00

See Refund Pre-General 08

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

PricewaterhouseCoopers PAC

Mailing Address 1301 K Street NW  
 Suite 700W

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00107235

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9282

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Rely of Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue SE

City State Zip Code  
 Washington DC 20003-1107

FEC ID number of contributing  
federal political committee.

**C** C00344648

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10001.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C9265

Amount of Each Receipt this Period

462.33

See Partial Refund Pre-Ge-  
neral 08

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

7962.33

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Safeway Inc. Political Action Committee (SafePAC)

Mailing Address 5918 Stoneridge Mall Road

City

Pleasanton

State

CA

Zip Code

94588-3229

FEC ID number of contributing  
federal political committee.**C** C00194084

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

Transaction ID: A-C9459

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

UPS PAC

Mailing Address 55 Glenlake Parkway NE

City

Atlanta

State

GA

Zip Code

30328-3474

FEC ID number of contributing  
federal political committee.**C** C00064766

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

Transaction ID: A-C9286

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Williams Companies, Inc. PAC

Mailing Address 1627 Eye Street NW  
Suite 900

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.**C** C00040394

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

Transaction ID: A-C9284

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

93391.90



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Lewis for Congress Committee

Mailing Address P.O. Box 247

City

Redlands

State

CA

Zip Code

92373

FEC ID number of contributing  
federal political committee.

**C** C00090357

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1111.11

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-TI1

Amount of Each Receipt this Period

1111.11

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

Transfer Itemization Memo

**B.**

Full Name (Last, First, Middle Initial)

Red Rooster Leadership PAC

Mailing Address 228 S Washington Street  
Suite 115

City

Alexandria

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.

**C** C00424184

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-TI2

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

Transfer Itemization Memo

**C.**

Full Name (Last, First, Middle Initial)

Romp 2008

Mailing Address 228 S Washington Street  
Suite 115

City

Alexandria

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.

**C** C00448142

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

191.97

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-T9280

Amount of Each Receipt this Period

191.97

Transfer from Joint Candi-  
date Committee

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

191.97

**TOTAL** This Period (last page this line number only) .....

191.97

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 194

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Washington Mutual

Mailing Address 5425 W Chinden Boulevard

City

Garden City

State

ID

Zip Code

83714-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1641.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	8

Transaction ID: A-O12443

Amount of Each Receipt this Period

20.00

Offset- Banking Fee

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Washington Mutual

Mailing Address 5425 W Chinden Boulevard

City

Garden City

State

ID

Zip Code

83714-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1641.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

Transaction ID: A-O10847

Amount of Each Receipt this Period

34.00

Offset- Banking Fee

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Deluxe Business Checks

Mailing Address P.O. Box 742572

City

Cincinnati

State

OH

Zip Code

45274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

274.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: A-O10987

Amount of Each Receipt this Period

105.36

Offset- General Office Su-  
pply
☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

159.36

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Deluxe Business Checks

Mailing Address P.O. Box 742572

City

Cincinnati

State

OH

Zip Code

45274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

274.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: A-O10988

Amount of Each Receipt this Period

75.00

Offset- General Office Su-  
pply
☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Deluxe Business Checks

Mailing Address P.O. Box 742572

City

Cincinnati

State

OH

Zip Code

45274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

274.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: A-O10989

Amount of Each Receipt this Period

94.50

Offset- General Office Su-  
pply
☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

169.50

TOTAL This Period (last page this line number only) .....

328.86

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 194

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Washington Mutual

Mailing Address 5425 W Chinden Boulevard

City

Garden City

State

ID

Zip Code

83714-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1641.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: A-M11009

Amount of Each Receipt this Period

200.14

Interest Income

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Washington Mutual

Mailing Address 5425 W Chinden Boulevard

City

Garden City

State

ID

Zip Code

83714-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1641.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: A-M11008

Amount of Each Receipt this Period

152.70

Interest Income

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Washington Mutual

Mailing Address 5425 W Chinden Boulevard

City

Garden City

State

ID

Zip Code

83714-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1641.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-M11007

Amount of Each Receipt this Period

82.14

Interest Income

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

434.98

**TOTAL** This Period (last page this line number only) .....

434.98

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 194

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
The Business Process Doctor

Mailing Address 522 W. Welch Street

City Meridian State ID Zip Code 83646

Purpose of Disbursement  
Strategic Campaign Consulting  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: B-E-9481  
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

3313.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Eliot Management Group

Mailing Address 1673 Shoreline Drive  
Suite 160

City Boise State ID Zip Code 83702-6751

Purpose of Disbursement  
E-Merchant Fee  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: B-E-10951  
Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

20.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Republic Storage

Mailing Address 627 S Meridian Road

City Meridian State ID Zip Code 83642-2932

Purpose of Disbursement  
Storage  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: B-E-10939  
Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

37.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

3371.14

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Sam's Club Mailing Address 5725 E Franklin Road	<b>Transaction ID:</b> B-E-10938 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
City Nampa State ID Zip Code 83687-8402 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>1084.97</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) BankCard USA Merchant Services Mailing Address 5701 Lindero Canyon Road Bldg. 3 City Westlake Village State CA Zip Code 91362-4060 Purpose of Disbursement E-Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-10953 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>36.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) BankCard USA Merchant Services Mailing Address 5701 Lindero Canyon Road Bldg. 3 City Westlake Village State CA Zip Code 91362-4060 Purpose of Disbursement E-Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-10954 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>96.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1217.57

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Blue Point LLC</p> <p>Mailing Address 8707 E Vista Bonita Drive Suite 240</p> <p>City Scottsdale State AZ Zip Code 85255-3214</p> <p>Purpose of Disbursement Direct Mail Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>P2006</p>	<p><b>Transaction ID:</b> B-E-11378</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Blue Point LLC</p> <p>Mailing Address 8707 E Vista Bonita Drive Suite 240</p> <p>City Scottsdale State AZ Zip Code 85255-3214</p> <p>Purpose of Disbursement Voided Check</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>P2006</p>	<p><b>Transaction ID:</b> B-E-11379</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-3000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street, SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Meal Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9543</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="680.13"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p><input type="text" value="680.13"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p><input type="text"/></p>

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Clear Voice Telecom</p> <p>Mailing Address 1880 S Cobalt Point Way Suite 300</p> <p>City Meridian State ID Zip Code 83642-5893</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9542</p> <p>Date of Disbursement  <div>07</div> / <div>03</div> / <div>2008</div></p> <p>Amount of Each Disbursement this Period  <div>84.90</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Downtown Storage Center</p> <p>Mailing Address 510 South 11th</p> <p>City Boise State ID Zip Code 83702</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9541</p> <p>Date of Disbursement  <div>07</div> / <div>03</div> / <div>2008</div></p> <p>Amount of Each Disbursement this Period  <div>36.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hammond &amp; Associates</p> <p>Mailing Address PO Box 368</p> <p>City Falls Church State VA Zip Code 22040-0368</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼ G2006</p>	<p><b>Transaction ID:</b> B-E-11367</p> <p>Date of Disbursement  <div>07</div> / <div>03</div> / <div>2008</div></p> <p>Amount of Each Disbursement this Period  <div>3000.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3120.90**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Hammond & Associates Mailing Address PO Box 368	<b>Transaction ID:</b> B-E-9506 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div>
City Falls Church State VA Zip Code 22040-0368 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>3071.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Republic Storage Mailing Address 627 S Meridian Road City Meridian State ID Zip Code 83642-2932 Purpose of Disbursement Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9538 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>66.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) SparkWeb Interactive Mailing Address 2304 E Clifton Drive City Meridian State ID Zip Code 83642-3018 Purpose of Disbursement Web Hosting Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9537 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>74.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**3212.04**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**Full Name (Last, First, Middle Initial)  
SPARTAC, LLC

Mailing Address PO Box 2408

City Eagle State ID Zip Code 83616-9116

Purpose of Disbursement  
Direct Mail & Polling

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☐ General ☒ Other (specify) ▼  
State: District: G2006

Transaction ID: B-E-11373

Date of Disbursement

07 / 03 / 2008

Amount of Each Disbursement this Period

3000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Thorne Printing Company, Inc.

Mailing Address 623 12th Ave Road

City Nampa State ID Zip Code 83686-5701

Purpose of Disbursement  
Printing

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼  
State: District:

Transaction ID: B-E-9536

Date of Disbursement

07 / 03 / 2008

Amount of Each Disbursement this Period

5584.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Veritas AdvisorsMailing Address 802 W Bannock Street  
Suite 401

City Boise State ID Zip Code 83702-5841

Purpose of Disbursement  
Strategic Campaign Consulting

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼  
State: District:

Transaction ID: B-E-9535

Date of Disbursement

07 / 03 / 2008

Amount of Each Disbursement this Period

1042.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

9626.89

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 9622	<b>Transaction ID:</b> B-E-9534 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div>
City Mission Hills State CA Zip Code 91346-9622 Purpose of Disbursement Cellular Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>753.11</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) LeeAnn Callear Mailing Address 4403 Cavendish Road City Ahsahka State ID Zip Code 83520-9703 Purpose of Disbursement Reimbursement- Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-9544 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>487.63</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Connie Glasgow Mailing Address 6719 W Overland Road Apartment 101 City Boise State ID Zip Code 83709-2063 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-9540 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>290.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1530.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Alpha Graphics Mailing Address 1734 W. State Street	<b>Transaction ID:</b> B-E-11034 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83702 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>214.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Leadership Institute Mailing Address 1101 North Highland Street City Arlington State VA Zip Code 22201 Purpose of Disbursement Program Expense- Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-11035 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Michelle Glasgow Mailing Address 5010 Allamar Drive City Boise State ID Zip Code 83704-2305 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9480 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2464.29**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Best Buy	<b>Transaction ID:</b> B-E-11036 <b>Date of Disbursement</b>
Mailing Address 8363 W Franklin Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div>
City State Zip Code Boise ID 83709-0626	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement General Office Equipment	<div> <div>434.57</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div> <div>001</div> <div>Category/Type</div> </div>
<b>B.</b> Full Name (Last, First, Middle Initial) Melinda Sinew	<b>Transaction ID:</b> B-E-9545 <b>Date of Disbursement</b>
Mailing Address 3077 W Cedar Grove Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div>
City State Zip Code Meridian ID 83646-2909	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Strategic Campaign Consulting	<div> <div>400.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div> <div>001</div> <div>Category/Type</div> </div>
<b>C.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> B-E-11038 <b>Date of Disbursement</b>
Mailing Address 8100 Marigold	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div>
City State Zip Code Boise ID 83713	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Postage	<div> <div>30.20</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<div> <div>001</div> <div>Category/Type</div> </div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**864.77**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
BankCard USA Merchant Services

Mailing Address 5701 Lindero Canyon Road  
Bldg. 3

City State Zip Code  
Westlake Village CA 91362-4060

Purpose of Disbursement

E-Merchant Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B-E-10955

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

7.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Washington Mutual

Mailing Address 5425 W Chinden Boulevard

City State Zip Code  
Garden City ID 83714-1468

Purpose of Disbursement

Banking Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B-E-12442

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Subway - Washington DC

Mailing Address 2033 K Street Northwest

City State Zip Code  
Washington DC 20006

Purpose of Disbursement

Meal Expense

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B-E-11057

Date of Disbursement

07 / 11 / 2008

Amount of Each Disbursement this Period

23.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

50.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Hampton Inn

Mailing Address 5750 E Franklin Road

City State Zip Code  
Nampa ID 83687-8402

Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-11061

Date of Disbursement

/   /

Amount of Each Disbursement this Period

290.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Hilton Hotels

Mailing Address 950 N Stafford Street

City State Zip Code  
Arlington VA 22203-1813

Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-11064

Date of Disbursement

/   /

Amount of Each Disbursement this Period

853.32

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address PO Box 66100

City State Zip Code  
Chicago IL 60666

Purpose of Disbursement  
Airfare

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-11063

Date of Disbursement

/   /

Amount of Each Disbursement this Period

275.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1418.32

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Tomlinson & Associates Mailing Address 205 N 10th Street	<b>Transaction ID:</b> B-E-9737 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	6		2	0	0	8													
City Boise State ID Zip Code 83702-5773 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>657.53</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	657.53																				
657.53																						
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 9622 City Mission Hills State CA Zip Code 91346-9622 Purpose of Disbursement Cellular Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-11065 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>264.98</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	0	8	264.98
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	6		2	0	0	8													
264.98																						
<b>C.</b> Full Name (Last, First, Middle Initial) Idaho Department of Labor Mailing Address 317 W Main Street City Boise State ID Zip Code 83735-0001 Purpose of Disbursement Unemployment Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9547 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>75.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	0	8	75.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	7		2	0	0	8													
75.00																						

**SUBTOTAL** of Disbursements This Page (optional) .....

997.51

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**

Full Name (Last, First, Middle Initial)

Michelle Glasglow

Mailing Address 5010 Allamar Drive

City State Zip Code  
Boise ID 83704-2305

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9548

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	8

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Ameritel Inns - Coeur D' Alene

Mailing Address 645 Linsday Boulevard

City State Zip Code  
Idaho Falls ID 83402

Purpose of Disbursement

Lodging

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11073

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	0	8

Amount of Each Disbursement this Period

337.86

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code  
Dallas TX 75235-1647

Purpose of Disbursement

Airfare

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11074

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	0	8

Amount of Each Disbursement this Period

231.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

2568.86

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 9622	<b>Transaction ID:</b> B-E-11069 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 8</div> </div>
City Mission Hills State CA Zip Code 91346-9622 Purpose of Disbursement Cellular Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>26.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Michelle Glasgow Mailing Address 5010 Allamar Drive City Boise State ID Zip Code 83704-2305 Purpose of Disbursement Inkind: Furniture Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-I-11339 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>137.79</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Michelle Glasgow Mailing Address 5010 Allamar Drive City Boise State ID Zip Code 83704-2305 Purpose of Disbursement Inkind: Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-I-11340 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>24.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

189.27

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**Full Name (Last, First, Middle Initial)  
123Decal LLC

Mailing Address 601 E Badley Avenue

City Meridian State ID Zip Code 83642-8707

Purpose of Disbursement  
Printing

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9549

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

Amount of Each Disbursement this Period

20177.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Ameritel Inns - Coeur D' Alene

Mailing Address 645 Linsday Boulevard

City Idaho Falls State ID Zip Code 83402

Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-10848

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

Amount of Each Disbursement this Period

76.68

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Washington Mutual

Mailing Address 5425 W Chinden Boulevard

City Garden City State ID Zip Code 83714-1468

Purpose of Disbursement  
Banking Fee

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-10846

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

Amount of Each Disbursement this Period

34.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

20288.18

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Costco	<b>Transaction ID:</b> B-E-10849 <b>Date of Disbursement</b>
Mailing Address 2051 S Cole Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83709-2815	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Food & Beverages	<div> <div>50.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> B-E-10850 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement General Office Supplies	<div> <div>64.91</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> B-E-10851 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement General Office Supplies	<div> <div>513.89</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**628.80**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**Full Name (Last, First, Middle Initial)  
Tortilla Coast

Mailing Address 400 1st Street SE

City Washington State DC Zip Code 20003-1826

Purpose of Disbursement  
Catering

Candidate Name

003

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-10852

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	8

Amount of Each Disbursement this Period

468.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Costco

Mailing Address 2051 S Cole Road

City Boise State ID Zip Code 83709-2815

Purpose of Disbursement  
General Office Supplies

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9740

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Amount of Each Disbursement this Period

177.86

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Hoff Building

Mailing Address PO Box 108

City Boise State ID Zip Code 83701-0108

Purpose of Disbursement  
Office Rent

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9564

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	8

Amount of Each Disbursement this Period

1657.53

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

2303.88

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Christina Sali

Mailing Address 175 Linke Court

City Kuna State ID Zip Code 83634-2053

Purpose of Disbursement  
Reimbursement- Mileage

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-9565

Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

66.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
William T. Sali

Mailing Address 175 Linke Court

City Kuna State ID Zip Code 83634-2053

Purpose of Disbursement  
Lodging & Meal Expense

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-9563

Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

300.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
William T. Sali

Mailing Address 175 Linke Court

City Kuna State ID Zip Code 83634-2053

Purpose of Disbursement  
Airfare & Mileage

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-9739

Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

300.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

668.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Albertsons	<b>Transaction ID:</b> B-E-10858
Mailing Address 4700 N Eagle Road	Date of Disbursement
City Boise State ID Zip Code 83713-0744 Purpose of Disbursement Food & Beverages Candidate Name	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 28 / 2008
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text"/> 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) WalMart	<b>Transaction ID:</b> B-E-10857
Mailing Address 4051 E Fairview Avenue	Date of Disbursement
City Meridian State ID Zip Code 83642-5801 Purpose of Disbursement General Office Supplies Candidate Name	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 28 / 2008
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text"/> 21.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) WalMart	<b>Transaction ID:</b> B-E-10860
Mailing Address 4051 E Fairview Avenue	Date of Disbursement
City Meridian State ID Zip Code 83642-5801 Purpose of Disbursement General Office Supplies Candidate Name	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 28 / 2008
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text"/> 17.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**113.57**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Home Depot</p> <p>Mailing Address 1100 S. Progress</p> <p>City Meridian State ID Zip Code 83642</p> <p>Purpose of Disbursement General Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-10863</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>2 9</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>72.03</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Albertsons</p> <p>Mailing Address 4700 N Eagle Road</p> <p>City Boise State ID Zip Code 83713-0744</p> <p>Purpose of Disbursement Meal Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-10869</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>3 0</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>74.08</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Marie Callender's Restaurant</p> <p>Mailing Address 8574 W Fairview Avenue</p> <p>City Boise State ID Zip Code 83704-8320</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-10866</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>3 0</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>375.50</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <div>521.61</div></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ► <div></div></p>	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**Full Name (Last, First, Middle Initial)  
Qwest

Mailing Address 173638 PO Box

City State Zip Code  
Denver CO 80244-0001Purpose of Disbursement  
Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**Transaction ID:** B-E-10865

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Amount of Each Disbursement this Period

1050.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
The Car Park, Inc.Mailing Address 405 S 8th Street  
Suite 371City State Zip Code  
Boise ID 83702-7148Purpose of Disbursement  
Transportation

Candidate Name

002  
Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**Transaction ID:** B-E-10867

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Amount of Each Disbursement this Period

304.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 770 S 13th Street

City State Zip Code  
Boise ID 83708-0001Purpose of Disbursement  
Postage

Candidate Name

003  
Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**Transaction ID:** B-E-10868

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Amount of Each Disbursement this Period

420.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

1774.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

Michelle Glasglow

Mailing Address 5010 Allamar Drive

City State Zip Code  
Boise ID 83704-2305

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-9566

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

6882.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Authorize.Net Corp.

Mailing Address 915 S 500 E  
Suite 200

City State Zip Code  
American Fork UT 84003-3373

Purpose of Disbursement

E-Merchant Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-9749

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

22.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Eliot Management Group

Mailing Address 1673 Shoreline Drive  
Suite 160

City State Zip Code  
Boise ID 83702-6751

Purpose of Disbursement

E-Merchant Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-9750

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

42.39

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

6946.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <p>Mailing Address 1673 Shoreline Drive Suite 160</p> <p>City Boise State ID Zip Code 83702-6751</p> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9751  <b>Date of Disbursement</b>  <div>08 / 01 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>36.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sonoma Restaurant</p> <p>Mailing Address 223 Pennsylvania Avenue SE</p> <p>City Washington State ID Zip Code 20003-1107</p> <p>Purpose of Disbursement Meal Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-10870  <b>Date of Disbursement</b>  <div>08 / 01 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>210.10</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Albertsons</p> <p>Mailing Address 4700 N Eagle Road</p> <p>City Boise State ID Zip Code 83713-0744</p> <p>Purpose of Disbursement General Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-10871  <b>Date of Disbursement</b>  <div>08 / 04 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>16.91</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**263.01**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Blue Point LLC</p> <p>Mailing Address 8707 E Vista Bonita Drive Suite 240</p> <p>City Scottsdale State AZ Zip Code 85255-3214</p> <p>Purpose of Disbursement Direct Mail Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> B-E-11376  <b>Date of Disbursement</b>  <div>08 / 04 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>2075.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Blue Point LLC</p> <p>Mailing Address 8707 E Vista Bonita Drive Suite 240</p> <p>City Scottsdale State AZ Zip Code 85255-3214</p> <p>Purpose of Disbursement Direct Mail Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> B-E-11377  <b>Date of Disbursement</b>  <div>08 / 04 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>925.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 2051 S Cole Road</p> <p>City Boise State ID Zip Code 83709-2815</p> <p>Purpose of Disbursement General Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> B-E-10872  <b>Date of Disbursement</b>  <div>08 / 04 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>36.75</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3036.75**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <p>Mailing Address 1673 Shoreline Drive Suite 160</p> <p>City Boise State ID Zip Code 83702-6751</p> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-10966</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 36.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <p>Mailing Address 1673 Shoreline Drive Suite 160</p> <p>City Boise State ID Zip Code 83702-6751</p> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-10967</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 42.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <p>Mailing Address 1673 Shoreline Drive Suite 160</p> <p>City Boise State ID Zip Code 83702-6751</p> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-10968</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 22.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 100.39</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> B-E-10873 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement General Office Supplies	<div> <div>31.24</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> B-E-10874 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement General Office Supplies	<div> <div>579.14</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Republic Storage	<b>Transaction ID:</b> B-E-10876 <b>Date of Disbursement</b>
Mailing Address 627 S Meridian Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Meridian State ID Zip Code 83642-2932	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Storage	<div> <div>37.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**647.38**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Republic Storage	<b>Transaction ID:</b> B-E-9753 <b>Date of Disbursement</b>
Mailing Address 627 S Meridian Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Meridian State ID Zip Code 83642-2932	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Storage	<div> <div>66.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) The Business Process Doctor	<b>Transaction ID:</b> B-E-9755 <b>Date of Disbursement</b>
Mailing Address 522 W. Welch Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Meridian State ID Zip Code 83646	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Strategic Campaign Consulting	<div> <div>3026.50</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Christina Sali	<b>Transaction ID:</b> B-E-9754 <b>Date of Disbursement</b>
Mailing Address 175 Linke Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City Kuna State ID Zip Code 83634-2053	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div> <div>854.32</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3946.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Melinda Sinew

Mailing Address 3077 W Cedar Grove Street

City State Zip Code  
Meridian ID 83646-2909

Purpose of Disbursement  
Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-9752

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Noah Wall

Mailing Address 4791 N Nystrom Place

City State Zip Code  
Boise ID 83713-2523

Purpose of Disbursement  
Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-9756

Date of Disbursement

/   /

Amount of Each Disbursement this Period

670.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Eliot Management Group

Mailing Address 1673 Shoreline Drive  
Suite 160

City State Zip Code  
Boise ID 83702-6751

Purpose of Disbursement  
E-Merchant Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-10969

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

883.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Best Western Mailing Address 506 W Appleway Avenue	<b>Transaction ID:</b> B-E-10882 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div>
City Coeur D' Alene State ID Zip Code 83814-9510 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Eliot Management Group Mailing Address 1673 Shoreline Drive Suite 160 City Boise State ID Zip Code 83702-6751 Purpose of Disbursement E-Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-10970 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>7.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P.O. Box 36647 - 1CR City Dallas State TX Zip Code 75235-1647 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-10879 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>231.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**338.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
USPS - Cole Road

Mailing Address 3485 N. Cole Road

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
Postage

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-10883

Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

420.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Michelle Glasgow

Mailing Address 5010 Allamar Drive

City State Zip Code  
Boise ID 83704-2305

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-9758

Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

6000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 1st Street, SE

City State Zip Code  
Washington DC 20003-1801

Purpose of Disbursement  
Meal Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-9771

Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

168.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

6588.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
Downtown Storage Center

Mailing Address 510 South 11th

City State Zip Code  
Boise ID 83702

Purpose of Disbursement  
Storage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9772

Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

48.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
ShirtStock.com

Mailing Address 8425 Valley View Drive

City State Zip Code  
Boise ID 83704-4474

Purpose of Disbursement  
Campaign Mementos

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9773

Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

720.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Thorne Printing Company, Inc.

Mailing Address 623 12th Ave Road

City State Zip Code  
Nampa ID 83686-5701

Purpose of Disbursement  
Printing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9774

Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

2535.31

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

3304.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 9622	<b>Transaction ID:</b> B-E-9775 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 8</div> </div>
City Mission Hills State CA Zip Code 91346-9622 Purpose of Disbursement Cellular Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>443.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Aristotle Mailing Address 205 Pennsylvania Avenue SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Software Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-10889 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Deluxe Business Checks Mailing Address P.O. Box 742572 City Cincinnati State OH Zip Code 45274 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-10980 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>105.36</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2548.54**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 8033 W. Franklin Towne Plaza

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
General Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-10888

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

9.52

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Paul's Market

Mailing Address 700 E Avalon

City State Zip Code  
Kuna ID 83634

Purpose of Disbursement  
Meal Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-10887

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

21.19

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Brown Rental

Mailing Address 11000 W Fairview Avenue

City State Zip Code  
Boise ID 83713-7932

Purpose of Disbursement  
Fundraising Event Decorations

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-10891

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

23.32

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

54.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Aristotle Mailing Address 205 Pennsylvania Avenue SE	<b>Transaction ID:</b> B-E-10895 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Software Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>1500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address 8033 W. Franklin Towne Plaza City Boise State ID Zip Code 83704 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-10896 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>15.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) City of Caldwell Mailing Address 411 Blaine Street City Caldwell State ID Zip Code 83605-3619 Purpose of Disbursement Program Expense- Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-9818 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>466.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1981.35**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**Full Name (Last, First, Middle Initial)  
Paul's Market

Mailing Address 700 E Avalon

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Catering

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-10899

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Amount of Each Disbursement this Period

117.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Christina Sali

Mailing Address 175 Linke Court

City Kuna State ID Zip Code 83634-2053

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9776

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Amount of Each Disbursement this Period

152.63

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Best Western

Mailing Address 506 W Appleway Avenue

City Coeur D' Alene State ID Zip Code 83814-9510

Purpose of Disbursement  
Lodging Fee

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-10900

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Disbursement this Period

26.14

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

296.39

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Kendra Stockton

Mailing Address 2451 Watts Lane

City State Zip Code  
Payette ID 83661-5328

Purpose of Disbursement  
Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-9819

Date of Disbursement

/   /

Amount of Each Disbursement this Period

324.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Paper Express

Mailing Address 7550 W Fairview Avenue

City State Zip Code  
Boise ID 83704-8413

Purpose of Disbursement  
General Office Supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-10903

Date of Disbursement

/   /

Amount of Each Disbursement this Period

28.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Paper Express

Mailing Address 7550 W Fairview Avenue

City State Zip Code  
Boise ID 83704-8413

Purpose of Disbursement  
Printing

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-10906

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.42

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

427.73

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Paper Express

Mailing Address 7550 W Fairview Avenue

City State Zip Code  
Boise ID 83704-8413

Purpose of Disbursement  
Printing

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-10908

Date of Disbursement

/   /

Amount of Each Disbursement this Period

104.57

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Shell

Mailing Address N8841 Commerce Dr.

City State Zip Code  
Hayden Lake ID 83835

Purpose of Disbursement  
Fuel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-10902

Date of Disbursement

/   /

Amount of Each Disbursement this Period

89.27

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code  
Dallas TX 75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-10909

Date of Disbursement

/   /

Amount of Each Disbursement this Period

231.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

424.84

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Southwest Airlines	<b>Transaction ID:</b> B-E-10910 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 36647 - 1CR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Dallas State TX Zip Code 75235-1647	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare	<table border="1"> <tr> <td colspan="10">231.00</td> </tr> </table>	231.00																			
231.00																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Staples, Inc.	<b>Transaction ID:</b> B-E-10905 <b>Date of Disbursement</b>																				
Mailing Address 13853 W. Chinden Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Boise State ID Zip Code 83714	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement General Office Supplies	<table border="1"> <tr> <td colspan="10">67.29</td> </tr> </table>	67.29																			
67.29																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paper Express	<b>Transaction ID:</b> B-E-10914 <b>Date of Disbursement</b>																				
Mailing Address 7550 W Fairview Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Boise State ID Zip Code 83704-8413	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Printing	<table border="1"> <tr> <td colspan="10">105.26</td> </tr> </table>	105.26																			
105.26																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

403.55

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) USPS - Cole Road Mailing Address 3485 N. Cole Road	<b>Transaction ID:</b> B-E-10915 <b>Date of Disbursement</b> <div> <div>08</div> <div>20</div> <div>2008</div> </div>
City Boise State ID Zip Code 83704 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>270.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) USPS - Cole Road Mailing Address 3485 N. Cole Road City Boise State ID Zip Code 83704 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-10916 <b>Date of Disbursement</b> <div> <div>08</div> <div>20</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>420.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) 123Decal LLC Mailing Address 601 E Badley Avenue City Meridian State ID Zip Code 83642-8707 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9822 <b>Date of Disbursement</b> <div> <div>08</div> <div>21</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1615.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2305.80**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Ameritel Inns - Coeur D' Alene	<b>Transaction ID:</b> B-E-11077 <b>Date of Disbursement</b>
Mailing Address 645 Linsday Boulevard	<div> <div>08</div> <div>21</div> <div>2008</div> </div>
City Idaho Falls State ID Zip Code 83402	Amount of Each Disbursement this Period <div>113.40</div>
Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>002</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Auto Sort	<b>Transaction ID:</b> B-E-9820 <b>Date of Disbursement</b>
Mailing Address PO Box 191025	<div> <div>08</div> <div>21</div> <div>2008</div> </div>
City Boise State ID Zip Code 83719-1025	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement Printing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>003</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Clear Voice Telecom	<b>Transaction ID:</b> B-E-9821 <b>Date of Disbursement</b>
Mailing Address 1880 S Cobalt Point Way Suite 300	<div> <div>08</div> <div>21</div> <div>2008</div> </div>
City Meridian State ID Zip Code 83642-5893	Amount of Each Disbursement this Period <div>4.95</div>
Purpose of Disbursement Telephone Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>001</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**5118.35**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 2051 S Cole Road</p> <p>City Boise State ID Zip Code 83709-2815</p> <p>Purpose of Disbursement General Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11076</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>2 1</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>174.18</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Romney for President Inc.</p> <p>Mailing Address 585 Commercial Street</p> <p>City Boston State MA Zip Code 02109-1024</p> <p>Purpose of Disbursement Inkind: Voter List</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-I-11342</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>2 1</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>325.50</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) USPS - Cole Road</p> <p>Mailing Address 3485 N. Cole Road</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11075</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>2 1</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>4.80</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**504.48**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
Christina Sali

Mailing Address 175 Linke Court

City State Zip Code  
Kuna ID 83634-2053

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9839

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

74.89

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Ameritel Inns - Coeur D' Alene

Mailing Address 645 Linsday Boulevard

City State Zip Code  
Idaho Falls ID 83402

Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11080

Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

113.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Paper Express

Mailing Address 7550 W Fairview Avenue

City State Zip Code  
Boise ID 83704-8413

Purpose of Disbursement  
Printing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11079

Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

59.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

247.39

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Staples, Inc.

Mailing Address 13853 W. Chinden Boulevard

City State Zip Code  
Boise ID 83714

Purpose of Disbursement  
General Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-11181

Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
US Bankcorp.

Mailing Address 800 Nicollet Mall

City State Zip Code  
Minneapolis MN 55402

Purpose of Disbursement  
Banking Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-11182

Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

3.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
USPS - Cole Road

Mailing Address 3485 N. Cole Road

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B-E-11180

Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

10.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

43.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> B-E-11088 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement General Office Supplies	<div> <div>154.12</div> </div>
Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Hertz Spokane	<b>Transaction ID:</b> B-E-11091 <b>Date of Disbursement</b>
Mailing Address 5516 W Comanche Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 6 / 2 0 0 8</div> </div>
City Spokane State WA Zip Code 99208	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Transportation	<div> <div>431.98</div> </div>
Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> B-E-11090 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 6 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement General Office Supplies	<div> <div>68.85</div> </div>
Candidate Name	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**654.95**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Paper Express Mailing Address 7550 W Fairview Avenue	<b>Transaction ID:</b> B-E-11093 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 6 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83704-8413 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>227.92</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) USPS - Cole Road Mailing Address 3485 N. Cole Road	<b>Transaction ID:</b> B-E-11089 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 6 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83704 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>630.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) USPS - Cole Road Mailing Address 3485 N. Cole Road	<b>Transaction ID:</b> B-E-7439 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83704 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>130.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

987.92

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City Dallas State TX Zip Code 75235-1647</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11100</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>2 8</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>231.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) WalMart</p> <p>Mailing Address 4051 E Fairview Avenue</p> <p>City Meridian State ID Zip Code 83642-5801</p> <p>Purpose of Disbursement General Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11096</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>2 8</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>45.14</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Washington Mutual</p> <p>Mailing Address 5425 W Chinden Boulevard</p> <p>City Garden City State ID Zip Code 83714-1468</p> <p>Purpose of Disbursement Banking Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11094</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>2 8</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>34.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**310.14**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Zucker Feather Products	<b>Transaction ID:</b> B-E-11097 <b>Date of Disbursement</b>
Mailing Address 28419 Highway 87	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 8</div> </div>
City State Zip Code California MO 65018	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Mementos	<div> <div>359.39</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Data One, LLC	<b>Transaction ID:</b> B-E-11109 <b>Date of Disbursement</b>
Mailing Address 413 W Idaho Street Suite 202	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City State Zip Code Boise ID 83702-6043	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Printing	<div> <div>48.51</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> B-E-11110 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City State Zip Code Boise ID 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement General Office Supplies	<div> <div>105.99</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**513.89**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address PO Box 66100	<b>Transaction ID:</b> B-E-11111 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60666 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>666.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E Fairview Avenue City Meridian State ID Zip Code 83642-5801 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-11105 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>13.04</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Washington Mutual Mailing Address 5425 W Chinden Boulevard City Garden City State ID Zip Code 83714-1468 Purpose of Disbursement Banking Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-11095 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>238.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**917.04**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
WinCo

Mailing Address 110 E Myrtle

City State Zip Code  
Boise ID 83702

Purpose of Disbursement  
Food & Beverages

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B-E-11104

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

70.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Albertsons

Mailing Address 4700 N Eagle Road

City State Zip Code  
Boise ID 83713-0744

Purpose of Disbursement  
General Office Supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B-E-11117

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

9.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Authorize.Net Corp.

Mailing Address 915 S 500 E  
Suite 200

City State Zip Code  
American Fork UT 84003-3373

Purpose of Disbursement  
E-Merchant Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B-E-9840

Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

22.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

103.36

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Beuk's Bagel's Mailing Address 2609 Blaine Street	<b>Transaction ID:</b> B-E-11120 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	2		2	0	0	8													
City Caldwell State ID Zip Code 83605-4430 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>469.58</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	469.58																				
469.58																						
<b>B.</b> Full Name (Last, First, Middle Initial) Brown Rental Mailing Address 11000 W Fairview Avenue City Boise State ID Zip Code 83713-7932 Purpose of Disbursement Fundraising Event Decorations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-11119 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>477.79</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	8	477.79
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	2		2	0	0	8													
477.79																						
<b>C.</b> Full Name (Last, First, Middle Initial) Cash & Carry Mailing Address 1700 Shoreline Drive City Boise State ID Zip Code 83702 Purpose of Disbursement Meal Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-11115 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>65.73</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	8	65.73
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	2		2	0	0	8													
65.73																						

SUBTOTAL of Disbursements This Page (optional) .....

1013.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Cash & Carry Mailing Address 1700 Shoreline Drive	<b>Transaction ID:</b> B-E-11118 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 8</div> </div>
City State Zip Code Boise ID 83702 Purpose of Disbursement Food & Beverages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>766.09</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Deluxe Business Checks Mailing Address P.O. Box 742572 City State Zip Code Cincinnati OH 45274 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-9843 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>75.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Deluxe Business Checks Mailing Address P.O. Box 742572 City State Zip Code Cincinnati OH 45274 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-9844 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>94.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**935.59**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <hr/> <p>Mailing Address 1673 Shoreline Drive Suite 160</p> <hr/> <p>City Boise State ID Zip Code 83702-6751</p> <hr/> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-9841</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 02 / 2008</div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">46.29</div> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <hr/> <p>Mailing Address 1673 Shoreline Drive Suite 160</p> <hr/> <p>City Boise State ID Zip Code 83702-6751</p> <hr/> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-9842</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 02 / 2008</div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">36.00</div> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Tates Rent</p> <hr/> <p>Mailing Address 1502 Broadway Avenue</p> <hr/> <p>City Boise State ID Zip Code 83706</p> <hr/> <p>Purpose of Disbursement Fundraising Event Decorations</p> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">003 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-11116</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 02 / 2008</div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">550.52</div> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**632.81**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) WinCo Mailing Address 110 E Myrtle	<b>Transaction ID:</b> B-E-11114 <b>Date of Disbursement</b> <div> <div>09</div> <div>02</div> <div>2008</div> </div>
City Boise State ID Zip Code 83702 Purpose of Disbursement Food & Beverages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>51.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Deluxe Business Checks Mailing Address P.O. Box 742572 City Cincinnati State OH Zip Code 45274 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-10982 <b>Date of Disbursement</b> <div> <div>09</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>94.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Deluxe Business Checks Mailing Address P.O. Box 742572 City Cincinnati State OH Zip Code 45274 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-10983 <b>Date of Disbursement</b> <div> <div>09</div> <div>03</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>75.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**221.14**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <hr/> <p>Mailing Address 1673 Shoreline Drive Suite 160</p> <hr/> <p>City Boise State ID Zip Code 83702-6751</p> <hr/> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-10984</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 8</div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">36.00</div> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <hr/> <p>Mailing Address 1673 Shoreline Drive Suite 160</p> <hr/> <p>City Boise State ID Zip Code 83702-6751</p> <hr/> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-10985</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 8</div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">46.29</div> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <hr/> <p>Mailing Address 1673 Shoreline Drive Suite 160</p> <hr/> <p>City Boise State ID Zip Code 83702-6751</p> <hr/> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> B-E-10986</p> <p>Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 8</div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.90</div> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**105.19**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> B-E-11121 <b>Date of Disbursement</b>																				
Mailing Address 8033 W. Franklin Towne Plaza	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	0	8												
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement General Office Supplies	<table border="1"> <tr> <td colspan="10">5.68</td> </tr> </table>	5.68																			
5.68																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type 001																				
<b>B.</b> Full Name (Last, First, Middle Initial) Red Lion's Templin	<b>Transaction ID:</b> B-E-11123 <b>Date of Disbursement</b>																				
Mailing Address 414 East First Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	0	8												
City Post Falls State ID Zip Code 83854	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Food & Beverages	<table border="1"> <tr> <td colspan="10">400.26</td> </tr> </table>	400.26																			
400.26																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type 003																				
<b>C.</b> Full Name (Last, First, Middle Initial) Republic Storage	<b>Transaction ID:</b> B-E-11122 <b>Date of Disbursement</b>																				
Mailing Address 627 S Meridian Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	0	8												
City Meridian State ID Zip Code 83642-2932	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Storage	<table border="1"> <tr> <td colspan="10">37.00</td> </tr> </table>	37.00																			
37.00																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type 001																				

SUBTOTAL of Disbursements This Page (optional) .....

442.94

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**Full Name (Last, First, Middle Initial)  
Eliot Management GroupMailing Address 1673 Shoreline Drive  
Suite 160

City Boise State ID Zip Code 83702-6751

Purpose of Disbursement  
E-Merchant Fee

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-10990

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Amount of Each Disbursement this Period

7.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Rely of Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue SE

City Washington State ID Zip Code 20003-1107

Purpose of Disbursement  
Inkind: Airfare & Lodging

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-I-11341

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Amount of Each Disbursement this Period

538.67

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
The Car Park, Inc.Mailing Address 405 S 8th Street  
Suite 371

City Boise State ID Zip Code 83702-7148

Purpose of Disbursement  
Transportation

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11129

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Amount of Each Disbursement this Period

180.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

725.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
USPS - Cole Road

Mailing Address 3485 N. Cole Road

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11125

Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

3.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Data One, LLC

Mailing Address 413 W Idaho Street  
Suite 202

City State Zip Code  
Boise ID 83702-6043

Purpose of Disbursement  
Printing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11135

Date of Disbursement

09 / 05 / 2008

Amount of Each Disbursement this Period

468.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
USPS - Cole Road

Mailing Address 3485 N. Cole Road

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11130

Date of Disbursement

09 / 05 / 2008

Amount of Each Disbursement this Period

42.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

514.93

TOTAL This Period (last page this line number only) .....

X	17		18		19a		19b
	20a		20b		20c		21

**A.**

**B.**

**C.**

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address 8033 W. Franklin Towne Plaza	<b>Transaction ID:</b> B-E-11138 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 8</div> </div>
City State Zip Code Boise ID 83704 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>27.55</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Best Western Mailing Address 506 W Appleway Avenue City State Zip Code Coeur D' Alene ID 83814-9510 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-11144 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>158.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Best Western Mailing Address 506 W Appleway Avenue City State Zip Code Coeur D' Alene ID 83814-9510 Purpose of Disbursement Lodging Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-11145 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>28.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**214.14**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**

Full Name (Last, First, Middle Initial)

Capitol Hill Club

Mailing Address 300 1st Street, SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement

Meal Expense

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9576

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Amount of Each Disbursement this Period

168.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Centaur Creative Media

Mailing Address 449 S Fitness Place

City Eagle State ID Zip Code 83616-6828

Purpose of Disbursement

Advertising

Candidate Name

004  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9584

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Amount of Each Disbursement this Period

4950.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Clear Voice Telecom

Mailing Address 1880 S Cobalt Point Way  
Suite 300

City Meridian State ID Zip Code 83642-5893

Purpose of Disbursement

Telephone Service

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9574

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Amount of Each Disbursement this Period

29.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

5148.51

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Committed Caseworks Mailing Address 3129 W Chinden Boulevard	<b>Transaction ID:</b> B-E-9588 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83714-6634 Purpose of Disbursement Facility Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>450.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Confetti Productions Mailing Address 176 S. Cole Road City Boise State ID Zip Code 83709 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9585 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>450.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Elite Telecom Mailing Address 10400 W Overland Road City Boise State ID Zip Code 83709-1433 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9578 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>487.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1387.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Hammond & Associates Mailing Address PO Box 368	<b>Transaction ID:</b> B-E-9572 <b>Date of Disbursement</b> <div> <div>09</div> <div>09</div> <div>2008</div> </div>
City Falls Church State VA Zip Code 22040-0368 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>2757.87</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Idaho State Tax Commission Mailing Address PO Box 76 City Boise State ID Zip Code 83707 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9582 <b>Date of Disbursement</b> <div> <div>09</div> <div>09</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>127.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Qwest Mailing Address 173638 PO Box City Denver State CO Zip Code 80244-0001 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9571 <b>Date of Disbursement</b> <div> <div>09</div> <div>09</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1291.97</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**4177.74**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**Full Name (Last, First, Middle Initial)  
Republic Storage

Mailing Address 627 S Meridian Road

City Meridian State ID Zip Code 83642-2932

Purpose of Disbursement  
Storage

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9591

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Amount of Each Disbursement this Period

66.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
SCM Associates

Mailing Address 10 Main Street

City Jaffrey State NH Zip Code 03452-6193

Purpose of Disbursement  
Printing

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9934

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Amount of Each Disbursement this Period

4114.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
The Business Process Doctor

Mailing Address 522 W. Welch Street

City Meridian State ID Zip Code 83646

Purpose of Disbursement  
Strategic Campaign Consulting

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9595

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Amount of Each Disbursement this Period

3000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

7180.54

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Veritas Advisors

Mailing Address 802 W Bannock Street  
Suite 401

City Boise State ID Zip Code 83702-5841

Purpose of Disbursement  
Strategic Campaign Consulting  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: B-E-9569  
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 9622

City Mission Hills State CA Zip Code 91346-9622

Purpose of Disbursement  
Cellular Phone Service  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: B-E-9577  
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

462.91

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
LeeAnn Callear

Mailing Address 4403 Cavendish Road

City Ahsahka State ID Zip Code 83520-9703

Purpose of Disbursement  
Payroll  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: B-E-9580  
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

1237.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2700.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Connie Glasgow</p> <p>Mailing Address 6719 W Overland Road Apartment 101</p> <p>City Boise State ID Zip Code 83709-2063</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9596</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="230.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jonathan Parker</p> <p>Mailing Address 1201 N Liberty Street Apartment 916</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Strategic Campaign Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9593</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2840.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Terry Sali</p> <p>Mailing Address 175 Linke Court</p> <p>City Kuna State ID Zip Code 83634</p> <p>Purpose of Disbursement Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9589</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1025.34"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4095.34**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Kendra Stockton	<b>Transaction ID:</b> B-E-9935
Mailing Address 2451 Watts Lane	Date of Disbursement
City Payette State ID Zip Code 83661-5328	<div> <div>09</div> <div>09</div> <div>2008</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Payroll	<div>970.64</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>001</div> Category/ Type
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Noah Wall	<b>Transaction ID:</b> B-E-9568
Mailing Address 4791 N Nystrom Place	Date of Disbursement
City Boise State ID Zip Code 83713-2523	<div> <div>09</div> <div>09</div> <div>2008</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Payroll	<div>310.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>001</div> Category/ Type
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Paper Express	<b>Transaction ID:</b> B-E-11147
Mailing Address 7550 W Fairview Avenue	Date of Disbursement
City Boise State ID Zip Code 83704-8413	<div> <div>09</div> <div>10</div> <div>2008</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Printing	<div>89.18</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>003</div> Category/ Type
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**1369.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) USPS - Cole Road	<b>Transaction ID:</b> B-E-11148 <b>Date of Disbursement</b>
Mailing Address 3485 N. Cole Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83704	Amount of Each Disbursement this Period
Purpose of Disbursement Postage	<div> <div>630.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) WalMart	<b>Transaction ID:</b> B-E-11149 <b>Date of Disbursement</b>
Mailing Address 4051 E Fairview Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div>
City Meridian State ID Zip Code 83642-5801	Amount of Each Disbursement this Period
Purpose of Disbursement General Office Supplies	<div> <div>57.20</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Alaska Airlines	<b>Transaction ID:</b> B-E-11152 <b>Date of Disbursement</b>
Mailing Address PO Box 68900	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 8</div> </div>
City Seattle State WA Zip Code 98168	Amount of Each Disbursement this Period
Purpose of Disbursement Airfare	<div> <div>232.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**919.20**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) USPS - Cole Road Mailing Address 3485 N. Cole Road	<b>Transaction ID:</b> B-E-11150 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 8</div> </div>
City State Zip Code Boise ID 83704 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5.39</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Data One, LLC Mailing Address 413 W Idaho Street Suite 202 City State Zip Code Boise ID 83702-6043 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-11153 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>145.53</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address 8033 W. Franklin Towne Plaza City State Zip Code Boise ID 83704 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> B-E-11154 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>4.10</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div> <div></div> <div>155.02</div> </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div> <div></div> </div>



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
Idaho Senior News, Inc.

Mailing Address PO Box 44508

City State Zip Code  
Boise ID 83711-0508

Purpose of Disbursement  
Advertising

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9936

Date of Disbursement

09 / 13 / 2008

Amount of Each Disbursement this Period

1698.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Downtown Storage Center

Mailing Address 510 South 11th

City State Zip Code  
Boise ID 83702

Purpose of Disbursement  
Storage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9938

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

36.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Staples, Inc.

Mailing Address 13853 W. Chinden Boulevard

City State Zip Code  
Boise ID 83714

Purpose of Disbursement  
General Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11155

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

76.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1810.08

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Staples, Inc.	<b>Transaction ID:</b> B-E-11158 <b>Date of Disbursement</b>
Mailing Address 13853 W. Chinden Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Boise ID 83714	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement General Office Supplies	<div> <div>41.51</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) US Bankcorp.	<b>Transaction ID:</b> B-E-9598 <b>Date of Disbursement</b>
Mailing Address 800 Nicollet Mall	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Minneapolis MN 55402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement E-Merchant Fee	<div> <div>1000.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) USPS - Coeur D' Alene	<b>Transaction ID:</b> B-E-11157 <b>Date of Disbursement</b>
Mailing Address 111 North 7th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Coeur D' Alene ID 83814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Postage	<div> <div>1260.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**2301.51**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Melinda Sinew Mailing Address 3077 W Cedar Grove Street	<b>Transaction ID:</b> B-E-9937 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 8</div> </div>
City Meridian State ID Zip Code 83646-2909 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Centaur Creative Media Mailing Address 449 S Fitness Place City Eagle State ID Zip Code 83616-6828 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9455 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>35535.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Centaur Creative Media Mailing Address 449 S Fitness Place City Eagle State ID Zip Code 83616-6828 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-9479 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>35913.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**71748.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Paper Express	<b>Transaction ID:</b> B-E-11167
Mailing Address 7550 W Fairview Avenue	Date of Disbursement
	<div> <div>09</div> <div>16</div> <div>2008</div> </div>
City Boise State ID Zip Code 83704-8413	Amount of Each Disbursement this Period
Purpose of Disbursement Printing	<div>12.87</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General State: District: <input type="checkbox"/> Other (specify) ▼	<div>003</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Shell	<b>Transaction ID:</b> B-E-11168
Mailing Address N8841 Commerce Dr.	Date of Disbursement
City Hayden Lake State ID Zip Code 83835	Amount of Each Disbursement this Period
Purpose of Disbursement Fuel	<div>20.02</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General State: District: <input type="checkbox"/> Other (specify) ▼	<div>002</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Shell	<b>Transaction ID:</b> B-E-11171
Mailing Address N8841 Commerce Dr.	Date of Disbursement
City Hayden Lake State ID Zip Code 83835	Amount of Each Disbursement this Period
Purpose of Disbursement Fuel	<div>40.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General State: District: <input type="checkbox"/> Other (specify) ▼	<div>002</div> Category/ Type
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>72.89</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) USPS - Cole Road</p> <p>Mailing Address 3485 N. Cole Road</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Postage 003 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> B-E-11170  <b>Date of Disbursement</b>            09 / 16 / 2008</p> <p>Amount of Each Disbursement this Period            135.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Tyler R. Hurst</p> <p>Mailing Address 601 E Badley Avenue</p> <p>City Meridian State ID Zip Code 83642-8707</p> <p>Purpose of Disbursement Reimbursement- Mileage 002 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> B-E-9454  <b>Date of Disbursement</b>            09 / 16 / 2008</p> <p>Amount of Each Disbursement this Period            256.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Christina Sali</p> <p>Mailing Address 175 Linke Court</p> <p>City Kuna State ID Zip Code 83634-2053</p> <p>Purpose of Disbursement Reimbursement- Mileage 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> B-E-9452  <b>Date of Disbursement</b>            09 / 16 / 2008</p> <p>Amount of Each Disbursement this Period            212.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**603.87**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Conservative Victory Fund</p> <hr/> <p>Mailing Address 1101 Pennsylvania Avenue SE Suite 201</p> <hr/> <p>City Washington State DC Zip Code 20003-2277</p> <hr/> <p>Purpose of Disbursement Inkind: Invitations</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <hr/> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-I-11344  <b>Date of Disbursement</b>  <div>09 / 17 / 2008</div></p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>415.40</div></p> <hr/> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Dustin Hurst</p> <hr/> <p>Mailing Address 9534 W. Rustice</p> <hr/> <p>City Boise State ID Zip Code 83709</p> <hr/> <p>Purpose of Disbursement Computer Equipment</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <hr/> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9956  <b>Date of Disbursement</b>  <div>09 / 17 / 2008</div></p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>399.85</div></p> <hr/> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Auto Sort</p> <hr/> <p>Mailing Address PO Box 191025</p> <hr/> <p>City Boise State ID Zip Code 83719-1025</p> <hr/> <p>Purpose of Disbursement Printing</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <hr/> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-9957  <b>Date of Disbursement</b>  <div>09 / 18 / 2008</div></p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>13600.00</div></p> <hr/> <p><input type="checkbox"/> Refund or Disposal of Excess  Contributions Required Under  11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**14415.25**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Paper Express	<b>Transaction ID:</b> B-E-11173 <b>Date of Disbursement</b>
Mailing Address 7550 W Fairview Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 8</div> </div>
City Boise State ID Zip Code 83704-8413	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Printing	<div> <div>349.38</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) 123Decal LLC	<b>Transaction ID:</b> B-E-9457 <b>Date of Disbursement</b>
Mailing Address 601 E Badley Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 8</div> </div>
City Meridian State ID Zip Code 83642-8707	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Printing	<div> <div>822.56</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Blue Point LLC	<b>Transaction ID:</b> B-E-9461 <b>Date of Disbursement</b>
Mailing Address 8707 E Vista Bonita Drive Suite 240	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 8</div> </div>
City Scottsdale State AZ Zip Code 85255-3214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Printing	<div> <div>12117.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**13288.94**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**

Full Name (Last, First, Middle Initial)

Fred Meyer

Mailing Address 1850 E Fairview Ave

City State Zip Code  
Boise ID 83704

Purpose of Disbursement

Fuel

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11177

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Amount of Each Disbursement this Period

19.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address 13853 W. Chinden Boulevard

City State Zip Code  
Boise ID 83714

Purpose of Disbursement

General Office Supplies

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11176

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Amount of Each Disbursement this Period

133.52

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

USPS - Cole Road

Mailing Address 3485 N. Cole Road

City State Zip Code  
Boise ID 83704

Purpose of Disbursement

Postage

Candidate Name

003

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11174

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Amount of Each Disbursement this Period

1260.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1412.58

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
USPS - Cole Road

Mailing Address 3485 N. Cole Road

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
Postage

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11178

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1680.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Warfield and Company

Mailing Address 3122 Rokeby Road

City State Zip Code  
Delaplane VA 20144-1956

Purpose of Disbursement  
Advertising

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9460

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

12247.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Jesseca Sali

Mailing Address 1113 W Greenhead Street

City State Zip Code  
Meridian ID 83634

Purpose of Disbursement  
Reimbursement- Program Expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9464

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

14127.78

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
Albertsons

Mailing Address 4700 N Eagle Road

City State Zip Code  
Boise ID 83713-0744

Purpose of Disbursement  
General Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11186

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

17.02

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Albertsons

Mailing Address 4700 N Eagle Road

City State Zip Code  
Boise ID 83713-0744

Purpose of Disbursement  
General Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11187

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

95.83

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Ameritel Inns - Coeur D' Alene

Mailing Address 645 Linsday Boulevard

City State Zip Code  
Idaho Falls ID 83402

Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11192

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

107.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

220.59

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Coeur D' Alene Resort Mailing Address 115 S. 2nd St.	<b>Transaction ID:</b> B-E-11193 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div>
City Coeur d' Alene State ID Zip Code 83814 Purpose of Disbursement Meal Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>32.56</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address 8033 W. Franklin Towne Plaza City Boise State ID Zip Code 83704 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-11185 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>8.47</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Paper Express Mailing Address 7550 W Fairview Avenue City Boise State ID Zip Code 83704-8413 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-11188 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>84.76</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**125.79**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
VictoryStore.com

Mailing Address 5200 30th Street SW

City Davenport State IA Zip Code 52802-3039

Purpose of Disbursement  
Banners & Signs  
Candidate Name

006  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: B-E-11189  
Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

373.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
All Sign & Post

Mailing Address 5169 N Glenwood Street

City Garden City State ID Zip Code 83714-1329

Purpose of Disbursement  
Banners & Signs  
Candidate Name

006  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: B-E-11211  
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

529.15

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Data One, LLC

Mailing Address 413 W Idaho Street  
Suite 202

City Boise State ID Zip Code 83702-6043

Purpose of Disbursement  
Printing  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: B-E-11213  
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

144.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1046.88

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**

Full Name (Last, First, Middle Initial)

Dollar Rent-A Car

Mailing Address Spokane Intl Airpor

City State Zip Code  
Spokane ID 99201Purpose of Disbursement  
Transportation

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11215

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	8

Amount of Each Disbursement this Period

71.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Holiday Inn

Mailing Address 1601 Belvedere Rd

City State Zip Code  
West Palm Beach FL 33406Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11209

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	8

Amount of Each Disbursement this Period

156.24

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Red Lion Lewiston

Mailing Address 621 21st Ave

City State Zip Code  
Lewiston ID 83501Purpose of Disbursement  
Meal Expense

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11206

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	8

Amount of Each Disbursement this Period

10.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

238.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
USPS - Cole Road

Mailing Address 3485 N. Cole Road

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
Postage

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-11204  
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

420.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Brian Bettick

Mailing Address 2500 N Leann Way

City State Zip Code  
Meridian ID 83642

Purpose of Disbursement  
FR- Musician

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9466  
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Darren Donnoht

Mailing Address 2905 E Castleberg Loop

City State Zip Code  
Nampa ID 83686

Purpose of Disbursement  
FR- Musician

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9468  
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

670.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress**A.**Full Name (Last, First, Middle Initial)  
John Hargis

Mailing Address 1028 Clarene Street

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
FR- Musician

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B-E-9470

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	8

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Red Lion Lewiston

Mailing Address 621 21st Ave

City Lewiston State ID Zip Code 83501

Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B-E-11218

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Amount of Each Disbursement this Period

75.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 8100 Marigold

City Boise State ID Zip Code 83713

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: B-E-11217

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Amount of Each Disbursement this Period

3.76

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

204.71

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 2051 S Cole Road</p> <p>City Boise State ID Zip Code 83709-2815</p> <p>Purpose of Disbursement General Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11224</p> <p>Date of Disbursement  <div> <div>09</div> <div>25</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>86.91</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 4000 E Sky Harbor Boulevard</p> <p>City Phoenix State AZ Zip Code 85034-3802</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11226</p> <p>Date of Disbursement  <div> <div>09</div> <div>25</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>291.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) USPS - Cole Road</p> <p>Mailing Address 3485 N. Cole Road</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-11227</p> <p>Date of Disbursement  <div> <div>09</div> <div>25</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>840.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1217.91**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Albertsons Mailing Address 4700 N Eagle Road	<b>Transaction ID:</b> B-E-11234 <b>Date of Disbursement</b> <div> <div>09</div> <div>26</div> <div>2008</div> </div>
City Boise State ID Zip Code 83713-0744 Purpose of Disbursement Food & Beverages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>74.42</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Au Bon Pain Mailing Address 800 North Capitol St. City Washington State ID Zip Code 20001 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-11235 <b>Date of Disbursement</b> <div> <div>09</div> <div>26</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>302.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Thorne Printing Company, Inc. Mailing Address 623 12th Ave Road City Nampa State ID Zip Code 83686-5701 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-11159 <b>Date of Disbursement</b> <div> <div>09</div> <div>26</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4445.14</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**4821.79**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)

All Sign & Post

Mailing Address 5169 N Glenwood Street

City State Zip Code  
Garden City ID 83714-1329

Purpose of Disbursement

Banners & Signs

Candidate Name

006

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-11244

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

1060.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Home Depot

Mailing Address 1100 S. Progress

City State Zip Code  
Meridian ID 83642

Purpose of Disbursement

General Office Supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-11238

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

234.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Shell

Mailing Address N8841 Commerce Dr.

City State Zip Code  
Hayden Lake ID 83835

Purpose of Disbursement

Fuel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-11243

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

82.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1376.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 8100 Marigold

City State Zip Code  
Boise ID 83713

Purpose of Disbursement  
Postage

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-11237

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

42.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 8100 Marigold

City State Zip Code  
Boise ID 83713

Purpose of Disbursement  
Postage

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-11247

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

3.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Hoff Building

Mailing Address PO Box 108

City State Zip Code  
Boise ID 83701-0108

Purpose of Disbursement  
Office Rent

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** B-E-9475

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1045.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

A.

Full Name (Last, First, Middle Initial)  
Republic Storage

Mailing Address 627 S Meridian Road

City Meridian State ID Zip Code 83642-2932

Purpose of Disbursement  
Storage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9476

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

66.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 8100 Marigold

City Boise State ID Zip Code 83713

Purpose of Disbursement  
Postage

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-9477

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

360.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Michelle Glasgow

Mailing Address 5010 Allamar Drive

City Boise State ID Zip Code 83704-2305

Purpose of Disbursement  
Inkind: Office Equipment Rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B-I-11345

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

750.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1176.00

TOTAL This Period (last page this line number only) .....

270053.79

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Idaho Republican Party

Mailing Address P.O. Box 2267

City State Zip Code  
Boise ID 83701

Purpose of Disbursement  
Contribution

Candidate Name  
Idaho Republican Party

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** B-E-9567

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

3500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Idaho Republican Party

Mailing Address P.O. Box 2267

City State Zip Code  
Boise ID 83701

Purpose of Disbursement  
Contribution

Candidate Name  
Idaho Republican Party

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** B-E-9450

Date of Disbursement

09 / 16 / 2008

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 190 / 194

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Sali For Congress

Transaction ID: SC/10-L4

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
William T. Sali, (Personal Funds) - [PERSONAL FUNDS]

Election:

☐ Primary  
☐ General  
☒ Other (specify) ▼

G2006

Mailing Address 175 Linke Court

City Kuna State ID ZIP Code 83634-2053

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 1D D  
1 0Y Y Y Y  
2 0 0 6

12/31/2012

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 191 / 194

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Sali For Congress

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jesseca Sali

Nature of Debt (Purpose):  
Other: Bonus

Mailing Address 1113 W Greenhead Street

City State ZIP Code  
Meridian ID 83634

Outstanding Balance Beginning This Period

7000.00

Transaction ID: SD10-DEBT11366

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Blue Point LLC

Nature of Debt (Purpose):  
Other: Direct Mail Consul-  
ting
Mailing Address 8707 E Vista Bonita Drive  
Suite 240
City State ZIP Code  
Scottsdale AZ 85255-3214

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD10-DEBT11377

Amount Incurred This Period

0.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jay Larsen

Nature of Debt (Purpose):  
Administrative/Salary/Ove-  
rhead: Payroll

Mailing Address 1281 Candleridge

City State ZIP Code  
Boise ID 83712

Outstanding Balance Beginning This Period

3007.00

Transaction ID: SD10-DEBT9309

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3007.00

1) **SUBTOTALS** This Period This Page (optional).....

10007.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 192 / 194

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Sali For Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Michelle GlasglowNature of Debt (Purpose):  
Administrative/Salary/Ove-  
rhead: Payroll

Mailing Address 5010 Allamar Drive

City State ZIP Code  
Boise ID 83704-2305

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD10-DEBT9307

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SPARTAC, LLCNature of Debt (Purpose):  
Direct Mail & Polling

Mailing Address PO Box 2408

City State ZIP Code  
Eagle ID 83616-9116

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD10-DEBT11373

Amount Incurred This Period

0.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Terry SaliNature of Debt (Purpose):  
Travel: United Airlines  
Airfare

Mailing Address 175 Linke Court

City State ZIP Code  
Kuna ID 83634

Outstanding Balance Beginning This Period

741.80

Transaction ID: SD10-DEBT6701

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

741.80

**1) SUBTOTALS** This Period This Page (optional).....

2741.80

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 193 / 194

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Sali For Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Auto SortNature of Debt (Purpose):  
Fundraising: Printing

Mailing Address PO Box 191025

City State ZIP Code  
Boise ID 83719-1025

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT10209

Amount Incurred This Period

6504.94

Payment This Period

0.00

Outstanding Balance at Close of This Period

6504.94

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hammond & AssociatesNature of Debt (Purpose):  
Fundraising: Fundraising  
Consulting

Mailing Address PO Box 368

City State ZIP Code  
Falls Church VA 22040-0368

Outstanding Balance Beginning This Period

12581.80

Transaction ID: SD10-DEBT11971

Amount Incurred This Period

2823.26

Payment This Period

3000.00

Outstanding Balance at Close of This Period

12405.06

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SPARTAC, LLCNature of Debt (Purpose):  
Fundraising: Printing

Mailing Address PO Box 2408

City State ZIP Code  
Eagle ID 83616-9116

Outstanding Balance Beginning This Period

69879.13

Transaction ID: SD10-DEBT9308

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

69879.13

1) **SUBTOTALS** This Period This Page (optional).....

88789.13

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 194 / 194

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Sali For Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Blue Point LLCNature of Debt (Purpose):  
Fundraising: PrintingMailing Address 8707 E Vista Bonita Drive  
Suite 240City State ZIP Code  
Scottsdale AZ 85255-3214

Outstanding Balance Beginning This Period

24464.00

Transaction ID: SD10-DEBT12346

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

24464.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Idaho Senior IndependentNature of Debt (Purpose):  
Advertising: Advertising

Mailing Address PO Box 3341

City State ZIP Code  
Great Falls MT 59403-3341

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10-DEBT10202

Amount Incurred This Period

574.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

574.00

1) **SUBTOTALS** This Period This Page (optional).....

25038.00

2) **TOTALS** This Period (last page this line number only).....

126575.93

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

10000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

136575.93