

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

2. **FEC IDENTIFICATION NUMBER** C00414078 **CITY** **STATE** **ZIP CODE** STATE DISTRICT 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 2005 through 09 30 2005

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 06 07 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

Write or Type Committee Name

Sali for Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

| | 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))..... | 143896.22 | 143896.22 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 143896.22 | 143896.22 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 41165.60 | 41165.60 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 6709.02 | 6709.02 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 34456.58 | 34456.58 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 109439.64 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 9074.76 | |

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)

Write or Type Committee Name
Sali for Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

 To:

| | |
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| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

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).....

91015.00

91015.00

(ii) Unitemized.....

48589.53

48589.53

(iii) TOTAL of contributions

139604.53

139604.53

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

4291.69

4291.69

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

143896.22

143896.22

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

0.00

0.00

13. LOANS

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

1700.00

1700.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

1700.00

1700.00

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

6709.02

6709.02

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

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

152305.24

152305.24

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 41165.60 | 41165.60 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 1700.00 | 1700.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 1700.00 | 1700.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 42865.60 | 42865.60 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 152305.24 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 152305.24 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 42865.60 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 109439.64 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 141
(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 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Sali for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Abrams

Mailing Address 137 Varick Street
Rm 405

City State Zip Code
New York NY 10013-1105

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

Name of Employer Occupation
Abbeville Press, Inc. publisher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 23 / 2005

Transaction ID: SA11AI.5645

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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

B.

Full Name (Last, First, Middle Initial)
Charles Albers

Mailing Address 10 Beacon Road

City State Zip Code
Summit NJ 07901

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

Name of Employer Occupation
none Private Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 03 / 2005

Transaction ID: SA11AI.5081

Amount of Each Receipt this Period
1000.00

bundled by Club for Growth

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

C.

Full Name (Last, First, Middle Initial)
Charles Albers

Mailing Address 10 Beacon Road

City State Zip Code
Summit NJ 07901

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

Name of Employer Occupation
none Private Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 29 / 2005

Transaction ID: SA11AI.4842

Amount of Each Receipt this Period
1100.00

bundled by Club for Growth

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

SUBTOTAL of Receipts This Page (optional) ► **2350.00**

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 / 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sali for Congress

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) John Anderegg</p> <p>Mailing Address 60 Frontage Road</p> <p>City State Zip Code Andover MA 01810</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Dynamics Research Corp. Occupation Chairman Emeritus</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 5</p> <p>Transaction ID: SA11AI.4628</p> <p>Amount of Each Receipt this Period 500.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

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|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Carol Anderson</p> <p>Mailing Address 1025 Strong Rd</p> <p>City State Zip Code Victor NY 14564</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer na Occupation homemaker</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5</p> <p>Transaction ID: SA11AI.4846</p> <p>Amount of Each Receipt this Period 300.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

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| <p>C. Full Name (Last, First, Middle Initial) Travis Anderson</p> <p>Mailing Address 14 Perry St.</p> <p>City State Zip Code Morristown NJ 07960</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Gilder, Gagnon, Howe & Co. Occupation stockbroker</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5</p> <p>Transaction ID: SA11AI.5656</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
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| SUBTOTAL of Receipts This Page (optional) | 1800.00 |
| 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 / 141
(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 Antosh
Mailing Address 2307 Robinwood Circle
City Shawnee State OK Zip Code 74801-0506
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation businessman
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 09 / 16 / 2005
Transaction ID: SA11AI.4630
Amount of Each Receipt this Period 250.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Arnott
Mailing Address 1325 Lombardy Road
City Pasadena State CA Zip Code 91106
FEC ID number of contributing federal political committee. **C**
Name of Employer Research Affiliates LLC Occupation Chairman
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 23 / 2005
Transaction ID: SA11AI.5664
Amount of Each Receipt this Period 1000.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Albert Awad
Mailing Address 300 Knickerbocker Rd.
City Cresskill State NJ Zip Code 07626-1323
FEC ID number of contributing federal political committee. **C**
Name of Employer info requested Occupation
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 29 / 2005
Transaction ID: SA11AI.4858
Amount of Each Receipt this Period 1000.00
bundled by Club for Growth
 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 8 / 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sali for Congress

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) S. Craig Awad</p> <p>Mailing Address 300 Knickerbocker Road</p> <p>City State Zip Code Cresskill NJ 07626-1323</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation business</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5</p> <p>Transaction ID: SA11AI.4860</p> <p>Amount of Each Receipt this Period 350.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
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|---|---|
| <p>B. Full Name (Last, First, Middle Initial) Leigh Baccash</p> <p>Mailing Address 1020 Grove St Apt 806</p> <p>City State Zip Code Evanston IL 60201-4235</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer none Occupation Housewife</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 5</p> <p>Transaction ID: SA11AI.5095</p> <p>Amount of Each Receipt this Period 250.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
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| <p>C. Full Name (Last, First, Middle Initial) Nathan Bachman</p> <p>Mailing Address 7824 Laurel Ave.</p> <p>City State Zip Code Cincinnati OH 45243</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Bachman Group Occupation investments</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5</p> <p>Transaction ID: SA11AI.5670</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
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| SUBTOTAL of Receipts This Page (optional) | 2600.00 |
| 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 / 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sali for Congress

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Michael Bailey</p> <p>Mailing Address 3829 Harvest Lane</p> <p>City State Zip Code Glenview IL 60026</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Provitivi Inc.</p> <p>Occupation Management Consultant</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt 09 / 03 / 2005</p> <p>Transaction ID: SA11AI.5097</p> <p>Amount of Each Receipt this Period 250.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) William Bates</p> <p>Mailing Address 2600 S. Finley Road Apt. 3702</p> <p>City State Zip Code Lombard IL 60148</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer na</p> <p>Occupation retired</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 400.00</p> | <p>Date of Receipt 09 / 23 / 2005</p> <p>Transaction ID: SA11AI.5681</p> <p>Amount of Each Receipt this Period 200.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Lee Beaman</p> <p>Mailing Address 1525 Broadway</p> <p>City State Zip Code Nashville TN 37203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Beaman Automotive</p> <p>Occupation auto dealer</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p> | <p>Date of Receipt 09 / 29 / 2005</p> <p>Transaction ID: SA11AI.4853</p> <p>Amount of Each Receipt this Period 500.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

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|--|--|
| SUBTOTAL of Receipts This Page (optional) | 950.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 141
(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)
Bruce Bent

Mailing Address 1250 Broadway
32nd Floor

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
The Reserve Funds Chief Executive Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 03 / 2005

Transaction ID: SA11AI.5109

Amount of Each Receipt this Period
2000.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Lawrence Bidwell

Mailing Address 129 Poplar Hill Dr

City State Zip Code
Farmville VA 23901-9208

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

Name of Employer Occupation
Virginia Farm Bureau Mutual In attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 03 / 2005

Transaction ID: SA11AI.5113

Amount of Each Receipt this Period
350.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
Donald Boyd

Mailing Address 646 Lawnwood Drive

City State Zip Code
Greenwood IN 46142-3821

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

Name of Employer Occupation
na retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 29 / 2005

Transaction ID: SA11AI.4871

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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

SUBTOTAL of Receipts This Page (optional) ► **2600.00**

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 / 141
(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 Brehmer

Mailing Address 201 Seabreeze Court

City State Zip Code
Vero Beach FL 32963-9508

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

Name of Employer na Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2005

Transaction ID: SA11AI.4640

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
William Brewster

Mailing Address P.O. Box 433

City State Zip Code
Brooklandville MD 21022

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

Name of Employer na Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2005

Transaction ID: SA11AI.5700

Amount of Each Receipt this Period
300.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
T. Nash Broaddus

Mailing Address Galley Hook P.O. Box 205

City State Zip Code
Irvington VA 22480

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

Name of Employer Prodesco, Inc. Occupation chairman emeritus

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2005

Transaction ID: SA11AI.5702

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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 12 / 141
(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)
B.V. Brooks
Mailing Address 542 Westport Ave.
City Norwalk State CT Zip Code 06851-4425
FEC ID number of contributing federal political committee. **C**
Name of Employer Brooks, Torrey & Scott, Inc. Occupation executive
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5117
Amount of Each Receipt this Period 500.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Bryan
Mailing Address P.O. Box 1929
City Lake Oswego State OR Zip Code 97035
FEC ID number of contributing federal political committee. **C**
Name of Employer na Occupation retired
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5119
Amount of Each Receipt this Period 500.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Anthony Bryant
Mailing Address 108 N. Barstow St.
City Waukesha State WI Zip Code 53186-4928
FEC ID number of contributing federal political committee. **C**
Name of Employer Century Fence Co. Occupation Business Exec.
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 09 / 23 / 2005
Transaction ID: SA11AI.5712
Amount of Each Receipt this Period 250.00
bundled by Club for Growth
 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 13 / 141
(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)
Melvin Buchanan

Mailing Address 1421 Crescent Drive

City Columbus State IN Zip Code 47203-1441

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

Name of Employer na Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 09 / 03 / 2005
Transaction ID: SA11AI.5121
 Amount of Each Receipt this Period: 500.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Melvin Buchanan

Mailing Address 1421 Crescent Drive

City Columbus State IN Zip Code 47203-1441

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

Name of Employer na Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt: 09 / 23 / 2005
Transaction ID: SA11AI.5713
 Amount of Each Receipt this Period: 150.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James Buell

Mailing Address 4790 Caughlin Pkwy # 518

City Reno State NV Zip Code 89509-0907

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

Name of Employer self Occupation farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 09 / 16 / 2005
Transaction ID: SA11AI.4646
 Amount of Each Receipt this Period: 500.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 / 141
(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 Buell

Mailing Address 4790 Caughlin Pkwy # 518

City State Zip Code
Reno NV 89509-0907

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self farmer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt MM / DD / YYYY
09 / 29 / 2005

Transaction ID: SA11AI.4879

Amount of Each Receipt this Period 500.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Hans Burgdorf

Mailing Address 3922 Wintun Place

City State Zip Code
Davis CA 95616

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self landlord

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt MM / DD / YYYY
09 / 03 / 2005

Transaction ID: SA11AI.5129

Amount of Each Receipt this Period 500.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
William Carson

Mailing Address 936 Dove Island Rd

City State Zip Code
Newton NJ 07860-4512

FEC ID number of contributing federal political committee. C

Name of Employer Dove Island Assoc. Occupation
Dove Island Assoc. manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt MM / DD / YYYY
09 / 16 / 2005

Transaction ID: SA11AI.4656

Amount of Each Receipt this Period 500.00

bundled by Club for Growth

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

SUBTOTAL of Receipts This Page (optional) 1500.00

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 / 141
(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)
Keith Chamberlin

Mailing Address 9030 Conservancy Dr NE

City State Zip Code
Ada MI 49301-8822

FEC ID number of contributing federal political committee. C

Name of Employer na Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY
09 / 23 / 2005

Transaction ID: SA11AI.5735

Amount of Each Receipt this Period 200.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
John Childs

Mailing Address 111 Huntington Avenue Suite 2900

City State Zip Code
Boston MA 02199

FEC ID number of contributing federal political committee. C

Name of Employer J.W. Childs Associates Occupation Investments/President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
09 / 23 / 2005

Transaction ID: SA11AI.5741

Amount of Each Receipt this Period 1000.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
Lammot Copeland

Mailing Address PO Box 1992

City State Zip Code
Wilmington DE 19899-1992

FEC ID number of contributing federal political committee. C

Name of Employer Associates Graphic Services Occupation Business Exec.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
09 / 16 / 2005

Transaction ID: SA11AI.4662

Amount of Each Receipt this Period 1000.00

bundled by Club for Growth

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

SUBTOTAL of Receipts This Page (optional) 2200.00

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: (check only one) | PAGE 16 / 141 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <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)
John Corson

Mailing Address 3 Woodbine Terrace

City State Zip Code
Sparta NJ 07871

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

Name of Employer self Occupation Real Estate Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2005

Transaction ID: SA11AI.5761

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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 South Tropical Trl

City State Zip Code
Merritt Island FL 32952-6811

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

Name of Employer Spacecoast Holdings, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2005

Transaction ID: SA11AI.4670

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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 Hwy

City State Zip Code
Lathrop MO 64465

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

Name of Employer na Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5157

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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 17 / 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sali for Congress

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) George Daniels</p> <p>Mailing Address 526 Thorpe Road</p> <p>City State Zip Code Orlando FL 32824</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Daniels Manufacturing Corp.</p> <p>Occupation executive</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2100.00</p> | <p>Date of Receipt 09 / 03 / 2005</p> <p>Transaction ID: SA11AI.5161</p> <p>Amount of Each Receipt this Period 2100.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Arthur Dantchik</p> <p>Mailing Address 206 Maplehill Rd.</p> <p>City State Zip Code Gladwyne PA 19035</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Susquehanna International Group</p> <p>Occupation Managing Director</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2100.00</p> | <p>Date of Receipt 09 / 03 / 2005</p> <p>Transaction ID: SA11AI.5163</p> <p>Amount of Each Receipt this Period 2100.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|--|---|
| <p>C. Full Name (Last, First, Middle Initial) Mark Davis</p> <p>Mailing Address 717 N. 9th Street</p> <p>City State Zip Code St. Peter MN 56082</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Davisco Foods International, I</p> <p>Occupation cheesemaker</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt 09 / 03 / 2005</p> <p>Transaction ID: SA11AI.5165</p> <p>Amount of Each Receipt this Period 250.00</p> <p>bundled by Club for Growth</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 4450.00 |
| 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 / 141
(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 Decker

Mailing Address 4845 Jones Rd SE

City State Zip Code
Salem OR 97302

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

Name of Employer Occupation
Westcare Management, Inc. President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 25 / 2005

Transaction ID: SA11AI.5532

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)
Richard Derham

Mailing Address 524 W Comstock

City State Zip Code
Seattle WA 98119-3421

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

Name of Employer Occupation
na retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 03 / 2005

Transaction ID: SA11AI.5167

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
Wesley Dixon

Mailing Address 400 Skokie Blvd.
Suite 300

City State Zip Code
Northbrook IL 60062

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

Name of Employer Occupation
na retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 23 / 2005

Transaction ID: SA11AI.5787

Amount of Each Receipt this Period
1500.00

bundled by Club for Growth

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

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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 / 141
(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 Eckert
Mailing Address 160 N Fairview Ave Ste 4
City Goleta State CA Zip Code 93117-2338
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation lawyer
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5187
Amount of Each Receipt this Period 500.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Claire Eckert
Mailing Address 134 Ballantine Road
City Bernardsville State NJ Zip Code 07924
FEC ID number of contributing federal political committee. **C**
Name of Employer n.a. Occupation homemaker
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5189
Amount of Each Receipt this Period 1000.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Cliff Ehrlich
Mailing Address 9710 Beman Woods Way
City Potomac State MD Zip Code 20854
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation retired
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 23 / 2005
Transaction ID: SA11AI.5801
Amount of Each Receipt this Period 500.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2000.00
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 / 141
(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)
Jack Farnham

Mailing Address 2115 Surrey Lane

City State Zip Code
Bossier City LA 71111-5536

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

Name of Employer Occupation
Winwell Resources, Inc. president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5196

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Richard Gaby

Mailing Address 445 Old Homestead Trl

City State Zip Code
Duluth GA 30097-8027

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

Name of Employer Occupation
Peter Island Resort CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5212

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
Versa M. Gollan

Mailing Address 5404 Benton

City State Zip Code
Downers Grove IL 60515

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

Name of Employer Occupation
na retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.6285

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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 21 / 141
(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)
Edward Goodnow

Mailing Address 17 Contentment Island Rd.

City Darien State CT Zip Code 06820-6208

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

Name of Employer Goodnow, Gray & Co. Occupation Investment Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2005

Transaction ID: SA11AI.4696

Amount of Each Receipt this Period 1000.00

bundled by Club for Growth

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

B.

Full Name (Last, First, Middle Initial)
Thomas Graham

Mailing Address 20 The Trillium

City Pittsburgh State PA Zip Code 15238-1930

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2005

Transaction ID: SA11AI.5222

Amount of Each Receipt this Period 1000.00

bundled by Club for Growth

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

C.

Full Name (Last, First, Middle Initial)
John Green

Mailing Address 15 E 91st St

City New York State NY Zip Code 10128-0648

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2005

Transaction ID: SA11AI.5833

Amount of Each Receipt this Period 500.00

bundled by Club for Growth

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 22 / 141
(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)
Windi Grimes

Mailing Address PMB 609
2476 Bolsover St.

City Houston State TX Zip Code 77005

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation mom/investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2005

Transaction ID: SA11AI.5230

Amount of Each Receipt this Period 500.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Larry 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 Occupation realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2005

Transaction ID: SA11AI.5513

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)
Victor Hanson

Mailing Address 402 Office Park Drive
Ste 100

City Birmingham State AL Zip Code 35223

FEC ID number of contributing federal political committee. C

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2005

Transaction ID: SA11AI.5846

Amount of Each Receipt this Period 50.00

bundled by Club for Growth

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

SUBTOTAL of Receipts This Page (optional) 1050.00

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 / 141
(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)
Denis Healy

Mailing Address 9 Indian Hill Road

City State Zip Code
Winnetka IL 60093-3923

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

Name of Employer Occupation
Turtle Wax Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 5

Transaction ID: SA11AI.5856

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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

B.

Full Name (Last, First, Middle Initial)
Roberta Hillman

Mailing Address 504 West Bleeker St

City State Zip Code
Aspen CO 81611

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

Name of Employer Occupation
NA Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 5

Transaction ID: SA11AI.14700

Amount of Each Receipt this Period
750.00

Reattribute: From Tatnall Hillman

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

C.

Full Name (Last, First, Middle Initial)
Tatnall Hillman

Mailing Address 504 W Bleeker Street

City State Zip Code
Aspen CO 81611-1228

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

Name of Employer Occupation
self retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 5

Transaction ID: SA11AI.4723

Amount of Each Receipt this Period
750.00

bundled by Club for Growth

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 24 / 141

(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)
Tatnall Hillman

Mailing Address 504 W Bleeker Street

City State Zip Code
Aspen CO 81611-1228

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

Name of Employer self Occupation retired

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ .00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2005

Transaction ID: SA11AI.14699

Amount of Each Receipt this Period

-750.00

Reattribute: bundled by Club for Growth

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

B.

Full Name (Last, First, Middle Initial)
Richard Holson

Mailing Address 529 Pine Lane

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Guarantee Trust Life Occupation Insurance

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2005

Transaction ID: SA11AI.4729

Amount of Each Receipt this Period

250.00

bundled by Club for Growth

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

C.

Full Name (Last, First, Middle Initial)
Addison Johnson

Mailing Address 914 E Gump Rd

City State Zip Code
Fort Wayne IN 46845-9003

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

Name of Employer Leisure Lawn of Ft. Wayne Occupation owner/manager

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5264

Amount of Each Receipt this Period

250.00

bundled by Club for Growth

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 25 / 141
(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)
Craig Johnson

Mailing Address 540 Forest Blvd.

City Indianapolis State IN Zip Code 46240-2514

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

Name of Employer Centre Properties Occupation president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt 09 / 23 / 2005
Transaction ID: SA11AI.5889
Amount of Each Receipt this Period 2100.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donald Johnston

Mailing Address 12 Hadley Lane

City Hilton Head Island State SC Zip Code 29926

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5270
Amount of Each Receipt this Period 500.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gary Kaplan

Mailing Address 1026 Woodbine Avenue

City Oak Park State IL Zip Code 60302-1314

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

Name of Employer Seyfarth Shaw Occupation lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2005
Transaction ID: SA11AI.4735
Amount of Each Receipt this Period 250.00
bundled by Club for Growth
 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 26 / 141
(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 Kavalier

Mailing Address 80 Pine Street

City State Zip Code
New York NY 10005

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

Name of Employer info requested Occupation

Receipt For: 2006
 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 6 / 2 0 0 5

Transaction ID: SA11AI.4737

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Leo Kayser

Mailing Address 800 Shades Creek Pkwy Ste 700b

City State Zip Code
Birmingham AL 35209-4532

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

Name of Employer Sterne Agee & Leach Occupation Registered Representative

Receipt For: 2006
 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 5

Transaction ID: SA11AI.4936

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
Michael Keiser

Mailing Address 2450 Lakeview Avenue

City State Zip Code
Chicago IL 60614-2794

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

Name of Employer RPG, Inc. Occupation business

Receipt For: 2006
 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 3 / 2 0 0 5

Transaction ID: SA11AI.5276

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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 27 / 141
(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)
Michael Keiser
 Mailing Address 2450 Lakeview Avenue
 City State Zip Code
Chicago IL 60614-2794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
RPG, Inc. business
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 0 5
Transaction ID: SA11AI.5900
 Amount of Each Receipt this Period
 500.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jack Kellogg
 Mailing Address 3 Birchwood Court
 City State Zip Code
Princeton NJ 08540-5041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
n.a. retired
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 9 / 2 0 0 5
Transaction ID: SA11AI.6622
 Amount of Each Receipt this Period
 2100.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Denis Kerasotes
 Mailing Address 31 Fairview Lane
 City State Zip Code
Springfield IL 62707-9455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
n.a. retired
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 9 / 2 0 0 5
Transaction ID: SA11AI.4938
 Amount of Each Receipt this Period
 350.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2950.00
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 / 141

(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)
John Kinkead

Mailing Address 700 Raymond Ave

City State Zip Code
Saint Paul MN 55114-1710

FEC ID number of contributing federal political committee. C

Name of Employer National Mower Co. Occupation Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2005

Transaction ID: SA11AI.4940

Amount of Each Receipt this Period 500.00

bundled by Club for Growth

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

B.

Full Name (Last, First, Middle Initial)
Richard Korpan

Mailing Address 31483 Morning Star Dr.

City State Zip Code
Evergreen CO 80439-7969

FEC ID number of contributing federal political committee. C

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2005

Transaction ID: SA11AI.5910

Amount of Each Receipt this Period 200.00

bundled by Club for Growth

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

C.

Full Name (Last, First, Middle Initial)
Conrad Krack

Mailing Address 2129 Southwood Drive

City State Zip Code
Maryville TN 37803-6351

FEC ID number of contributing federal political committee. C

Name of Employer Horizon Lines Occupation marine engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2005

Transaction ID: SA11AI.5911

Amount of Each Receipt this Period 200.00

bundled by Club for Growth

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 141
(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)
Marj Krueger
 Mailing Address 6208 Shadow Mountain Dr
 City Austin State TX Zip Code 78731-4151
 Date of Receipt MM / DD / YYYY
09 / 03 / 2005
Transaction ID: SA11AI.5292
 Amount of Each Receipt this Period
400.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 FEC ID number of contributing federal political committee. C
 Name of Employer self Occupation free lance writer
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

B. Full Name (Last, First, Middle Initial)
Henry Kulczyk
 Mailing Address 4751 N Nystrom PI
 City Boise State ID Zip Code 83713
 Date of Receipt MM / DD / YYYY
09 / 05 / 2005
Transaction ID: SA11AI.5515
 Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation Carpenter
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Eugene Kusmiak
 Mailing Address 3941 Happy Valley Road
 City Lafayette State CA Zip Code 94549
 Date of Receipt MM / DD / YYYY
09 / 03 / 2005
Transaction ID: SA11AI.5296
 Amount of Each Receipt this Period
500.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 FEC ID number of contributing federal political committee. C
 Name of Employer self Occupation analyst
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) 1150.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 141
(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)
C. Landry

Mailing Address 250 Boylston St.
Apt 6

City Boston State MA Zip Code 02116

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

Name of Employer TA Associate, Inc Occupation Inv. Mgr.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5302
 Amount of Each Receipt this Period 1000.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Lansing

Mailing Address 270 Westminster
#300

City Lake Forest State IL Zip Code 60045

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

Name of Employer Litchfield Advisors Inc Occupation Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2005
Transaction ID: SA11AI.4747
 Amount of Each Receipt this Period 500.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James Lardner

Mailing Address 2752 Nichols Ln

City Davenport State IA Zip Code 52803-3621

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5306
 Amount of Each Receipt this Period 300.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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 / 141
(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)
Ernest Ledbetter

Mailing Address 3320 N.W. 122nd Street

City Edmond State OK Zip Code 73013

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

Name of Employer The Ledbetter Insurance Agency
Occupation insurance agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 09 / 16 / 2005
Transaction ID: SA11AI.4749
 Amount of Each Receipt this Period 350.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Lillard

Mailing Address 1340 North Waukegan Road

City Lake Forest State IL Zip Code 60045

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

Name of Employer self
Occupation consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2005
Transaction ID: SA11AI.4954
 Amount of Each Receipt this Period 500.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. 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 Assét Management O
Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5322
 Amount of Each Receipt this Period 500.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 / 141
(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)
Virginia Manheimer

Mailing Address P. O. Box 60

City State Zip Code
Lambertville NJ 08530

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

Name of Employer self Occupation investor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2005

Transaction ID: SA11AI.4961

Amount of Each Receipt this Period
1000.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Susan Mann

Mailing Address 10751 E Caribbean Ln

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer retired Occupation nurse educator

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2005

Transaction ID: SA11AI.4963

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
John Marshall

Mailing Address 8787 Bay Colony Drive Apt 503

City State Zip Code
Naples FL 34108-0782

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

Name of Employer none Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2005

Transaction ID: SA11AI.5938

Amount of Each Receipt this Period
200.00

bundled by Club for Growth

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

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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 / 141
(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)
Brian Martin

Mailing Address 295 Park Avenue South
Apt 9 PHA

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. C

Name of Employer Trinity Hotel Investors, C.L.C Occupation real estate

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 5

Transaction ID: SA11AI.5328

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Victor Mavar

Mailing Address 630 Beach Blvd.

City State Zip Code
Biloxi MS 39530

FEC ID number of contributing federal political committee. C

Name of Employer n.a. Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 5

Transaction ID: SA11AI.5334

Amount of Each Receipt this Period
300.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
Laird Maxwell

Mailing Address 1608 Bedford Dr.

City State Zip Code
Boise ID 83705

FEC ID number of contributing federal political committee. C

Name of Employer Cobalt Consulting Occupation president

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 5

Transaction ID: SA11AI.6618

Amount of Each Receipt this Period
465.00

In-kind - office furniture

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

SUBTOTAL of Receipts This Page (optional) 1265.00

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 / 141
(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 |
| | | | | | | | 15 |

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NAME OF COMMITTEE (In Full)
Sali for Congress

A.

Full Name (Last, First, Middle Initial)
George Mc Clintock

Mailing Address 2905 Gulf Shore Blvd. No. #201

City State Zip Code
Naples FL 34103

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2005

Transaction ID: SA11AI.4757

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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

B.

Full Name (Last, First, Middle Initial)
Neil McDaniel

Mailing Address 3685 Mt Diablo Blvd. Ste 350

City State Zip Code
Lafayette CA 94549-6822

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

Name of Employer self Occupation property manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5342

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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

C.

Full Name (Last, First, Middle Initial)
Michael McEvoy

Mailing Address 10496 Purple Sage Rd

City State Zip Code
Middleton ID 83644-5200

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

Name of Employer self Occupation farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2005

Transaction ID: SA11AI.5526

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) ► **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 35 / 141
(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 McQuaid

Mailing Address 1341 Turvey Road

City Downers Grove State IL Zip Code 60515

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

Name of Employer Wanger Asset Management Occupation portfolio manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2005

Transaction ID: SA11AI.5346

Amount of Each Receipt this Period 500.00

bundled by Club for Growth

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

B.

Full Name (Last, First, Middle Initial)
George Mitchell

Mailing Address 700 South Smith Drive

City Quarryville State PA Zip Code 17566-1358

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

Name of Employer self Occupation private investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2005

Transaction ID: SA11AI.4763

Amount of Each Receipt this Period 500.00

bundled by Club for Growth

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

C.

Full Name (Last, First, Middle Initial)
Robert Morris

Mailing Address 98 Riverside Avenue

City Riverside State CT Zip Code 06878-1619

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

Name of Employer O'Connor, Davies, Munns, & Dol Occupation CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2005

Transaction ID: SA11AI.5974

Amount of Each Receipt this Period 250.00

bundled by Club for Growth

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 36 / 141
(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)
Ronald Muhlenkamp

Mailing Address 3000 Stonewood Drive
Suite 310

City State Zip Code
Wexford PA 15090

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

Name of Employer Occupation
Muhlenkamp and Comany, In- president
c.

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5363

Amount of Each Receipt this Period
1000.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Birch Mullins

Mailing Address 201 S Warson Road

City State Zip Code
Saint Louis MO 63124-1207

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

Name of Employer Occupation
Baur Properties real estate investments

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5365

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
James O'Neill

Mailing Address 5036 Radbrook Place

City State Zip Code
Dallas TX 75220

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

Name of Employer Occupation
n.a. retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5383

Amount of Each Receipt this Period
1000.00

bundled by Club for Growth

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 37 / 141
(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 Offerdahl

Mailing Address 593 Lariat Circle

City Incline Village State NV Zip Code 89451

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

Name of Employer Maxircorp Occupation Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5377
 Amount of Each Receipt this Period 2100.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. 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 for Public P Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2005
Transaction ID: SA11AI.4986
 Amount of Each Receipt this Period 1000.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Martin Pierce

Mailing Address 2341 Suntuoso Ct., #11

City Farmington State NM Zip Code 87401

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2005
Transaction ID: SA11AI.4783
 Amount of Each Receipt this Period 300.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3400.00**

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 / 141

(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)
Gary Pilgrim

Mailing Address 121 Mine Rd

City State Zip Code
Malvern PA 19355-9656

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

Name of Employer Occupation
n.a. retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 5

Transaction ID: SA11AI.5397

Amount of Each Receipt this Period

500.00

bundled by Club for Growth

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

B.

Full Name (Last, First, Middle Initial)
Thair Pond

Mailing Address 2980 N Meridian Rd

City State Zip Code
Meridian ID 83642

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

Name of Employer Occupation
Tomorrow's Hope Administrator

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 506.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 5

Transaction ID: SA11AI.5078

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)
Paul Reid

Mailing Address 11 Harding Ave.

City State Zip Code
Lockport NY 14094-6020

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

Name of Employer Occupation
n.a. self

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 5

Transaction ID: SA11AI.6330

Amount of Each Receipt this Period

100.00

bundled by Club for Growth

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

FOR LINE NUMBER: PAGE 39 / 141
(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) Robert Reingold | | Date of Receipt MM / DD / YYYY 09 / 16 / 2005 |
| Mailing Address 1187 Coast Village Road PMB 116 | | Transaction ID: SA11AI.4789 |
| City Montecito | State CA | Zip Code 93108 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer self | Occupation business | bundled by Club for Growth <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Thomas Rhodes | | Date of Receipt MM / DD / YYYY 09 / 29 / 2005 |
| Mailing Address 215 Lexington Avenue 4th Floor | | Transaction ID: SA11AI.4992 |
| City New York | State NY | Zip Code 10016 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer National Review | Occupation president | bundled by Club for Growth <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Joe Richardson | | Date of Receipt MM / DD / YYYY 09 / 16 / 2005 |
| Mailing Address PO Box 700185 | | Transaction ID: SA11AI.4795 |
| City Oostburg | State WI | Zip Code 53070-0185 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Richardson Industries | Occupation executive | bundled by Club for Growth <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2750.00 |
| 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 / 141

(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)
Norman Rogers

Mailing Address 835 San Rafael Street

City State Zip Code
Davis CA 95616

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

Name of Employer Occupation
Rabbit Semiconductor CTO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5411

Amount of Each Receipt this Period

2100.00

bundled by Club for Growth

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

B.

Full Name (Last, First, Middle Initial)
Leslie Rose

Mailing Address 330 S Ocean Blvd
Apt 3B

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
n.a. retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5416

Amount of Each Receipt this Period

500.00

bundled by Club for Growth

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

C.

Full Name (Last, First, Middle Initial)
Sheldon Rose

Mailing Address 30057 Orchard Lake Road #100
PO Box 9070

City State Zip Code
Farmington Hills MI 48333-9070

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

Name of Employer Occupation
self investor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5418

Amount of Each Receipt this Period

1000.00

bundled by Club for Growth

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

SUBTOTAL of Receipts This Page (optional) ►

3600.00

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 / 141
(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 Schilling

Mailing Address P.O. Box 795

City State Zip Code
Carefree AZ 85377-0795

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 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 3 / 2 0 0 5

Transaction ID: SA11AI.6027

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Richard Selfridge

Mailing Address 320 Valley Vista Drive

City State Zip Code
Camarillo CA 93010-1634

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

Name of Employer Abrisa Industrial Glass, Inc. Occupation business owner

Receipt For: 2006
 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 9 / 2 0 0 5

Transaction ID: SA11AI.5004

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
Patricia Serio

Mailing Address 20134 East Damerl Drive

City State Zip Code
Covina CA 91724-3937

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

Name of Employer Serco Mold Inc. Occupation Corp President

Receipt For: 2006
 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 5

Transaction ID: SA11AI.4377

Amount of Each Receipt this Period
200.00

bundled by Club for Growth

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 / 141
(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 Sherrerd
 Mailing Address 621 Carisbrooke Road
 City State Zip Code
 Bryn Mawr PA 19010-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sherrerd & Co. Occupation retired
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 0 5
Transaction ID: SA11AI.6044
 Amount of Each Receipt this Period
 500.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
I.B. Simkowitz
 Mailing Address 6205 Lagorce Dr.
 City State Zip Code
 Miami FL 33140-2120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n.a. Occupation retired
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 3 / 2 0 0 5
Transaction ID: SA11AI.5438
 Amount of Each Receipt this Period
 2100.00
 bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Allen Simon
 Mailing Address 1383 N Criss St
 City State Zip Code
 Chandler AZ 85226-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n.a. Occupation retired
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 3 / 2 0 0 5
Transaction ID: SA11AI.5440
 Amount of Each Receipt this Period
 250.00
 bundled by Club for Growth
 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 43 / 141
(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)
Arthur Smith
Mailing Address 740 E Bay Point Rd
City Milwaukee State WI Zip Code 53217-1350
FEC ID number of contributing federal political committee. **C**
Name of Employer n.a. Occupation retired
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 09 / 23 / 2005
Transaction ID: SA11AI.6049
Amount of Each Receipt this Period 250.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas Smith
Mailing Address 323 Railroad Ave
City Greenwich State CT Zip Code 06830
FEC ID number of contributing federal political committee. **C**
Name of Employer Prescott Investors, Inc. Occupation President
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 29 / 2005
Transaction ID: SA11AI.6346
Amount of Each Receipt this Period 1000.00
Bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
William Smith
Mailing Address PO Box 808
City New Castle State NH Zip Code 03854
FEC ID number of contributing federal political committee. **C**
Name of Employer n.a. Occupation retired
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5445
Amount of Each Receipt this Period 300.00
bundled by Club for Growth
 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 44 / 141
(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)
Jack Stahl

Mailing Address 11413 San Francisco North East

City State Zip Code
Albuquerque NM 87122-2377

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

Name of Employer self Occupation
self realtor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2005

Transaction ID: SA11AI.6063

Amount of Each Receipt this Period
350.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Jackson Stephens

Mailing Address 111 Center Street, Suite 1616
Stephens Bldg.

City State Zip Code
Little Rock AR 72201

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

Name of Employer EOE, Inc. Occupation
EOE, Inc. executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2005

Transaction ID: SA11AI.5455

Amount of Each Receipt this Period
2100.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
Terry Strine

Mailing Address PO Box 309

City State Zip Code
Rockland DE 19732-0309

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

Name of Employer self Occupation
self real estate

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2005

Transaction ID: SA11AI.4815

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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

SUBTOTAL of Receipts This Page (optional) ▶ **2700.00**

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 / 141
(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 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Sali for Congress

A.

Full Name (Last, First, Middle Initial)
Caroline Taylor

Mailing Address 205 Sunset Dr

City Greensboro State NC Zip Code 27408

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

Name of Employer n.a. Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 29 / 2005

Transaction ID: SA11AI.5020

Amount of Each Receipt this Period: 250.00

bundled by Club for Growth

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

B.

Full Name (Last, First, Middle Initial)
Steven Taylor

Mailing Address 515 Santa Paula Drive

City Salinas State CA Zip Code 93901-1517

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

Name of Employer Fresh Express Occupation Ex-CEO/Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 23 / 2005

Transaction ID: SA11AI.6077

Amount of Each Receipt this Period: 1000.00

bundled by Club for Growth

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

C.

Full Name (Last, First, Middle Initial)
Lee Tenzer

Mailing Address 440 South LaSalle Street Suite 751

City Chicago State IL Zip Code 60605

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 03 / 2005

Transaction ID: SA11AI.5465

Amount of Each Receipt this Period: 500.00

bundled by Club for Growth

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 46 / 141
(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)
Stephen Thomas

Mailing Address 205 Walden Drive

City Portland State TX Zip Code 78374-4006

FEC ID number of contributing federal political committee. C

Name of Employer Everest Resource Co. Occupation geophysicist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2005
Transaction ID: SA11AI.4823

Amount of Each Receipt this Period 250.00

bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Peter Travers

Mailing Address PO Box D

City Hopewell State NJ Zip Code 08525-0019

FEC ID number of contributing federal political committee. C

Name of Employer Casefield LLC Occupation investment banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2005
Transaction ID: SA11AI.6081

Amount of Each Receipt this Period 1000.00

bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lucia Uihlein

Mailing Address 1001 Sheridan Road

City Lake Bluff State IL Zip Code 60044-1363

FEC ID number of contributing federal political committee. C

Name of Employer n.a. Occupation housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2005
Transaction ID: SA11AI.4827

Amount of Each Receipt this Period 500.00

bundled by Club for Growth
 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 47 / 141
(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)
Sandra L Usher

Mailing Address 840 12th St.

City State Zip Code
Oakmont PA 15139

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

Name of Employer self Occupation housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 0 | 3 | / | 2 | 0 | 0 | 5 |

Transaction ID: SA11AI.6293

Amount of Each Receipt this Period
300.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
James Walsh

Mailing Address 4000 Miller-valentine Court

City State Zip Code
Dayton OH 45439-1465

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

Name of Employer Miller-Valentine Group Occupation senior partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 0 | 3 | / | 2 | 0 | 0 | 5 |

Transaction ID: SA11AI.5477

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
James Walsh

Mailing Address 4000 Miller-valentine Court

City State Zip Code
Dayton OH 45439-1465

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

Name of Employer Miller-Valentine Group Occupation senior partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 2 | 3 | / | 2 | 0 | 0 | 5 |

Transaction ID: SA11AI.6090

Amount of Each Receipt this Period
500.00

bundled by Club for Growth

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 48 / 141
(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)
Rawleigh Warner

Mailing Address 40 Wall Street -62nd Floor

City State Zip Code
New York NY 10005

FEC ID number of contributing federal political committee. C

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
09 / 23 / 2005

Transaction ID: SA11AI.6093

Amount of Each Receipt this Period 250.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Dean Webster

Mailing Address 215 Kings Hwy.

City State Zip Code
Kennebunkport ME 04046-7270

FEC ID number of contributing federal political committee. C

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
09 / 03 / 2005

Transaction ID: SA11AI.5481

Amount of Each Receipt this Period 1000.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
Lester Weindling

Mailing Address 515 Madison Avenue Suite 27 East

City State Zip Code
New York NY 10022-5422

FEC ID number of contributing federal political committee. C

Name of Employer none Occupation real estate investments

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
09 / 03 / 2005

Transaction ID: SA11AI.5483

Amount of Each Receipt this Period 500.00

bundled by Club for Growth

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 49 / 141
(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)
Roger Wellington

Mailing Address Box 898
140 Garrison Lane

City State Zip Code
Osterville MA 02655

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 0 | 3 | / | 2 | 0 | 0 | 5 |

Transaction ID: SA11AI.5487

Amount of Each Receipt this Period
250.00

bundled by Club for Growth

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

B. Full Name (Last, First, Middle Initial)
Roger Wellington

Mailing Address Box 898
140 Garrison Lane

City State Zip Code
Osterville MA 02655

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 2 | 3 | / | 2 | 0 | 0 | 5 |

Transaction ID: SA11AI.6094

Amount of Each Receipt this Period
350.00

bundled by Club for Growth

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

C. Full Name (Last, First, Middle Initial)
Bryan Whitfield

Mailing Address 296 Mountain View Drive

City State Zip Code
Dahlonega GA 30533-0318

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 2 | 3 | / | 2 | 0 | 0 | 5 |

Transaction ID: SA11AI.6098

Amount of Each Receipt this Period
200.00

bundled by Club for Growth

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 50 / 141
(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)
Barbara Wigley
Mailing Address PO Box 376
City Long Lake State MN Zip Code 55356-0376
FEC ID number of contributing federal political committee. **C**
Name of Employer info requested Occupation
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 30 / 2005
Transaction ID: SA11AI.5073
Amount of Each Receipt this Period 1000.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
George Wilson
Mailing Address 50878 Babel Slough Rd.
City Clarksburg State CA Zip Code 95612-5021
FEC ID number of contributing federal political committee. **C**
Name of Employer n.a. Occupation farmer
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5499
Amount of Each Receipt this Period 500.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
William Wolf
Mailing Address PO Box 903
City Mount Wolf State PA Zip Code 17347-1903
FEC ID number of contributing federal political committee. **C**
Name of Employer n.a. Occupation retired
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 29 / 2005
Transaction ID: SA11AI.5041
Amount of Each Receipt this Period 1000.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00
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 / 141
(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 n.a. Occupation retired
Receipt For: 2006 Election Cycle-to-Date
 Primary General Other (specify) ▼
1500.00
Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5503
Amount of Each Receipt this Period 1500.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jeff Yass
Mailing Address 401 City Avenue #220
City Bala Cynwyd State PA Zip Code 19004
FEC ID number of contributing federal political committee. **C**
Name of Employer Susquehanna International Group Occupation owner
Receipt For: 2006 Election Cycle-to-Date
 Primary General Other (specify) ▼
2100.00
Date of Receipt 09 / 03 / 2005
Transaction ID: SA11AI.5505
Amount of Each Receipt this Period 2100.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
George Yeager
Mailing Address 2 Elm Rock Road
City Bronxville State NY Zip Code 10708
FEC ID number of contributing federal political committee. **C**
Name of Employer n.a. Occupation retired
Receipt For: 2006 Election Cycle-to-Date
 Primary General Other (specify) ▼
500.00
Date of Receipt 09 / 23 / 2005
Transaction ID: SA11AI.6110
Amount of Each Receipt this Period 500.00
bundled by Club for Growth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4100.00**
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 / 141
 (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)
Nicholas Zwick

Mailing Address 4 Bittersweet Ln

City State Zip Code
Far Hills NJ 07931-2200

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

Name of Employer Occupation
n.a. retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2005

Transaction ID: SA11AI.6114

Amount of Each Receipt this Period
 1000.00

bundled by Club for Growth

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 91015.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 141
(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)
CLUB FOR GROWTH INC PAC

Mailing Address 2001 L St. NW
Suite 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00346536

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 420.54

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 5

Transaction ID: SA11C.6485

Amount of Each Receipt this Period
420.54

public relations costs

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

B. Full Name (Last, First, Middle Initial)
CLUB FOR GROWTH INC PAC

Mailing Address 2001 L St. NW
Suite 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00346536

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4291.69

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 5

Transaction ID: SA11C.6487

Amount of Each Receipt this Period
3871.15

mail, mail costs

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

C. Full Name (Last, First, Middle Initial)
CLUB FOR GROWTH INC PAC

Mailing Address 2001 L St. NW
Suite 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00346536

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4291.69

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11C.12257

Amount of Each Receipt this Period
130526.61

total bundled by Club for Growth

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

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 4291.69

TOTAL This Period (last page this line number only) ► 4291.69

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

| | |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 54 / 141 |
| | (check only one) |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input checked="" 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) WILLIAM T. SALI | | Date of Receipt MM / DD / YYYY 08 / 17 / 2005 |
| Mailing Address 175 LINKE CT | | Transaction ID: SA13A.4099 |
| City KUNA | State ID | Zip Code 83634 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer self-employed | Occupation lawyer | cash loan <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

B.

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) WILLIAM T. SALI | | Date of Receipt MM / DD / YYYY 09 / 02 / 2005 |
| Mailing Address 175 LINKE CT | | Transaction ID: SA13A.4100 |
| City KUNA | State ID | Zip Code 83634 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 700.00 |
| Name of Employer self-employed | Occupation lawyer | \$300 check & \$400 cash loan <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1700.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1700.00 |
| TOTAL This Period (last page this line number only) | 1700.00 |

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

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

FOR LINE NUMBER: PAGE 55 / 141
(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)
Bona Ventura Productions, Inc.
 Mailing Address 9137 Phantom Lane
 City State Zip Code
 Middleton ID 83644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 6640.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 5
Transaction ID: SA14.6488
 Amount of Each Receipt this Period
 6640.00
 credit for services on de-posit
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 6640.00 |
| TOTAL This Period (last page this line number only) | ▶ | 6640.00 |

**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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Advertising & Supply Mailing Address 7630 Cass Street City Omaha State NE Zip Code 68114 Purpose of Disbursement advertising materials Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.6523 Date of Disbursement 08 / 10 / 2005 |
| | Amount of Each Disbursement this Period 330.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) Advertising & Supply Mailing Address 7630 Cass Street City Omaha State NE Zip Code 68114 Purpose of Disbursement Events--supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.11998 Date of Disbursement 08 / 10 / 2005 |
| | Amount of Each Disbursement this Period 330.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Alaska Airlines Mailing Address PO Box 68900 City Seattle State WA Zip Code 98168 Purpose of Disbursement plane ticket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.6353 Date of Disbursement 09 / 10 / 2005 |
| | Amount of Each Disbursement this Period 223.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 223.40 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) America West Airlines | Transaction ID: SB17.6514 Date of Disbursement 05 / 06 / 2005 |
| | Mailing Address 4000 E. Sky Harbor Blvd | Amount of Each Disbursement this Period 257.80 |
| | City Phoenix State AZ Zip Code 85034 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement plane ticket Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) America West Airlines | Transaction ID: SB17.12010 Date of Disbursement 05 / 06 / 2005 |
| | Mailing Address 4000 E. Sky Harbor Blvd | Amount of Each Disbursement this Period 264.79 |
| | City Phoenix State AZ Zip Code 85034 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Travel--plane fair Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) AMPCO | Transaction ID: SB17.12041 Date of Disbursement 05 / 25 / 2005 |
| | Mailing Address 3201 Airport Way | Amount of Each Disbursement this Period 1.50 |
| | City Boise State ID Zip Code 83705 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement travel--airport parking Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Auto Sort | Transaction ID: SB17.6358 Date of Disbursement |
| | Mailing Address PO Box 191025 | <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2005"/> |
| | City Boise State ID Zip Code 83719-1025 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement mailing | <input type="text" value="1000.00"/> |
| | 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 | Category/Type <input type="text" value="003"/> |
| | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Auto Sort | Transaction ID: SB17.6361 Date of Disbursement |
| | Mailing Address PO Box 191025 | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2005"/> |
| | City Boise State ID Zip Code 83719-1025 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement mailing | <input type="text" value="1178.93"/> |
| | 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 | Category/Type <input type="text" value="003"/> |
| | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Jennifer Beck | Transaction ID: SB17.6447 Date of Disbursement |
| | Mailing Address 324 8th Ave. S. | <input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2005"/> |
| | City Nampa State ID Zip Code 83651 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement reimbursement: miles, event supplies, etc | <input type="text" value="550.20"/> |
| | 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 | Category/Type <input type="text"/> |
| | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2729.13"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Big Bun

Mailing Address 5816 Overland Rd

City Boise State ID Zip Code 83709

Purpose of Disbursement

Events--food

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11989

Date of Disbursement

05 / 20 / 2005

Amount of Each Disbursement this Period

14.31

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Black Canyon Restaurant

Mailing Address 5240 Black Canyon Exit

City Caldwell State ID Zip Code 83605

Purpose of Disbursement

Travel--food

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11977

Date of Disbursement

08 / 28 / 2005

Amount of Each Disbursement this Period

36.19

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Blue Burrito

Mailing Address 1101 14th St. NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Travel--food

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.12036

Date of Disbursement

05 / 25 / 2005

Amount of Each Disbursement this Period

9.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Blue Van</p> <p>Mailing Address 7432 New Ridge Rd</p> <p>City Hanover State MD Zip Code 21076</p> <p>Purpose of Disbursement Travel--auto</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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.12015</p> <p>Date of Disbursement 05 / 21 / 2006</p> <p>Amount of Each Disbursement this Period 40.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Bona Ventura Productions, Inc.</p> <p>Mailing Address 9137 Phantom Lane</p> <p>City Middleton State ID Zip Code 83644</p> <p>Purpose of Disbursement Audio/Video Production/Photography</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.6492</p> <p>Date of Disbursement 09 / 06 / 2005</p> <p>Amount of Each Disbursement this Period 19140.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Boondocks</p> <p>Mailing Address 1385 S Blue Marlin Ln</p> <p>City Meridian State ID Zip Code 83642</p> <p>Purpose of Disbursement Events--Passes</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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.11987</p> <p>Date of Disbursement 05 / 07 / 2005</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

19140.00

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Brickseller | Transaction ID: SB17.12011 Date of Disbursement 05 / 21 / 2005 |
| | Mailing Address 1523 22nd St, NW | Amount of Each Disbursement this Period 15.40 |
| | City Washington State DC Zip Code 20037 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel--food | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Bright Advertising | Transaction ID: SB17.6362 Date of Disbursement 09 / 12 / 2005 |
| | Mailing Address PO Box 1577 114 S. 23rd St | Amount of Each Disbursement this Period 397.60 |
| | City Boise State ID Zip Code 83701 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement bumper stickers | |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Bright Advertising | Transaction ID: SB17.6364 Date of Disbursement 09 / 12 / 2005 |
| | Mailing Address PO Box 1577 114 S. 23rd St | Amount of Each Disbursement this Period 165.38 |
| | City Boise State ID Zip Code 83701 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement banner | |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 562.98 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Bright Advertising | Transaction ID: SB17.6365 Date of Disbursement 09 / 12 / 2005 |
| | Mailing Address PO Box 1577 114 S. 23rd St | Amount of Each Disbursement this Period 332.22 |
| | City Boise State ID WA Zip Code 83701 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement T-Shirts Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | 004 Category/Type |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Bright Advertising | Transaction ID: SB17.6366 Date of Disbursement 09 / 12 / 2005 |
| | Mailing Address PO Box 1577 114 S. 23rd St | Amount of Each Disbursement this Period 502.35 |
| | City Boise State ID WA Zip Code 83701 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Balloons Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | 004 Category/Type |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Broadway Service | Transaction ID: SB17.11975 Date of Disbursement 09 / 02 / 2005 |
| | Mailing Address 2300 Canyon Rd | Amount of Each Disbursement this Period 69.50 |
| | City Ellensburg State ID WA Zip Code 98926 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement travel--gas Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 834.57 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Brown Rental</p> <p>Mailing Address 11000 Fairview Ave</p> <p>City Boise State ID Zip Code 83713</p> <p>Purpose of Disbursement Labor Day Picnic Rentals</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.6367</p> <p>Date of Disbursement 09 / 14 / 2005</p> <p>Amount of Each Disbursement this Period 556.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Cash & Carry</p> <p>Mailing Address 1700 Shoreline Dr.</p> <p>City Boise State ID Zip Code 83702</p> <p>Purpose of Disbursement event food/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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.6372</p> <p>Date of Disbursement 09 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 236.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) China Town Market</p> <p>Mailing Address 521 H St NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Events-meetings-food</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.11993</p> <p>Date of Disbursement 05 / 24 / 2005</p> <p>Amount of Each Disbursement this Period 26.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

793.35

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 Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Coeur d'Alene Inn</p> <p>Mailing Address 414 W. Appleway</p> <p>City Coeur d'Alene State ID ID Zip Code 83814</p> <p>Purpose of Disbursement luncheon</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17.6449</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="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1281.56"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Confetti Productions</p> <p>Mailing Address 176 S. Cole Rd</p> <p>City Boise State ID ID Zip Code 83709</p> <p>Purpose of Disbursement stage/production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17.6376</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="610.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) CVS Pharmacy</p> <p>Mailing Address 1901 Pennsylvania Ave NW</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Travel--supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17.12032</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11.62"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |

| | |
|---|---|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="1891.56"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text" value=""/></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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
D & B Supply

Mailing Address 1725 E. Fairview Ave.

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Events--supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.11962
Date of Disbursement

08 / 30 / 2005

Amount of Each Disbursement this Period

5.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
El Gallo Giro

Mailing Address 482 Main St

City Kuna State ID Zip Code 83634

Purpose of Disbursement
Events--meetings-Food

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.11986
Date of Disbursement

04 / 20 / 2005

Amount of Each Disbursement this Period

11.82

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
El Gallo Giro

Mailing Address 482 Main St

City Kuna State ID Zip Code 83634

Purpose of Disbursement
meetings--food

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12008
Date of Disbursement

09 / 04 / 2005

Amount of Each Disbursement this Period

60.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <hr/> <p>Mailing Address 1673 W. Shoreline Dr. Suite 160</p> <hr/> <p>City Boise State ID Zip Code 83702</p> <hr/> <p>Purpose of Disbursement credit card equipment/set-up 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 State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.6378</p> <p>Date of Disbursement 09 / 07 / 2005</p> <hr/> <p>Amount of Each Disbursement this Period 829.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <hr/> <p>Mailing Address 1673 W. Shoreline Dr. Suite 160</p> <hr/> <p>City Boise State ID Zip Code 83702</p> <hr/> <p>Purpose of Disbursement credit card fees 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 State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.6381</p> <p>Date of Disbursement 09 / 14 / 2005</p> <hr/> <p>Amount of Each Disbursement this Period 276.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <hr/> <p>Mailing Address 1673 W. Shoreline Dr. Suite 160</p> <hr/> <p>City Boise State ID Zip Code 83702</p> <hr/> <p>Purpose of Disbursement credit card processing fees Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.6383</p> <p>Date of Disbursement 09 / 15 / 2005</p> <hr/> <p>Amount of Each Disbursement this Period 8.60</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) ▶

1113.82

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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 Group <hr/> Mailing Address 1673 W. Shoreline Dr. Suite 160 <hr/> City Boise State ID Zip Code 83702 <hr/> Purpose of Disbursement credit card discounts/processing fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.6382 Date of Disbursement 09 / 18 / 2005 <hr/> Amount of Each Disbursement this Period 71.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Eliot Management Group <hr/> Mailing Address 1673 W. Shoreline Dr. Suite 160 <hr/> City Boise State ID Zip Code 83702 <hr/> Purpose of Disbursement credit card processing fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.6384 Date of Disbursement 09 / 18 / 2005 <hr/> Amount of Each Disbursement this Period 1.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Eliot Management Group <hr/> Mailing Address 1673 W. Shoreline Dr. Suite 160 <hr/> City Boise State ID Zip Code 83702 <hr/> Purpose of Disbursement credit card processing fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.6539 Date of Disbursement 09 / 28 / 2005 <hr/> Amount of Each Disbursement this Period 20.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 92.96 |
| 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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|--|------------------------------|------------------------------|------------------------------|
| <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 Group | Transaction ID: SB17.6540 Date of Disbursement |
| | Mailing Address 1673 W. Shoreline Dr. Suite 160 | <input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2005"/> |
| | City Boise State ID Zip Code 83702 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement credit card processing fees | <input type="text" value="72.26"/> |
| | 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) El Tanampa | Transaction ID: SB17.11991 Date of Disbursement |
| | Mailing Address 906 N Main St | <input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2005"/> |
| | City Meridian State ID Zip Code 83642 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Events--food | <input type="text" value="31.13"/> |
| | 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Fred Meyer | Transaction ID: SB17.12003 Date of Disbursement |
| | Mailing Address 1850 E Fairview Ave | <input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2005"/> |
| | City Boise State ID Zip Code 83704 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel--food | <input type="text" value="1.31"/> |
| | 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="72.26"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 Boise State ID Zip Code 83704

Purpose of Disbursement
Events--supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.11956
Date of Disbursement

08 / 24 / 2005

Amount of Each Disbursement this Period

13.58

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Fred Meyer

Mailing Address 1850 E Fairview Ave

City Boise State ID Zip Code 83704

Purpose of Disbursement
Events--supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.11959
Date of Disbursement

09 / 05 / 2005

Amount of Each Disbursement this Period

21.97

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Fred Meyer

Mailing Address 1850 E Fairview Ave

City Boise State ID Zip Code 83704

Purpose of Disbursement
Events--supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.11981
Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

36.26

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Hampton Inn | Transaction ID: SB17.6391 Date of Disbursement 09 / 07 / 2005 |
| | Mailing Address 5750 E. Franklin Rd. | Amount of Each Disbursement this Period 365.98 |
| | City Nampa State ID WA Zip Code 83687 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Conf. Room Candidate Name | Category/Type 007 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) HMS Host | Transaction ID: SB17.12013 Date of Disbursement 05 / 21 / 2005 |
| | Mailing Address 1 Aviation Cir | Amount of Each Disbursement this Period 6.50 |
| | City Washington State DC Zip Code 20001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel--food Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Horizon Airlines | Transaction ID: SB17.6511 Date of Disbursement 08 / 29 / 2005 |
| | Mailing Address 20435 72nd Ave S | Amount of Each Disbursement this Period 388.80 |
| | City Kent State WA Zip Code 98032 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement plane tickets Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |
| | State: District: | |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 365.98 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Horizon Airlines | Transaction ID: SB17.6393 Date of Disbursement 09 / 14 / 2005 |
| | Mailing Address 20435 72nd Ave S | Amount of Each Disbursement this Period 292.00 |
| | City Kent State WA Zip Code 98032 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement plane ticket Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | 002 Category/Type |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Horizon Airlines | Transaction ID: SB17.6395 Date of Disbursement 09 / 14 / 2005 |
| | Mailing Address 20435 72nd Ave S | Amount of Each Disbursement this Period 232.00 |
| | City Kent State WA Zip Code 98032 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement plane ticket Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | 002 Category/Type |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Hotwire.com | Transaction ID: SB17.6517 Date of Disbursement 05 / 21 / 2005 |
| | Mailing Address 333 Market St. Suite 100 | Amount of Each Disbursement this Period 317.95 |
| | City San Francisco State CA Zip Code 94105 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement hotel/travel Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type |

[MEMO ITEM]

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 524.00 |
| 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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Hotwire.com

Transaction ID: SB17.12019
Date of Disbursement

Mailing Address 333 Market St.
Suite 100

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 1 | | 2 | 0 | 0 | 5 |

City San Francisco State CA Zip Code 94105

Amount of Each Disbursement this Period

| |
|--------|
| 256.95 |
|--------|

Purpose of Disbursement
Travel--fees

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Hotwire.com

Transaction ID: SB17.12020
Date of Disbursement

Mailing Address 333 Market St.
Suite 100

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 1 | | 2 | 0 | 0 | 5 |

City San Francisco State CA Zip Code 94105

Amount of Each Disbursement this Period

| |
|--------|
| 317.95 |
|--------|

Purpose of Disbursement
Travel--feed

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Hotwire.com

Transaction ID: SB17.6515
Date of Disbursement

Mailing Address 333 Market St.
Suite 100

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 1 | | 2 | 0 | 0 | 5 |

City San Francisco State CA Zip Code 94105

Amount of Each Disbursement this Period

| |
|--------|
| 256.95 |
|--------|

Purpose of Disbursement
hotel

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

| |
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| |
|--|

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Idaho Statesman

Mailing Address 1200 N Curtis Rd
PO Box 990040

City Boise State ID Zip Code 83799

Purpose of Disbursement
Media/Advertising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.11964
Date of Disbursement

08 / 30 / 2005

Amount of Each Disbursement this Period

2.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Ideas Companies, Inc.

Mailing Address PO Box 946

City Naperville State IL Zip Code 60566

Purpose of Disbursement
event supplies/advertising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6520
Date of Disbursement

08 / 10 / 2005

Amount of Each Disbursement this Period

983.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Ideas Companies, Inc.

Mailing Address PO Box 946

City Naperville State IL Zip Code 60566

Purpose of Disbursement
Events--Supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12009
Date of Disbursement

08 / 16 / 2005

Amount of Each Disbursement this Period

983.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Irish Channel

Mailing Address 500 H St. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement

Travel--dinner

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.12027

Date of Disbursement

05 / 23 / 2005

Amount of Each Disbursement this Period

17.77

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Irish Channel

Mailing Address 500 H St. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement

Travel--food

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.12035

Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

13.70

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Jacksons

Mailing Address 66 E State St

City Meridian State ID Zip Code 83642

Purpose of Disbursement

Travel--gas

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11946

Date of Disbursement

09 / 01 / 2005

Amount of Each Disbursement this Period

22.30

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Jacksons | Transaction ID: SB17.11974 Date of Disbursement 09 / 05 / 2005 |
| | Mailing Address 66 E State St | Amount of Each Disbursement this Period 53.00 |
| | City Meridian State ID Zip Code 83642 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Travel--gas Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Jet Stream Aviation | Transaction ID: SB17.6398 Date of Disbursement 09 / 07 / 2005 |
| | Mailing Address 3815 Rickenbacker St. Suite 34 | Amount of Each Disbursement this Period 995.00 |
| | City Boise State ID Zip Code 83705 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement plane/pilot for event Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Jo-Ann Fabrics | Transaction ID: SB17.11952 Date of Disbursement 08 / 18 / 2005 |
| | Mailing Address 10243 Fairview Ave | Amount of Each Disbursement this Period 17.84 |
| | City Bosie State ID Zip Code 83704 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Events-Supplies Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 995.00 |
| 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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Jo-Ann Fabrics

Mailing Address 10243 Fairview Ave

City State Zip Code
Bosie ID 83704

Purpose of Disbursement
Events--supplies
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11979
Date of Disbursement

08 / 30 / 2005

Amount of Each Disbursement this Period

33.02

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Kinko's

Mailing Address 691 S Capitol Blvd.

City State Zip Code
Boise ID 83702

Purpose of Disbursement
postcards
Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.6400
Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

570.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Kinko's

Mailing Address 691 S Capitol Blvd.

City State Zip Code
Boise ID 83702

Purpose of Disbursement
postcards
Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.6533
Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

262.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

570.00

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Maverik | Transaction ID: SB17.12005 Date of Disbursement 09 / 01 / 2005 |
| | Mailing Address 1605 Cherry Ln | Amount of Each Disbursement this Period 5.95 |
| | City Meridian State ID Zip Code 83642 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel--food Candidate Name | <input type="checkbox"/> [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Laird Maxwell | Transaction ID: SB17.6620 Date of Disbursement 09 / 22 / 2005 |
| | Mailing Address 1608 Bedford Dr. | Amount of Each Disbursement this Period 465.00 |
| | City Boise State ID Zip Code 83705 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement In-kind - office furniture Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) McDonald's | Transaction ID: SB17.11947 Date of Disbursement 08 / 18 / 2005 |
| | Mailing Address 195 E Central | Amount of Each Disbursement this Period 8.40 |
| | City Meridian State ID Zip Code 83642 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel--food Candidate Name | <input type="checkbox"/> [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 465.00 |
| 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

FOR LINE NUMBER: (check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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) Modern Printing | Transaction ID: SB17.6402 Date of Disbursement 09 / 16 / 2005 |
| | Mailing Address 714 E. First St. | Amount of Each Disbursement this Period 459.90 |
| | City Meridian State ID Zip Code 83680 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement palm cards Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Moxi Java | Transaction ID: SB17.11967 Date of Disbursement 08 / 30 / 2005 |
| | Mailing Address 7709 West Overland Rd | Amount of Each Disbursement this Period 20.00 |
| | City Boise State ID Zip Code 83709 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement events--food Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: SB17.11985 Date of Disbursement 09 / 12 / 2005 |
| | Mailing Address 8033 W. Franklin Towne Plaza | Amount of Each Disbursement this Period 78.51 |
| | City Boise State ID Zip Code 83704 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Office--Supplies Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 459.90 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Office Depot | Transaction ID: SB17.6408 Date of Disbursement |
| | Mailing Address 8033 W. Franklin Towne Plaza | <input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| | City Boise State ID Zip Code 83704 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement copier | <input type="text" value="338.82"/> |
| | 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | Category/Type <input type="text" value="001"/> |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: SB17.6501 Date of Disbursement |
| | Mailing Address 8033 W. Franklin Towne Plaza | <input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| | City Boise State ID Zip Code 83704 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement office supplies | <input type="text" value="35.67"/> |
| | 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | Category/Type <input type="text" value=""/> |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: SB17.6409 Date of Disbursement |
| | Mailing Address 8033 W. Franklin Towne Plaza | <input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="05"/> |
| | City Boise State ID Zip Code 83704 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Quickbooks | <input type="text" value="239.06"/> |
| | 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | Category/Type <input type="text" value="001"/> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="613.55"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value=""/> |

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Office Max

Mailing Address 8551 W. Franklin Road

City Boise State ID Zip Code 83709

Purpose of Disbursement
Events/Office--supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11982
Date of Disbursement

08 / 19 / 2005

Amount of Each Disbursement this Period

16.78

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Only \$1.00 Store

Mailing Address 48 E Fairview Ave

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Events--Supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11954
Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

11.03

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Paradies Shop

Mailing Address PO Box 17501

City Washington State DC Zip Code 20041

Purpose of Disbursement
Travel--food
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.12017
Date of Disbursement

05 / 21 / 2005

Amount of Each Disbursement this Period

3.17

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 | Transaction ID: SB17.11945 Date of Disbursement 09 / 05 / 2005 |
| | Mailing Address 700 E Avalon | Amount of Each Disbursement this Period 107.05 |
| | City Kuna State ID ID Zip Code 83634 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Events--food Candidate Name | [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Pizza Hut | Transaction ID: SB17.11943 Date of Disbursement 08 / 21 / 2005 |
| | Mailing Address 2980 Meridian North Ustick | Amount of Each Disbursement this Period 19.89 |
| | City Meridian State ID ID Zip Code 83642 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Events--Food Candidate Name | [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Quizno's DC | Transaction ID: SB17.12025 Date of Disbursement 05 / 23 / 2005 |
| | Mailing Address 801 18th St NW | Amount of Each Disbursement this Period 7.67 |
| | City Washington State DC Zip Code 20006 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel--food Candidate Name | [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Ruth's Chris Steak House

Mailing Address 1801 Connectict Ave NW

City Washington State DC Zip Code 20009-5700

Purpose of Disbursement meeting

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.6518

Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

240.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Ruth's Chris Steak House

Mailing Address 1801 Connectict Ave NW

City Washington State DC Zip Code 20009-5700

Purpose of Disbursement Travel--meetings/food

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.12042

Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

240.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Anna Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement reimbursement for mileage 9/1/05-9/21/05

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.6462

Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

392.71

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

392.71

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Jesseca Sali</p> <p>Mailing Address 1113 W Greenhead St</p> <p>City Meridian State ID Zip Code 83634</p> <p>Purpose of Disbursement reimbursement for mileage 9/1/05-9/20/05</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.6461</p> <p>Date of Disbursement 09 / 21 / 2005</p> <p>Amount of Each Disbursement this Period 390.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Terry Sali</p> <p>Mailing Address 175 Linke Crt</p> <p>City Kuna State ID Zip Code 83634</p> <p>Purpose of Disbursement reimbursement:event sup., miles, meeting</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.6445</p> <p>Date of Disbursement 09 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 400.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) WILLIAM T. SALI</p> <p>Mailing Address 175 LINKE CT</p> <p>City KUNA State ID Zip Code 83634</p> <p>Purpose of Disbursement reimbursement:travel, meetings, see memos</p> <p>Candidate Name WILLIAM T. SALI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ID District: 01</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.6454</p> <p>Date of Disbursement 09 / 14 / 2005</p> <p>Amount of Each Disbursement this Period 3535.96</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) ▶

4327.15

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
WILLIAM T. SALI

Mailing Address 175 LINKE CT

City KUNA State ID Zip Code 83634

Purpose of Disbursement
reimbursement: Travel, see memos

Candidate Name
WILLIAM T. SALI

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: ID District: 01

Transaction ID: SB17.6455
Date of Disbursement

09 / 14 / 2005

Amount of Each Disbursement this Period

1297.23

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 CT

City KUNA State ID Zip Code 83634

Purpose of Disbursement
reimbursement: meetings, volunteer gifts

Candidate Name
WILLIAM T. SALI

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: ID District: 01

Transaction ID: SB17.6456
Date of Disbursement

09 / 14 / 2005

Amount of Each Disbursement this Period

62.48

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 CT

City KUNA State ID Zip Code 83634

Purpose of Disbursement
reimbursement: travel/fair

Candidate Name
WILLIAM T. SALI

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: ID District: 01

Transaction ID: SB17.6457
Date of Disbursement

09 / 14 / 2005

Amount of Each Disbursement this Period

525.99

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1885.70

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) WILLIAM T. SALI | Transaction ID: SB17.6458 |
| | Mailing Address 175 LINKE CT | Date of Disbursement 09 / 14 / 2005 |
| | City KUNA State ID Zip Code 83634 | Amount of Each Disbursement this Period 24.79 |
| | Purpose of Disbursement reimbursement: travel | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name WILLIAM T. SALI Category/Type | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: ID District: 01 | |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) Shaffers Automotive | Transaction ID: SB17.11972 |
| | Mailing Address 5043 N Pearl St | Date of Disbursement 09 / 04 / 2005 |
| | City Tacoma State WA Zip Code 98401 | Amount of Each Disbursement this Period 65.00 |
| | Purpose of Disbursement travel--gas | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name Category/Type | [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) Shell | Transaction ID: SB17.11949 |
| | Mailing Address N8841 Commerce Dr. | Date of Disbursement 08 / 04 / 2005 |
| | City Hayden Lake State ID Zip Code 83835 | Amount of Each Disbursement this Period 16.00 |
| | Purpose of Disbursement Travel--gas | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name Category/Type | [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional) | 24.79 |
| 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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Sonic Drive-In | Transaction ID: SB17.11960 Date of Disbursement 08 / 30 / 2005 |
| | Mailing Address 2160 E Fairview Ave | Amount of Each Disbursement this Period 17.05 |
| | City Meridian State ID Zip Code 83642 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel--food Candidate Name | <input type="checkbox"/> [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) SparkWeb Interactive | Transaction ID: SB17.6495 Date of Disbursement 09 / 14 / 2005 |
| | Mailing Address 215 Seafury #201 | Amount of Each Disbursement this Period 500.00 |
| | City Boise State ID Zip Code 83704 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement website development costs Candidate Name | <input type="checkbox"/> [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Subway | Transaction ID: SB17.11995 Date of Disbursement 05 / 27 / 2005 |
| | Mailing Address 3014 E 29th Ave | Amount of Each Disbursement this Period 12.24 |
| | City Spokane State WA Zip Code 99223 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel--food Candidate Name | <input type="checkbox"/> [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 500.00 |
| 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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Subway

Mailing Address 3014 E 29th Ave

City Spokane State WA Zip Code 99223

Purpose of Disbursement
travel--food

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.11999
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

7.64

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Subway

Mailing Address 3014 E 29th Ave

City Spokane State WA Zip Code 99223

Purpose of Disbursement
Travel--food

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.11996
Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

7.64

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Sysco Foods

Mailing Address 850 W. Front Street

City Boise State ID Zip Code 83702

Purpose of Disbursement
food for event

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6504
Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

662.69

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

662.69

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Taxi | Transaction ID: SB17.12029 Date of Disbursement 05 / 23 / 2005 |
| | Mailing Address 1345 S Capitol St Sw | Amount of Each Disbursement this Period 7.95 |
| | City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Travel--auto | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Taxi | Transaction ID: SB17.12030 Date of Disbursement 05 / 23 / 2005 |
| | Mailing Address 1345 S Capitol St Sw | Amount of Each Disbursement this Period 8.45 |
| | City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement travel--auto | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Taxi | Transaction ID: SB17.12031 Date of Disbursement 05 / 23 / 2005 |
| | Mailing Address 1345 S Capitol St Sw | Amount of Each Disbursement this Period 6.75 |
| | City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement travel--auto | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Taxi | Transaction ID: SB17.12034 Date of Disbursement 05 / 24 / 2005 |
| | Mailing Address 1345 S Capitol St Sw | Amount of Each Disbursement this Period 7.50 |
| | City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Travel--auto Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Taxi | Transaction ID: SB17.12038 Date of Disbursement 05 / 25 / 2005 |
| | Mailing Address 1345 S Capitol St Sw | Amount of Each Disbursement this Period 20.00 |
| | City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Travel--auto Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Tony Romas | Transaction ID: SB17.11997 Date of Disbursement 07 / 16 / 2005 |
| | Mailing Address 790 S. Progress | Amount of Each Disbursement this Period 19.71 |
| | City Meridian State ID Zip Code 83642 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Travel--food Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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) Treasure Valley Christian News | Transaction ID: SB17.6525 Date of Disbursement |
| | Mailing Address 2309 N Mountain View Dr. #220 | <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2005"/> |
| | City Boise State ID Zip Code 83706 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement advertisement | <input type="text" value="855.00"/> |
| | 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: | [MEMO ITEM] |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) Treasure Valley Christian News | Transaction ID: SB17.12004 Date of Disbursement |
| | Mailing Address 2309 N Mountain View Dr. #220 | <input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2006"/> |
| | City Boise State ID Zip Code 83706 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement ad fees | <input type="text" value="855.00"/> |
| | 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: | [MEMO ITEM] |
| | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) United States Postal Service | Transaction ID: SB17.6531 Date of Disbursement |
| | Mailing Address 770 S 13th St. | <input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2005"/> |
| | City Boise State ID Zip Code 83708-0001 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement postage | <input type="text" value="98.90"/> |
| | 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: | [MEMO ITEM] |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-----------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="0.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
United States Postal Service

Mailing Address 770 S 13th St.

City Boise State ID Zip Code 83708-0001

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.6529
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 3 | 0 | | 2 | 0 | 0 | 5 |

Amount of Each Disbursement this Period

| |
|--------|
| 106.26 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address 104 E Fairview Ave

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Voter Contact--mailing

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.12002
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 7 | | 2 | 0 | 0 | 5 |

Amount of Each Disbursement this Period

| |
|-------|
| 33.34 |
|-------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
WalMart

Mailing Address 4051 E. Fairview Ave.

City Meridian State ID Zip Code 83642

Purpose of Disbursement
Events--Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.11944
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 8 | | 2 | 0 | 0 | 5 |

Amount of Each Disbursement this Period

| |
|-------|
| 16.75 |
|-------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

| |
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|--|

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Washington Metro

Mailing Address 775 12TH STREET N. W.

City Washington State DC Zip Code 20003

Purpose of Disbursement

Travel--fee

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12021

Date of Disbursement

05 / 22 / 2005

Amount of Each Disbursement this Period

20.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Western Express

Mailing Address 28810 Stafford-Hanse

City Hermiston State OR Zip Code 97838

Purpose of Disbursement

Events--supplies

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.11971

Date of Disbursement

09 / 05 / 2005

Amount of Each Disbursement this Period

62.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Western Idaho Fair

Mailing Address 5610 Glenwood

City Boise State ID Zip Code 83714

Purpose of Disbursement

fair booth

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.6527

Date of Disbursement

08 / 12 / 2005

Amount of Each Disbursement this Period

890.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Western Idaho Fair

Mailing Address 5610 Glenwood

City Boise State ID Zip Code 83714

Purpose of Disbursement
Events--booth fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12000
Date of Disbursement

08 / 12 / 2005

Amount of Each Disbursement this Period

890.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Westin Embassy Row

Mailing Address 2100 Massachusetts Ave., N.W

City washington State DC Zip Code 20008

Purpose of Disbursement
Travel--food

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12023
Date of Disbursement

05 / 22 / 2005

Amount of Each Disbursement this Period

9.15

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
WinCo

Mailing Address 110 E Myrtle

City Boise State ID Zip Code 83702

Purpose of Disbursement
Events--supplies/food

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.11980
Date of Disbursement

08 / 30 / 2005

Amount of Each Disbursement this Period

14.06

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

39240.50

**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)

| | | | |
|------------------------------|------------------------------|---|------------------------------|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input checked="" 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) WILLIAM T. SALI | Transaction ID: SB19A.4114 Date of Disbursement |
| | Mailing Address 175 LINKE CT | <input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2005"/> |
| | City KUNA State ID Zip Code 83634 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement repayment of cash loan 8/17/2005 | <input type="text" value="1000.00"/> |
| | Candidate Name WILLIAM T. SALI | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: ID District: 01 | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) WILLIAM T. SALI | Transaction ID: SB19A.4115 Date of Disbursement |
| | Mailing Address 175 LINKE CT | <input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2005"/> |
| | City KUNA State ID Zip Code 83634 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement repayment of loan 9/2/2005 | <input type="text" value="700.00"/> |
| | Candidate Name WILLIAM T. SALI | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: ID District: 01 | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1700.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="1700.00"/> |

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Sali for Congress

Transaction ID: SC/10.4099

LOAN SOURCE Full Name (Last, First, Middle Initial)

WILLIAM T. SALI

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 175 LINKE CT

City KUNA State ID ZIP Code 83634

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 1000.00 | 1000.00 | 0.00 |

TERMS

Date Incurred: M M 08 D D 17 Y Y Y Y 2005
 Date Due: _____ Interest Rate: _____ % (apr)
 Secured: 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) | 0.00 |
| TOTALS This Period (last page in this line only) | .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 C (FEC Form 3)

LOANS

| | |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 96 / 141 |
| FOR LINE NUMBER: (check only one) | <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Sali for Congress

Transaction ID: SC/10.4100

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) WILLIAM T. SALI | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 175 LINKE CT | |
| City KUNA State ID ZIP Code 83634 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 700.00 | 700.00 | 0.00 |

TERMS

| | | | |
|----------------------------|----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 09 D D 02 Y Y Y Y 2005 | | % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) | 0.00 |
| TOTALS This Period (last page in this line only) | 0.00 |

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 97 / 141
 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 Jennifer Beck | Nature of Debt (Purpose): reimbursement: postage, newspaper | | | | | | |
| Mailing Address 324 8th Ave. S. | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> </table> | City | State | ZIP Code | Nampa | ID | 83651 | |
| City | State | ZIP Code | | | | | |
| Nampa | ID | 83651 | | | | | |

| | | | | | | | |
|--|--|---|---|---|--|---|--|
| Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/> | Transaction ID: SD10.6646 | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="74.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="74.00"/></td> </tr> </table> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | <input style="width: 100%;" type="text" value="74.00"/> | <input style="width: 100%;" type="text" value="0.00"/> | <input style="width: 100%;" type="text" value="74.00"/> | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | | | |
| <input style="width: 100%;" type="text" value="74.00"/> | <input style="width: 100%;" type="text" value="0.00"/> | <input style="width: 100%;" type="text" value="74.00"/> | | | | | |

| | | | | | | | |
|--|--|----------|----------|---------|----|-------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gary Glen | Nature of Debt (Purpose): reimbursement: plane ticket | | | | | | |
| Mailing Address 3800 E Monroe Rd | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Midland</td> <td>MI</td> <td>48642</td> </tr> </table> | City | State | ZIP Code | Midland | MI | 48642 | |
| City | State | ZIP Code | | | | | |
| Midland | MI | 48642 | | | | | |

| | | | | | | | |
|--|--|--|---|--|--|--|--|
| Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/> | Transaction ID: SD10.6635 | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="310.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="310.00"/></td> </tr> </table> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | <input style="width: 100%;" type="text" value="310.00"/> | <input style="width: 100%;" type="text" value="0.00"/> | <input style="width: 100%;" type="text" value="310.00"/> | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | | | |
| <input style="width: 100%;" type="text" value="310.00"/> | <input style="width: 100%;" type="text" value="0.00"/> | <input style="width: 100%;" type="text" value="310.00"/> | | | | | |

| | | | | | | | |
|--|---|----------|----------|-------|----|-------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Idaho Statesman | Nature of Debt (Purpose): newspaper subscription | | | | | | |
| Mailing Address 1200 N Curtis Rd PO Box 990040 | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Boise</td> <td>ID</td> <td>83799</td> </tr> </table> | City | State | ZIP Code | Boise | ID | 83799 | |
| City | State | ZIP Code | | | | | |
| Boise | ID | 83799 | | | | | |

| | | | | | | | |
|--|--|---|---|---|--|---|--|
| Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/> | Transaction ID: SD10.6642 | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="29.25"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="29.25"/></td> </tr> </table> | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | <input style="width: 100%;" type="text" value="29.25"/> | <input style="width: 100%;" type="text" value="0.00"/> | <input style="width: 100%;" type="text" value="29.25"/> | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | | | |
| <input style="width: 100%;" type="text" value="29.25"/> | <input style="width: 100%;" type="text" value="0.00"/> | <input style="width: 100%;" type="text" value="29.25"/> | | | | | |

| | |
|--|--|
| 1) SUBTOTALS This Period This Page (optional)..... | <input style="width: 100%;" type="text" value="413.25"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input style="width: 100%;" type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input style="width: 100%;" type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input style="width: 100%;" type="text"/> |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

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 Tina Jacobson | | | Nature of Debt (Purpose): reimbursement: event supplies |
| Mailing Address 19243 N Cottagewood Ln | | | |
| City Rathdrum | State ID | ZIP Code 83858 | |

| | | | |
|--|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | | Transaction ID: SD10.6633 | |
| Amount Incurred This Period <input type="text" value="65.34"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="65.34"/> | |

| | | | |
|--|-------------|-------------------|---------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Les Bois Printing | | | Nature of Debt (Purpose): printing |
| Mailing Address 5017 Morris Hill | | | |
| City Boise | State ID | ZIP Code 83702 | |

| | | | |
|--|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | | Transaction ID: SD10.6647 | |
| Amount Incurred This Period <input type="text" value="1582.88"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1582.88"/> | |

| | | | |
|--|-------------|-------------------|---------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Les Bois Printing | | | Nature of Debt (Purpose): printing |
| Mailing Address 5017 Morris Hill | | | |
| City Boise | State ID | ZIP Code 83702 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | | Transaction ID: SD10.6649 | |
| Amount Incurred This Period <input type="text" value="299.25"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="299.25"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="1947.47"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 99 / 141 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Sali for Congress

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Posi Source Corporations | Nature of Debt (Purpose): office supplies |
| Mailing Address 124 N.W. 10th St. #103 | |
| City State ZIP Code Meridian ID 83642 | |

| | | |
|---|----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.6640 | |
| Amount Incurred This Period 45.13 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 45.13 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Anna Sali | Nature of Debt (Purpose): Sept. payroll |
| Mailing Address 175 Linke Crt | |
| City State ZIP Code Kuna ID 83634 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.6638 | |
| Amount Incurred This Period 790.50 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 790.50 |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jesseca Sali | Nature of Debt (Purpose): Sept. payroll |
| Mailing Address 1113 W Greenhead St | |
| City State ZIP Code Meridian ID 83634 | |

| | | |
|---|----------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: SD10.6637 | |
| Amount Incurred This Period 1868.87 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1868.87 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 2704.50 |
| 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)

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
WILLIAM T. SALI

Nature of Debt (Purpose):
reimbursement: campaign cell phone

Mailing Address 175 LINKE CT

City State ZIP Code
KUNA ID 83634

| | | |
|---|---------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID: SD10.6650 | |
| 0.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 642.04 | 0.00 | 642.04 |

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SparkWeb Interactive

Nature of Debt (Purpose):
computers

Mailing Address 215 Seafury #201

City State ZIP Code
Boise ID 83704

| | | |
|---|---------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID: SD10.6644 | |
| 0.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 3193.65 | 0.00 | 3193.65 |

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SparkWeb Interactive

Nature of Debt (Purpose):
website

Mailing Address 215 Seafury #201

City State ZIP Code
Boise ID 83704

| | | |
|---|---------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID: SD10.6645 | |
| 0.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 173.85 | 0.00 | 173.85 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 4009.54 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | 9074.76 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | 9074.76 |

Image# 28991251569

Form/Schedule: **SA11AI** This contribution was refunded on 10/6/05 since we received information that the check was from a corporation.

Transaction ID: **SA11AI.5513**

Form/Schedule: **SB17** reimbursement to Bill Sali 9/14/05

Transaction ID: **SB17.6523**

Image# 28991251570

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96

Transaction ID: **SB17.11998**

Form/Schedule: **SB17** reimbursment to Bill Sali 9/14/05

Transaction ID: **SB17.6514**

Image# 28991251571

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23
Transaction ID: **SB17.12010**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23
Transaction ID: **SB17.12041**

Image# 28991251572

Form/Schedule: **SB17** Mileage reimbursement of \$94.53 included in this total
Transaction ID: **SB17.6447**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling \$3535.96
Transaction ID: **SB17.11989**

Image# 28991251573

Form/Schedule: **SB17** Part of reimbursement to Jenna Back on 9/5/2005 totaling \$550.20

Transaction ID: **SB17.11977**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12036**

Image# 28991251574

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12015**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling \$3535.96

Transaction ID: **SB17.11987**

Image# 28991251575

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12011**

Form/Schedule: **SB17** Part of reimbursement to Jenna Back on 9/5/2005 totaling \$550.20

Transaction ID: **SB17.11975**

Image# 28991251576

Form/Schedule: **SB17** Part of Reimbursement to Bill Sali on 9/12/2005 totaling \$3535.96

Transaction ID: **SB17.11993**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12032**

Image# 28991251577

Form/Schedule: **SB17** Part of reimbursement to Jenna Beck on 9/5/2005 for \$550.20

Transaction ID: **SB17.11962**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling \$3535.96

Transaction ID: **SB17.11986**

Image# 28991251578

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96

Transaction ID: **SB17.12008**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling \$3535.96

Transaction ID: **SB17.11991**

Image# 28991251579

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96

Transaction ID: **SB17.12003**

Form/Schedule: **SB17** Part of Terry Sali Reimbursement on 9/5/2005 for \$400.72

Transaction ID: **SB17.11956**

Image# 28991251580

Form/Schedule: **SB17** Part of reimbursement to Jenna Beck on 9/5/2005 for \$550.20

Transaction ID: **SB17.11959**

Form/Schedule: **SB17** Part of reimbursement to Jenna Back on 9/5/2005 totaling \$550.20

Transaction ID: **SB17.11981**

Image# 28991251581

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12013**

Form/Schedule: **SB17** reimbursed Bill Sali on 9/14/05

Transaction ID: **SB17.6511**

Image# 28991251582

Form/Schedule: **SB17** reimbursement to Bill Sali 9/14/05
Transaction ID: **SB17.6517**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23
Transaction ID: **SB17.12019**

Image# 28991251583

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23
Transaction ID: **SB17.12020**

Form/Schedule: **SB17** reimbursment to Bill Sali 9/14/05
Transaction ID: **SB17.6515**

Image# 28991251584

Form/Schedule: **SB17** Part of reimbursement to Jenna Beck on 9/5/2005 for \$550.20
Transaction ID: **SB17.11964**

Form/Schedule: **SB17** reimbursment to Bill Sali 9/14/05
Transaction ID: **SB17.6520**

Image# 28991251585

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96

Transaction ID: **SB17.12009**

Form/Schedule: **SB17** Part of reimbursement for Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12027**

Image# 28991251586

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23
Transaction ID: **SB17.12035**

Form/Schedule: **SB17** Part of reimbursement to Terry Sali on 9/5/2006 total \$400.72
Transaction ID: **SB17.11946**

Image# 28991251587

Form/Schedule: **SB17** Part of reimbursement to Jenna Beck on 9/5/2005 for \$550.20

Transaction ID: **SB17.11974**

Form/Schedule: **SB17** Part of Terry Sali Reimbursement on 9/5/2005 for \$400.72

Transaction ID: **SB17.11952**

Image# 28991251588

Form/Schedule: **SB17** Part of reimbursement to Jenna Back on 9/5/2005 totaling \$550.20

Transaction ID: **SB17.11979**

Form/Schedule: **SB17** part of cash loan from Bill Sali reimbursment 9/4/05

Transaction ID: **SB17.6533**

Image# 28991251589

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96
Transaction ID: **SB17.12005**

Form/Schedule: **SB17** Part of reimbursement to Terry Sali on 9/5/2005 total \$400.72
Transaction ID: **SB17.11947**

Image# 28991251590

Form/Schedule: **SB17** Part of reimbursement to Jenna Beck on 9/5/2005 for \$550.20

Transaction ID: **SB17.11967**

Form/Schedule: **SB17** Reimbursement for Jesse Sali 9/12/2005 78.51

Transaction ID: **SB17.11985**

Image# 28991251591

Form/Schedule: **SB17** Part of reimbursement to Jenna Back on 9/5/2005 totaling \$550.20

Transaction ID: **SB17.11982**

Form/Schedule: **SB17** Part of Terry Sali Reimbursement on 9/5/2005 for \$400.72

Transaction ID: **SB17.11954**

Image# 28991251592

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23
Transaction ID: **SB17.12017**

Form/Schedule: **SB17** Part of reimbursement to Terry Sali on 9/5/2006 total \$400.72
Transaction ID: **SB17.11945**

Image# 28991251593

Form/Schedule: **SB17** Part of Reimbursement to Terry Sali 9/5/2005 \$400.72 total
Transaction ID: **SB17.11943**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23
Transaction ID: **SB17.12025**

Image# 28991251594

Form/Schedule: **SB17** reimbursement to Bill Sali 9/14/05

Transaction ID: **SB17.6518**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12042**

Image# 28991251595

Form/Schedule: **SB17** Mileage Reimbursement
Transaction ID: **SB17.6462**

Form/Schedule: **SB17** Mileage Reimbursement
Transaction ID: **SB17.6461**

Image# 28991251596

Form/Schedule: **SB17** Mileage Reimbursement was \$148.37 and an 'other' reimbursement was made for phone use for \$2.65
Transaction ID: **SB17.6445**

Form/Schedule: **SB17** Other 'Firebird' Reimbursement for \$30.00 did not and will not exceed \$200.00. NAPA Reimbursement for \$196.00
Transaction ID: **SB17.6454** in this total did not exceed \$200.00

Image# 28991251597

Form/Schedule: **SB17** Airport Bags reimbursed Bill Sali for 10.00 from 'Sky Captain' will not and did not exceed 200.00. Breakfast
Transaction ID: **SB17.6455** reimbursement from Sol #34 for \$1.35 will not and did not exceed 200.00.

Form/Schedule: **SB17** Coeur D'Alene Fair for 47.50 was part of this reimbursement and will not and did not exceed 200.00
Transaction ID: **SB17.6457**

Image# 28991251598

Form/Schedule: **SB17** Part of reimbursement to Jenna Beck on 9/5/2005 for \$550.20

Transaction ID: **SB17.11972**

Form/Schedule: **SB17** Part of reimbursement to Terry Sali on 9/5/2006 total \$400.72

Transaction ID: **SB17.11949**

Image# 28991251599

Form/Schedule: **SB17** Part of reimbursement to Jenna Beck on 9/5/2005 for \$550.20

Transaction ID: **SB17.11960**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96

Transaction ID: **SB17.11995**

Image# 28991251600

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96

Transaction ID: **SB17.11999**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96

Transaction ID: **SB17.11996**

Image# 28991251601

Form/Schedule: **SB17** Part of reimbursement for Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12029**

Form/Schedule: **SB17** Part of reimbursement for Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12030**

Image# 28991251602

Form/Schedule: **SB17** Part of reimbursement for Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12031**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12034**

Image# 28991251603

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12038**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96

Transaction ID: **SB17.11997**

Image# 28991251604

Form/Schedule: **SB17** reimbursement to Bill Sali 9/14/05

Transaction ID: **SB17.6525**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96

Transaction ID: **SB17.12004**

Image# 28991251605

Form/Schedule: **SB17** part of cash loan from Bill Sali reimbursment 9/4/05

Transaction ID: **SB17.6531**

Form/Schedule: **SB17** part of cash loan from Bill Sali reimbursment made 9/4/05

Transaction ID: **SB17.6529**

Image# 28991251606

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96
Transaction ID: **SB17.12002**

Form/Schedule: **SB17** Part of reimbursement to Terry Sali on 9/5/2005 total \$400.72
Transaction ID: **SB17.11944**

Image# 28991251607

Form/Schedule: **SB17** part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23
Transaction ID: **SB17.12021**

Form/Schedule: **SB17** Part of reimbursement to Jenna Beck on 9/5/2005 for \$550.20
Transaction ID: **SB17.11971**

Image# 28991251608

Form/Schedule: **SB17** reimbursement to Bill Sali 9/14/05

Transaction ID: **SB17.6527**

Form/Schedule: **SB17** Part of reimbursement to Bill Sali on 9/12/2005 totaling 3535.96

Transaction ID: **SB17.12000**

Image# 28991251609

Form/Schedule: **SB17** part of reimbursement to Bill Sali on 9/14/2005 totaling 1297.23

Transaction ID: **SB17.12023**

Form/Schedule: **SB17** Part of reimbursement to Jenna Back on 9/5/2005 totaling \$550.20

Transaction ID: **SB17.11980**
