

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Sali For Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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)).....	58975.96	318700.00
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	225.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	58875.96	318475.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	69967.75	256823.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	160.00	2978.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	69807.75	253845.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	84938.04	
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).....	167623.73	

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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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).....

14050.00

55336.76

(ii) Unitemized.....

4233.00

19994.21

(iii) TOTAL of contributions

18283.00

75330.97

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

40692.96

243369.03

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

58975.96

318700.00

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

0.00

0.00

13. LOANS

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

0.00

10000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

10000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

160.00

2978.08

15. OTHER RECEIPTS

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

249.99

386.49

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

59385.95

332064.57

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	69967.75	256823.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	100.00	125.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	225.00
21. OTHER DISBURSEMENTS.....	0.00	1024.12
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	70067.75	258072.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	95619.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	59385.95
25. SUBTOTAL (add Line 23 and Line 24).....	155005.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70067.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	84938.04

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number	
William T. Sali		H6ID01177	
Name of Principal Campaign Committee		Committee ID Number	
Sali For Congress		C C00414078	
Committee Address PO Box 71			
City	State	ZIP	
Kuna	ID	83634-0071	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	240749.25	8500.00	
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions	240749.25	8500.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 65
(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)
C. J. Zane

Mailing Address 510 L St. Suite 400

City Anchorage State AK Zip Code 99501

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

Name of Employer Blank Room Occupation Senior Principal

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: A-C7603

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Tim Rupli

Mailing Address 446 New Jersey Ave, NE

City Washington State DC Zip Code 22302

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

Name of Employer T.R. Rupli and Associates, Inc Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: A-I7721

Amount of Each Receipt this Period
250.00

Inkind: In-kind - Event hosting
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Terry Allen

Mailing Address 10414 Ashcroft Way

City Fairfax State VA Zip Code 22032

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

Name of Employer Fidelis Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: A-C7602

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 65
(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)
Scott Hatch

Mailing Address 13506 Ridge Rock Drive

City Chantilly State VA Zip Code 20151

FEC ID number of contributing federal political committee. C

Name of Employer: Martin, Walker and Hatch Occupation: Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
11 / 13 / 2007

Transaction ID: A-C7600

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
David Horne

Mailing Address 2000 L Street NW Suite 350

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. C

Name of Employer: Russ Reid Company Occupation: Senior Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: MM / DD / YYYY
11 / 13 / 2007

Transaction ID: A-C12462

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Dryke Hutchison

Mailing Address 208 Smokerise Blvd

City Longwood State FL Zip Code 32779

FEC ID number of contributing federal political committee. C

Name of Employer: Self Employed Occupation: Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
11 / 13 / 2007

Transaction ID: A-C7594

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) 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 8 / 65
(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

<p>A. Full Name (Last, First, Middle Initial) Nils Johnson</p> <p>Mailing Address 101 Constitution Ave., Suite 600 W</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Holland and Hart Director of Regulatory Affairs</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1100.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 13 / 2007</p> <p>Transaction ID: A-C7601</p> <p>Amount of Each Receipt this Period 100.00</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) Brendan Kelsay</p> <p>Mailing Address 210 S. Cleveland St</p> <p>City State Zip Code Arlington VA 22204</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Clear Channel Dir. Government Affairs</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2006</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 13 / 2007</p> <p>Transaction ID: A-C7616</p> <p>Amount of Each Receipt this Period 250.00</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) Greeley Wells</p> <p>Mailing Address 1630 43rd Avenue, East Apt. 1422</p> <p>City State Zip Code Lake Forest IL 60045</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Investor</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2000.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 13 / 2007</p> <p>Transaction ID: A-C7595</p> <p>Amount of Each Receipt this Period 2000.00</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)	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: (check only one)	PAGE 9 / 65
	<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) Thomas Wells	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 1015 North Woodbine Place	Transaction ID: A-C7596
	City State Zip Code Lake Forest FL 60045	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation First American Bank Banker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Lorna Finman	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 102 S. Riverwood Court	Transaction ID: A-C7605
	City State Zip Code Post Falls ID 83854	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation LCF Enterprizes Owner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Paul S. Finman	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address PO Box 1539	Transaction ID: A-C7606
	City State Zip Code Post Falls ID 83877-1539	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation LCF Enterprizes Owner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 65
(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)
Kortney Parkin
Mailing Address 1800 1/2 Wild Wood
City State Zip Code
Bosie ID 83713
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
KLP Accounting Accountant
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 7
Transaction ID: A-I7723
Amount of Each Receipt this Period
1500.00
In-kind: In-kind - Accounting services
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Sylvia J. Blake
Mailing Address 19593 Madison Road
City State Zip Code
Nampa ID 83687-8058
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Homemaker Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7
Transaction ID: A-C7745
Amount of Each Receipt this Period
100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lyn Darrington
Mailing Address 1704 Gekeler Ln
City State Zip Code
Boise ID 83706
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Galatin Group Consultant
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7
Transaction ID: A-C7747
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1850.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 65
(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)
Michael McEvoy

Mailing Address 10496 Purple Sage Rd

City Middleton State ID Zip Code 83644-5200

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2008 Election Cycle-to-Date

Primary General Other (specify) ▼

Amount of Each Receipt this Period 100.00

Transaction ID: A-C7744

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

B.

Full Name (Last, First, Middle Initial)
C.A. Smyser

Mailing Address 26298 Lee Ln.

City Parma State ID Zip Code 83660

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

Name of Employer Conolly & Smyser Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date

Primary General Other (specify) ▼

Amount of Each Receipt this Period 250.00

Transaction ID: A-C7735

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 Middleton State ID Zip Code 83644-5200

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2008 Election Cycle-to-Date

Primary General Other (specify) ▼

Amount of Each Receipt this Period 1000.00

Transaction ID: A-C7755

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 65
(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 Stewart

Mailing Address 5459 Deerflat Rd.

City Nampa State ID Zip Code 83686

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

Name of Employer Self-Employed Occupation Dairy Farmer

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

Date of Receipt 12 / 08 / 2007
Transaction ID: A-C7757
 Amount of Each Receipt this Period 300.00

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

B. Full Name (Last, First, Middle Initial)
Keith Holloway

Mailing Address 411 Cashmere Road

City Boise State ID Zip Code 83702-1621

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

Name of Employer Holloway Properties, LP Occupation Partner

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

Date of Receipt 12 / 29 / 2007
Transaction ID: A-C7760
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Ron McMurray

Mailing Address 6250 Traci Joyce Lane

City Alexandria State VA Zip Code 22310

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

Name of Employer The Livingston Group Occupation Consultant

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

Date of Receipt 12 / 31 / 2007
Transaction ID: A-C7765
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 13 / 65	
	(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) Ron McMurray		Date of Receipt		
	Mailing Address 6250 Traci Joyce Lane		M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7		
	City Alexandria	State VA	Zip Code 22310	Transaction ID: A-C7766	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00		
	Name of Employer The Livingston Group	Occupation Consultant		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2006	Election Cycle-to-Date ▼ 600.00				

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	14050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 65
(check only one)

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

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NAME OF COMMITTEE (In Full)
Sali For Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1630 Duke Street
4th floor

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: A-C7531

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)
Chevron Employees PAC

Mailing Address 6001 Bollinger Canyon Road
Building A2114

City State Zip Code
San Ramon CA 94583-2324

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: A-C7532

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
GINGREY FOR CONGRESS

Mailing Address PO Box U

City State Zip Code
Marietta GA 30060

FEC ID number of contributing federal political committee. **C** C00370783

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
General 2006

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: A-C7568

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 65

(check only one)

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

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NAME OF COMMITTEE (In Full)
Sali For Congress

A.

Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave. NW
Suite 700

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
General 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: A-C7567

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
GROWTH AND PROSPERITY POLITICAL ACTION COMMITTEE

Mailing Address 1200 Trinity Drive
Suite 300

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00388793

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: A-C7533

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
AMERICAN FOREST RESOURCE COUNCIL PAC

Mailing Address 1500 SW FIRST #765

City State Zip Code
PORTLAND OR 97201

FEC ID number of contributing federal political committee. **C** C00371336

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: A-C7557

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

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 16 / 65
(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)
Altria Group, Inc. PAC

Mailing Address 101 Constitution Avenue NW
Suite 400W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2007
Transaction ID: A-C7559
 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)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 General 2006

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 11 / 13 / 2007
Transaction ID: A-C7534
 Amount of Each Receipt this Period 2000.00

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

C. Full Name (Last, First, Middle Initial)
CONSERVATIVE AND REPUBLICAN TOGETHER EQUALS RESULTS

Mailing Address 7315 Wisconsin Avenue
Suite 705 East

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00427401

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 General 2006

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2007
Transaction ID: A-C7535
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 65
(check only one)

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

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NAME OF COMMITTEE (In Full)
Sali For Congress

A. Full Name (Last, First, Middle Initial)
Conservative Opportunities for a New America (CONA PAC)

Mailing Address 110 W Louisiana Avenue
Suite 312

City Midland State TX Zip Code 79701

FEC ID number of contributing federal political committee. **C** C00409458

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 11 / 13 / 2007
Transaction ID: A-C7558
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)
CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Mailing Address 5915 EASTMAN AVENUE SUITE 100

City MIDLAND State MI Zip Code 48640

FEC ID number of contributing federal political committee. **C** C00350462

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
General 2006

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 11 / 13 / 2007
Transaction ID: A-C7553
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)
Friends of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382-0504

FEC ID number of contributing federal political committee. **C** C00370650

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
General 2006

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 11 / 13 / 2007
Transaction ID: A-C7538
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) ► 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 18 / 65
(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)
Koch Industries Inc Political Action Committee (KOCHPAC)
Mailing Address 655 15th Street NW Suite 445

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: A-C7560

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
MARIO DIAZ-BALART FOR CONGRESS
Mailing Address 95 MERRICK WAY, SUITE 250

City State Zip Code
CORAL GABLES FL 33134

FEC ID number of contributing federal political committee. **C** C00376087

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 General 2006

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: A-C7536

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS SAVE AMERICA'S FREE ENTERPRISE TRUST
Mailing Address 1201 F ST NW SUITE 200

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C70002969

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: A-C7562

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) ► **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 19 / 65
(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)
NATURAL PRODUCTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 2112 E 4TH STREET SUITE 200

City State Zip Code
SANTA ANA CA 92705

FEC ID number of contributing federal political committee. **C** C00297739

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: A-C7561

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
UNITED STATES TELECOM ASSOCIATION POLITICAL ACTION COMMITTEE (TELECOMPAC)

Mailing Address 607 14th Street Northwest Suite 400

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000984

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 General 2006

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: A-C7537

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)
BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC (BNSF RAILPAC)

Mailing Address P.O. Box 961039 Suite 220

City State Zip Code
Fort Worth TX 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 General 2006

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 4 / 2 0 0 7

Transaction ID: A-C7541

Amount of Each Receipt this Period
500.00

General-2006 Debt Retirement
 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 20 / 65
(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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOD) Date of Receipt

Mailing Address 1101 30TH STREET NW SUITE 300
SUITE 400

City State Zip Code
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Union Pacific Corp. Fund for Effective Government Date of Receipt

Mailing Address 600 13th Street NW
Suite 340

City State Zip Code
Washington DC 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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)
UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE Date of Receipt

Mailing Address 55 Glenlake Parkway N.E.

City State Zip Code
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
2772.00

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

SUBTOTAL of Receipts This Page (optional) ► **3272.00**

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 / 65
(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)
ANHEUSER-BUSCH COMPANIES INC. POLITICAL ACTION COMMITTEE

Mailing Address ONE BUSCH PLACE 202-5

City State Zip Code
ST. LOUIS MO 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
General 2006

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: A-C7542

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Right to Work Committee PAC, The

Mailing Address 8001 Braddock Road
Suite 500

City State Zip Code
North Springfield VA 22151

FEC ID number of contributing federal political committee. **C** C00395533

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: A-C7539

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Electrical Construction (EC PAC)

Mailing Address 3 Bethesda Metro Center
Suite 1100

City State Zip Code
Bethesda MD 20814-6302

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: A-C7563

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sali For Congress

A. Full Name (Last, First, Middle Initial)
National Stone, Sand & Gravel Association (ROCK PAC)
Mailing Address 1605 King Street
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00089458
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 11 / 30 / 2007
Transaction ID: A-C7564
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Farm Credit Council Political Action Committee
Mailing Address 50 F Street NW Suite 900
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00193631
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4963.92
Date of Receipt 12 / 08 / 2007
Transaction ID: A-C7543
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)
Farm Credit Council Political Action Committee
Mailing Address 50 F Street NW Suite 900
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00193631
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼ General 2006 Election Cycle-to-Date ▼ 4963.92
Date of Receipt 12 / 08 / 2007
Transaction ID: A-C7552
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 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 23 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sali For Congress

A. Full Name (Last, First, Middle Initial)
Conservative Victory Fund

Mailing Address 1101 Pennsylvania Avenue SE
Suite 201

City Washington State DC Zip Code 20003-2277

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1772.60

Date of Receipt MM / DD / YYYY
12 / 13 / 2007

Transaction ID: A-I7769

Amount of Each Receipt this Period 410.45

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

B. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2007

Transaction ID: A-C7544

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
FREEPORT-MCMORAN COPPER & GOLD INC. CITIZENSHIP COMMITTEE

Mailing Address 1615 Poydras Street
23rd Floor

City New Orleans State LA Zip Code 70112

FEC ID number of contributing federal political committee. **C** C00320101

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2007

Transaction ID: A-C7547

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) ► 2410.45

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 / 65

(check only one)

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

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NAME OF COMMITTEE (In Full)
Sali For Congress

A.

Full Name (Last, First, Middle Initial)
Occidental Petroleum (OXYPAC)

Mailing Address 10889 Wilshire Boulevard

City State Zip Code
Los Angeles CA 90024-4201

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: A-C7546

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)
UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE

Mailing Address 55 Glenlake Parkway N.E.

City State Zip Code
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2772.00

Date of Receipt

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

Transaction ID: A-C7545

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)
JOHN S FUND

Mailing Address 1208 W Leland Avenue

City State Zip Code
Springfield IL 62704

FEC ID number of contributing federal political committee. **C** C00390831

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: A-C7556

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) ▶

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 25 / 65
(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)
CATERPILLAR EMPLOYEE POLITICAL ACTION COMMITTEE, THE

Mailing Address 100 N.E. Adams

City Peoria State IL Zip Code 61629

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 12 / 26 / 2007
Transaction ID: A-C7569
 Amount of Each Receipt this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
FRESHMAN PAC

Mailing Address PO BOX 2975

City FAYETTEVILLE State AR Zip Code 72702

FEC ID number of contributing federal political committee. **C** C00321513

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 12 / 26 / 2007
Transaction ID: A-C7570
 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)
IPAA Wildcatters Fund

Mailing Address 1201 15th Street NW Suite 300

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 12 / 26 / 2007
Transaction ID: A-C7550
 Amount of Each Receipt this Period: 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sali For Congress

A. Full Name (Last, First, Middle Initial)
National Pro-Life Alliance PAC
Mailing Address 4521 Windsor Arms Court
City Annandale State VA Zip Code 22003
FEC ID number of contributing federal political committee. **C** C00358051
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 12 / 26 / 2007
Transaction ID: A-C7549
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)
Principles Exalt A Nation Political Action Committee
Mailing Address PO Box 1131
City Anderson State IN Zip Code 46015-1131
FEC ID number of contributing federal political committee. **C** C00383927
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 12 / 26 / 2007
Transaction ID: A-C7548
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Statecard.com PAC
Mailing Address 228 South Washington Street Suite 115
City Alexandria State VA Zip Code 22314-5404
FEC ID number of contributing federal political committee. **C** C00438549
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 10.51
Date of Receipt 12 / 30 / 2007
Transaction ID: A-C7555
Amount of Each Receipt this Period 10.51
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2010.51
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 / 65
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Sali For Congress

A.

Full Name (Last, First, Middle Initial) ANHEUSER-BUSCH COMPANIES INC. POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address ONE BUSCH PLACE 202-5		Transaction ID: A-C7554
City ST. LOUIS	State MO	Zip Code 63118
FEC ID number of contributing federal political committee. C C00034488		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

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

B.

Full Name (Last, First, Middle Initial) REGENCE GROUP BLUEPAC, THE		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 700 12th Street NW Suite 700		Transaction ID: A-C7551
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00252684		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	40692.96

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 65

(check only one)

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

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NAME OF COMMITTEE (In Full)
Sali For Congress

A.

Full Name (Last, First, Middle Initial)
Washington Mutual

Mailing Address 5425 W Chinden Boulevard

City State Zip Code
Garden City ID 83714-1468

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
546.56

Date of Receipt
MM / DD / YYYY
10 / 09 / 2007

Transaction ID: A-O12436

Amount of Each Receipt this Period
20.00

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

B.

Full Name (Last, First, Middle Initial)
Washington Mutual

Mailing Address 5425 W Chinden Boulevard

City State Zip Code
Garden City ID 83714-1468

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
546.56

Date of Receipt
MM / DD / YYYY
11 / 08 / 2007

Transaction ID: A-O12433

Amount of Each Receipt this Period
20.00

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

C.

Full Name (Last, First, Middle Initial)
Washington Mutual

Mailing Address 5425 W Chinden Boulevard

City State Zip Code
Garden City ID 83714-1468

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
546.56

Date of Receipt
MM / DD / YYYY
12 / 10 / 2007

Transaction ID: A-O12430

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 65
(check only one)

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

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NAME OF COMMITTEE (In Full)
Sali For Congress

A.

Full Name (Last, First, Middle Initial) Washington Mutual		Date of Receipt MM / DD / YYYY 10 / 08 / 2007
Mailing Address 5425 W Chinden Boulevard		Transaction ID: A-M12434
City Garden City	State ID	Zip Code 83714-1468
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.04
Name of Employer	Occupation	Interest Income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 546.56	

B.

Full Name (Last, First, Middle Initial) Washington Mutual		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 5425 W Chinden Boulevard		Transaction ID: A-M7719
City Garden City	State ID	Zip Code 83714-1468
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 92.11
Name of Employer	Occupation	Interest Income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 546.56	

C.

Full Name (Last, First, Middle Initial) Washington Mutual		Date of Receipt MM / DD / YYYY 11 / 08 / 2007
Mailing Address 5425 W Chinden Boulevard		Transaction ID: A-M12431
City Garden City	State ID	Zip Code 83714-1468
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.05
Name of Employer	Occupation	Interest Income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 546.56	

SUBTOTAL of Receipts This Page (optional)	▶	92.20
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 65
(check only one)

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

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NAME OF COMMITTEE (In Full)
Sali For Congress

A.	Full Name (Last, First, Middle Initial) Washington Mutual		Date of Receipt
	Mailing Address 5425 W Chinden Boulevard		<input type="text" value="11"/> <input type="text" value="30"/> <input type="text" value="2007"/>
	City	State	Zip Code
	Garden City	ID	83714-1468
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: A-M7720
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="546.56"/>	<input type="text" value="69.44"/>
<input type="checkbox"/> Other (specify) ▼			Interest Income
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Washington Mutual		Date of Receipt
	Mailing Address 5425 W Chinden Boulevard		<input type="text" value="12"/> <input type="text" value="10"/> <input type="text" value="2007"/>
	City	State	Zip Code
	Garden City	ID	83714-1468
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: A-M12428
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="546.56"/>	<input type="text" value="0.04"/>
<input type="checkbox"/> Other (specify) ▼			Interest Income
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Washington Mutual		Date of Receipt
	Mailing Address 5425 W Chinden Boulevard		<input type="text" value="12"/> <input type="text" value="31"/> <input type="text" value="2007"/>
	City	State	Zip Code
	Garden City	ID	83714-1468
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: A-M7767
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="546.56"/>	<input type="text" value="88.28"/>
<input type="checkbox"/> Other (specify) ▼			Interest Income
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="157.76"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 31 / 65	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Sali For Congress
--

A.	Full Name (Last, First, Middle Initial) Washington Mutual	Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 5425 W Chinden Boulevard	Transaction ID: A-M12424
	City State Zip Code Garden City ID 83714-1468	Amount of Each Receipt this Period 0.03
	FEC ID number of contributing federal political committee. C	Interest Income
	Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 546.56

SUBTOTAL of Receipts This Page (optional)	0.03
TOTAL This Period (last page this line number only)	249.99

**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) Hammond & Associates	Transaction ID: B-E-7629 Date of Disbursement
	Mailing Address PO Box 368	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Falls Church State VA Zip Code 22040-0368	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Consulting Candidate Name	<input type="text" value="2564.58"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="003"/>

B.	Full Name (Last, First, Middle Initial) Connie Glasgow	Transaction ID: B-E-7630 Date of Disbursement
	Mailing Address 6719 W Overland Road Apartment 101	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Boise State ID Zip Code 83709-2063	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Candidate Name	<input type="text" value="660.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="001"/>

C.	Full Name (Last, First, Middle Initial) Authorize.Net Corp.	Transaction ID: B-E-7646 Date of Disbursement
	Mailing Address 915 S 500 E Suite 200	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City American Fork State UT Zip Code 84003-3373	Amount of Each Disbursement this Period
	Purpose of Disbursement E-Merchant Fee Candidate Name	<input type="text" value="20.20"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="001"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3244.78"/>
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) BankCard USA Merchant Services	Transaction ID: B-E-7643 Date of Disbursement 10 / 03 / 2007
	Mailing Address 5701 Lindero Canyon Road Bldg. 3	Amount of Each Disbursement this Period 36.45
	City Westlake Village State CA Zip Code 91362-4060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement E-Merchant Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) BankCard USA Merchant Services	Transaction ID: B-E-7644 Date of Disbursement 10 / 03 / 2007
	Mailing Address 5701 Lindero Canyon Road Bldg. 3	Amount of Each Disbursement this Period 36.00
	City Westlake Village State CA Zip Code 91362-4060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement E-Merchant Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) BankCard USA Merchant Services	Transaction ID: B-E-7645 Date of Disbursement 10 / 04 / 2007
	Mailing Address 5701 Lindero Canyon Road Bldg. 3	Amount of Each Disbursement this Period 7.00
	City Westlake Village State CA Zip Code 91362-4060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement E-Merchant Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	79.45
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

Mailing Address PO Box 191025

City Boise State ID Zip Code 83719-1025

Purpose of Disbursement
Printing

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-7627
Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

45.00

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

B.

Full Name (Last, First, Middle Initial)
Clear Voice Telecom

Mailing Address 1880 S Cobalt Point Way Suite 300

City Meridian State ID Zip Code 83642-5893

Purpose of Disbursement
Telephone Service

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-7625
Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

29.95

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

C.

Full Name (Last, First, Middle Initial)
Hammond & Associates

Mailing Address PO Box 368

City Falls Church State VA Zip Code 22040-0368

Purpose of Disbursement
Fundraising Consulting

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-7624
Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

2695.14

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

SUBTOTAL of Disbursements This Page (optional)

2770.09

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) Republic Storage</p> <p>Mailing Address 627 S Meridian Road</p> <p>City Meridian State ID Zip Code 83642-2932</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7628</p> <p>Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 132.00</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) SparkWeb Interactive</p> <p>Mailing Address 2304 E Clifton Drive</p> <p>City Meridian State ID Zip Code 83642-3018</p> <p>Purpose of Disbursement Web Hosting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7621</p> <p>Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 99.00</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) SparkWeb Interactive</p> <p>Mailing Address 2304 E Clifton Drive</p> <p>City Meridian State ID Zip Code 83642-3018</p> <p>Purpose of Disbursement Website Development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7622</p> <p>Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</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) ▶

731.00

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) SparkWeb Interactive	Transaction ID: B-E-7623 Date of Disbursement 10 / 05 / 2007
	Mailing Address 2304 E Clifton Drive	Amount of Each Disbursement this Period 74.85
	City Meridian State ID CA Zip Code 83642-3018	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web Hosting Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: B-E-7626 Date of Disbursement 10 / 05 / 2007
	Mailing Address PO Box 9622	Amount of Each Disbursement this Period 555.94
	City Mission Hills State ID CA Zip Code 91346-9622	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cellular Phone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Sullivan and Associates	Transaction ID: B-E-7657 Date of Disbursement 10 / 08 / 2007
	Mailing Address P.O. Box 1703	Amount of Each Disbursement this Period 1705.73
	City Boise State ID ID Zip Code 83702	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food & Beverages Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	2336.52
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) Washington Mutual	Transaction ID: B-E-12435 Date of Disbursement 10 / 09 / 2007
	Mailing Address 5425 W Chinden Boulevard	Amount of Each Disbursement this Period 20.00
	City Garden City State ID AZ Zip Code 83714-1468	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Banking Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Blue Point LLC	Transaction ID: B-E-7631 Date of Disbursement 10 / 10 / 2007
	Mailing Address 8707 E Vista Bonita Drive Suite 240	Amount of Each Disbursement this Period 3100.00
	City Scottsdale State ID AZ Zip Code 85255-3214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Strategic Campaign Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Blue Point LLC	Transaction ID: B-E-7632 Date of Disbursement 10 / 10 / 2007
	Mailing Address 8707 E Vista Bonita Drive Suite 240	Amount of Each Disbursement this Period 3811.00
	City Scottsdale State ID AZ Zip Code 85255-3214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Strategic Campaign Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	6931.00
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)
Hammond & Associates

Mailing Address PO Box 368

City Falls Church State VA Zip Code 22040-0368

Purpose of Disbursement
Fundraising Consulting

Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District: G2006

Transaction ID: B-E-7634
Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

6911.00

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

B.

Full Name (Last, First, Middle Initial)
SPARTAC, LLC

Mailing Address PO Box 2408

City Eagle State ID Zip Code 83616-9116

Purpose of Disbursement
Polling

Candidate Name

005
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District: G2006

Transaction ID: B-E-7633
Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

6911.00

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

C.

Full Name (Last, First, Middle Initial)
Tina Jacobson

Mailing Address 19243 N Cottagewood Ln

City Rathdrum State ID Zip Code 83858

Purpose of Disbursement
Reimbursement- Mileage

Candidate Name

002
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: B-E-7636
Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

155.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

13977.00

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. Full Name (Last, First, Middle Initial) Tina Jacobson</p> <p>Mailing Address 19243 N Cottagewood Ln</p> <p>City Rathdrum State ID Zip Code 83858</p> <p>Purpose of Disbursement Reimbursement- Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7637</p> <p>Date of Disbursement 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 235.38</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) Verizon Wireless</p> <p>Mailing Address PO Box 9622</p> <p>City Mission Hills State CA Zip Code 91346-9622</p> <p>Purpose of Disbursement Cellular Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7665</p> <p>Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 593.55</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) Tina Jacobson</p> <p>Mailing Address 19243 N Cottagewood Ln</p> <p>City Rathdrum State ID Zip Code 83858</p> <p>Purpose of Disbursement Reimbursement- Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7638</p> <p>Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 145.16</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) ▶

974.09

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) Michelle Glasglow Mailing Address 5010 Allamar Drive City Boise State ID Zip Code 83704-2305 Purpose of Disbursement Bookkeeping Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-7647 Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 4094.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Michelle Glasglow Mailing Address 5010 Allamar Drive City Boise State ID Zip Code 83704-2305 Purpose of Disbursement Bookkeeping Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-7728 Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Terry Sali Mailing Address 175 Linke Court City Kuna State ID Zip Code 83634 Purpose of Disbursement Reimbursement- Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-7635 Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 78.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6172.87

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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) Ada County Republican Party <hr/> Mailing Address PO Box 893 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement Program Expense- Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-7648 Date of Disbursement 10 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Clear Voice Telecom <hr/> Mailing Address 1880 S Cobalt Point Way Suite 300 <hr/> City Meridian State ID Zip Code 83642-5893 <hr/> Purpose of Disbursement Telephone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ P2007	Transaction ID: B-E-7650 Date of Disbursement 10 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 29.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Hammond & Associates <hr/> Mailing Address PO Box 368 <hr/> City Falls Church State VA Zip Code 22040-0368 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-7651 Date of Disbursement 10 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 2679.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2809.48

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)
Northwest Airlines

Mailing Address 2700 Lone Oak Parkway

City Eagan State MN Zip Code 55121

Purpose of Disbursement

Airfare

Candidate Name

002
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-7662

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

259.60

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

B.

Full Name (Last, First, Middle Initial)
Republic Storage

Mailing Address 627 S Meridian Road

City Meridian State ID Zip Code 83642-2932

Purpose of Disbursement

Storage

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-7649

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

66.00

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

C.

Full Name (Last, First, Middle Initial)
Bright Advertising

Mailing Address PO Box 1577
114 S. 23rd St

City Boise State ID Zip Code 83701

Purpose of Disbursement

Campaign Mementos

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-7653

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

2770.79

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

SUBTOTAL of Disbursements This Page (optional) ▶

3096.39

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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) Bright Advertising</p> <p>Mailing Address PO Box 1577 114 S. 23rd St</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Campaign Mementos Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7654 Date of Disbursement 10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 454.18</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) Coeur D' Alene Resort</p> <p>Mailing Address 115 S. 2nd St.</p> <p>City Coeur d' Alene State ID Zip Code 83814</p> <p>Purpose of Disbursement Facility Rental & Catering Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7652 Date of Disbursement 10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 6534.39</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) SparkWeb Interactive</p> <p>Mailing Address 2304 E Clifton Drive</p> <p>City Meridian State ID Zip Code 83642-3018</p> <p>Purpose of Disbursement Website Development Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7655 Date of Disbursement 10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</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) ▶

7488.57

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

A.

Full Name (Last, First, Middle Initial)
Connie Glasgow

Transaction ID: B-E-7656
Date of Disbursement

Mailing Address 6719 W Overland Road
Apartment 101

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

City Boise State ID Zip Code 83709-2063

Amount of Each Disbursement this Period

725.00

Purpose of Disbursement
Payroll

001

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Brown Rental

Transaction ID: B-E-12531
Date of Disbursement

Mailing Address 11000 W Fairview Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	7	7

City Boise State ID Zip Code 83713-7932

Amount of Each Disbursement this Period

69.93

Purpose of Disbursement
Equipment Rental

003

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Dept. of the Treasury

Transaction ID: B-E-12530
Date of Disbursement

Mailing Address Internal Revenue Service

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	7	7

City Ogden State UT Zip Code 84201

Amount of Each Disbursement this Period

929.80

Purpose of Disbursement
State Taxes

001

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1724.73

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dept. of the Treasury</p> <p>Mailing Address Internal Revenue Service</p> <p>City Ogden State UT Zip Code 84201</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G2006</p>	<p>Transaction ID: B-E-7727</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 275.40</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) Idaho Commerce & Labor</p> <p>Mailing Address 317 W Main St</p> <p>City Boise State ID Zip Code 83735</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12528</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 45.47</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) Idaho Commerce & Labor</p> <p>Mailing Address 317 W Main St</p> <p>City Boise State ID Zip Code 83735</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12529</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 190.00</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) ▶

510.87

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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) Vincent Moreno, III	Transaction ID: B-E-7726 Date of Disbursement 10 / 31 / 2007
	Mailing Address 2385 N Pawnee Lane	Amount of Each Disbursement this Period 325.40
	City Boise State ID Zip Code 83707	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G2006	

B.	Full Name (Last, First, Middle Initial) Elizabeth Obregon	Transaction ID: B-E-7725 Date of Disbursement 10 / 31 / 2007
	Mailing Address 1224 N Karat Way	Amount of Each Disbursement this Period 519.00
	City Kuna State ID Zip Code 83634	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G2006	

C.	Full Name (Last, First, Middle Initial) Authorize.Net Corp.	Transaction ID: B-E-7684 Date of Disbursement 11 / 02 / 2007
	Mailing Address 915 S 500 E Suite 200	Amount of Each Disbursement this Period 20.00
	City American Fork State UT Zip Code 84003-3373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement E-Merchant Fee Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	864.40
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BankCard USA Merchant Services</p> <p>Mailing Address 5701 Lindero Canyon Road Bldg. 3</p> <p>City Westlake Village State CA Zip Code 91362-4060</p> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7685</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 36.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BankCard USA Merchant Services</p> <p>Mailing Address 5701 Lindero Canyon Road Bldg. 3</p> <p>City Westlake Village State CA Zip Code 91362-4060</p> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7686</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 36.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BankCard USA Merchant Services</p> <p>Mailing Address 5701 Lindero Canyon Road Bldg. 3</p> <p>City Westlake Village State CA Zip Code 91362-4060</p> <p>Purpose of Disbursement E-Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7687</p> <p>Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 7.00</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) ►

79.00

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)
Tim Rupli

Mailing Address 446 New Jersey Ave, NE

City Washington State DC Zip Code 22302

Purpose of Disbursement
In-kind: In-kind - Event hosting

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-I-7721
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	7	7

Amount of Each Disbursement this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
Clear Voice Telecom

Mailing Address 1880 S Cobalt Point Way Suite 300

City Meridian State ID Zip Code 83642-5893

Purpose of Disbursement
Telephone Service

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-7677
Date of Disbursement

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

Amount of Each Disbursement this Period

29.95

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

C.

Full Name (Last, First, Middle Initial)
Republic Storage

Mailing Address 627 S Meridian Road

City Meridian State ID Zip Code 83642-2932

Purpose of Disbursement
Storage

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-7672
Date of Disbursement

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

Amount of Each Disbursement this Period

66.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

345.95

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)
Thorne Printing Company, Inc.

Mailing Address 623 12th Ave Road

City Nampa State ID Zip Code 83686-5701

Purpose of Disbursement
Printing

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-7675
Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

458.19

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

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 96088

City Bellevue State WA Zip Code 98009

Purpose of Disbursement
Cellular Phone Service

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-7673
Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

262.20

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

C.

Full Name (Last, First, Middle Initial)
Washington Mutual

Mailing Address 5425 W Chinden Boulevard

City Garden City State ID Zip Code 83714-1468

Purpose of Disbursement
Banking Fee

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-12432
Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

20.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

740.39

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

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) Michelle Glasglow Mailing Address 5010 Allamar Drive City Boise State ID Zip Code 83704-2305 Purpose of Disbursement Bookkeeping Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-7671 Date of Disbursement 11 / 08 / 2007 Amount of Each Disbursement this Period 2854.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st Street, SE City Washington State DC Zip Code 20003-1801 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-7680 Date of Disbursement 11 / 14 / 2007 Amount of Each Disbursement this Period 1389.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Staples, Inc. Mailing Address 13853 W. Chinden Boulevard City Boise State ID Zip Code 83714 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-7691 Date of Disbursement 11 / 16 / 2007 Amount of Each Disbursement this Period 26.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4271.17
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)
USPS

Mailing Address 8100 Marigold

City Boise State ID Zip Code 83713

Purpose of Disbursement
Postage

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-7693
Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

205.00

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

B.

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

Mailing Address 7550 W Fairview Avenue

City Boise State ID Zip Code 83704-8413

Purpose of Disbursement
General Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-7694
Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

57.72

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

C.

Full Name (Last, First, Middle Initial)
Staples, Inc.

Mailing Address 13853 W. Chinden Boulevard

City Boise State ID Zip Code 83714

Purpose of Disbursement
General Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-7695
Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

45.56

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

SUBTOTAL of Disbursements This Page (optional) ▶

308.28

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) Staples, Inc.</p> <p>Mailing Address 13853 W. Chinden Boulevard</p> <p>City Boise State ID UT Zip Code 83714</p> <p>Purpose of Disbursement General Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-7729</p> <p>Date of Disbursement 11 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 22.78</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) Dept. of the Treasury</p> <p>Mailing Address Internal Revenue Service</p> <p>City Ogden State ID UT Zip Code 84201</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-7699</p> <p>Date of Disbursement 11 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 88.58</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) Dept. of the Treasury</p> <p>Mailing Address Internal Revenue Service</p> <p>City Ogden State ID UT Zip Code 84201</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-7701</p> <p>Date of Disbursement 11 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 50.18</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) ▶

161.54

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Sali For Congress

A.

Full Name (Last, First, Middle Initial)
Michelle Glasglow

Mailing Address 5010 Allamar Drive

City Boise State ID Zip Code 83704-2305

Purpose of Disbursement
Bookkeeping Consulting
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-7682
Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
KLP Accounting

Mailing Address 5171 Mountain View Dr

City Boise State ID Zip Code 83704

Purpose of Disbursement
Strategic Campaign Consulting
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-7700
Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

900.00

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

C.

Full Name (Last, First, Middle Initial)
Republic Storage

Mailing Address 627 S Meridian Road

City Meridian State ID Zip Code 83642-2932

Purpose of Disbursement
Storage
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: B-E-7683
Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

66.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2966.00

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) Kortney Parkin	Transaction ID: B-I-7723 Date of Disbursement 12 / 01 / 2007
	Mailing Address 1800 1/2 Wild Wood	Amount of Each Disbursement this Period 1500.00
	City Bosie State ID Zip Code 83713	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement In-kind - Accounting services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: B-E-7697 Date of Disbursement 12 / 03 / 2007
	Mailing Address PO Box 96088	Amount of Each Disbursement this Period 280.98
	City Bellevue State WA Zip Code 98009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cellular Phone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Connie Glasgow	Transaction ID: B-E-7698 Date of Disbursement 12 / 03 / 2007
	Mailing Address 6719 W Overland Road Apartment 101	Amount of Each Disbursement this Period 525.00
	City Boise State ID Zip Code 83709-2063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2305.98
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) Authorize.Net Corp.	Transaction ID: B-E-7705 Date of Disbursement 12 / 04 / 2007
	Mailing Address 915 S 500 E Suite 200	Amount of Each Disbursement this Period 20.00
	City American Fork State UT Zip Code 84003-3373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement E-Merchant Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) BankCard USA Merchant Services	Transaction ID: B-E-7706 Date of Disbursement 12 / 04 / 2007
	Mailing Address 5701 Lindero Canyon Road Bldg. 3	Amount of Each Disbursement this Period 36.00
	City Westlake Village State CA Zip Code 91362-4060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement E-Merchant Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) BankCard USA Merchant Services	Transaction ID: B-E-7707 Date of Disbursement 12 / 04 / 2007
	Mailing Address 5701 Lindero Canyon Road Bldg. 3	Amount of Each Disbursement this Period 36.00
	City Westlake Village State CA Zip Code 91362-4060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement E-Merchant Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	92.00
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. Full Name (Last, First, Middle Initial) BankCard USA Merchant Services</p> <p>Mailing Address 5701 Lindero Canyon Road Bldg. 3</p> <p>City Westlake Village State CA Zip Code 91362-4060</p> <p>Purpose of Disbursement E-Merchant Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7708 Date of Disbursement 12 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 7.00</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) Staples, Inc.</p> <p>Mailing Address 13853 W. Chinden Boulevard</p> <p>City Boise State ID Zip Code 83714</p> <p>Purpose of Disbursement General Office Supplies Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-7710 Date of Disbursement 12 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 26.49</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) Washington Mutual</p> <p>Mailing Address 5425 W Chinden Boulevard</p> <p>City Garden City State ID Zip Code 83714-1468</p> <p>Purpose of Disbursement Banking Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-12429 Date of Disbursement 12 / 10 / 2007</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>

SUBTOTAL of Disbursements This Page (optional) ▶

53.49

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) USPS	Transaction ID: B-E-7711 Date of Disbursement 12 / 12 / 2007
	Mailing Address 8100 Marigold	Amount of Each Disbursement this Period 410.00
	City Boise State ID Zip Code 83713	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Conservative Victory Fund	Transaction ID: B-I-7769 Date of Disbursement 12 / 13 / 2007
	Mailing Address 1101 Pennsylvania Avenue SE Suite 201	Amount of Each Disbursement this Period 410.45
	City Washington State DC Zip Code 20003-2277	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement In-kind: In-kind - Announcements Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michelle Glasglow	Transaction ID: B-E-7704 Date of Disbursement 12 / 20 / 2007
	Mailing Address 5010 Allamar Drive	Amount of Each Disbursement this Period 2690.95
	City Boise State ID Zip Code 83704-2305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bookkeeping Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3511.40
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)

PAGE 58 / 65

<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)
USPS

Transaction ID: B-E-7713

Date of Disbursement

Mailing Address 8100 Marigold

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

City State Zip Code
Boise ID 83713

Amount of Each Disbursement this Period

123.00

Purpose of Disbursement
Postage

003

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

123.00

TOTAL This Period (last page this line number only)

68669.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 65

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" 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)
Erik Oaas

Mailing Address 9460 Pebble Brook Ln

City State Zip Code
Boise ID 83703

Purpose of Disbursement
Refund of Contribution

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

P2006

Transaction ID: B-E-7659

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

100.00

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

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Sali For Congress

Transaction ID: SC/10-L4

LOAN SOURCE Full Name (Last, First, Middle Initial) William T. Sali, (Personal Funds) - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G2006
Mailing Address 175 Linke Court	
City Kuna State ID ZIP Code 83634-2053	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 1 D D 1 0 Y Y Y Y 2 0 0 6	12/31/2012	0 % (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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="10000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="10000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 61 / 65
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
 Sali For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jesseca Sali	Nature of Debt (Purpose): Other: Bonus						
Mailing Address 1113 W Greenhead Street							
<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>Meridian</td> <td>ID</td> <td>83634</td> </tr> </table>	City	State	ZIP Code	Meridian	ID	83634	
City	State	ZIP Code					
Meridian	ID	83634					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="7000.00"/>	Transaction ID: SD10-DEBT11366						
<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="0.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="7000.00"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="7000.00"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="7000.00"/>					

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Vincent Moreno, III	Nature of Debt (Purpose): Other: Bonus						
Mailing Address 2385 N Pawnee Lane							
<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>83707</td> </tr> </table>	City	State	ZIP Code	Boise	ID	83707	
City	State	ZIP Code					
Boise	ID	83707					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="325.40"/>	Transaction ID: SD10-DEBT11365						
<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="0.00"/></td> <td><input style="width: 100%;" type="text" value="325.40"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="325.40"/>	<input style="width: 100%;" type="text" value="0.00"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="325.40"/>	<input style="width: 100%;" type="text" value="0.00"/>					

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elizabeth Obregon	Nature of Debt (Purpose): Other: Payroll						
Mailing Address 1224 N Karat Way							
<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>Kuna</td> <td>ID</td> <td>83634</td> </tr> </table>	City	State	ZIP Code	Kuna	ID	83634	
City	State	ZIP Code					
Kuna	ID	83634					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="519.00"/>	Transaction ID: SD10-DEBT7725						
<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="0.00"/></td> <td><input style="width: 100%;" type="text" value="519.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="519.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="519.00"/>	<input style="width: 100%;" type="text" value="0.00"/>					

1) SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="7000.00"/>
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 Blue Point LLC	Nature of Debt (Purpose): Other: Direct Mail Consulting
Mailing Address 8707 E Vista Bonita Drive Suite 240	
City State ZIP Code Scottsdale AZ 85255-3214	

Outstanding Balance Beginning This Period 3000.00	Transaction ID: SD10-DEBT11377	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jay Larsen	Nature of Debt (Purpose): Administrative/Salary/Overhead: Payroll
Mailing Address 1281 Candleridge	
City State ZIP Code Boise ID 83712	

Outstanding Balance Beginning This Period 3007.00	Transaction ID: SD10-DEBT9309	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3007.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Michelle Glasglow	Nature of Debt (Purpose): Administrative/Salary/Overhead: Payroll
Mailing Address 5010 Allamar Drive	
City State ZIP Code Boise ID 83704-2305	

Outstanding Balance Beginning This Period 2000.00	Transaction ID: SD10-DEBT9307	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

1) SUBTOTALS This Period This Page (optional).....	8007.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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 SPARTAC, LLC			Nature of Debt (Purpose): Direct Mail & Polling
Mailing Address PO Box 2408			
City Eagle	State ID	ZIP Code 83616-9116	

Outstanding Balance Beginning This Period <input type="text" value="13650.00"/>		Transaction ID: SD10-DEBT11373	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13650.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blue Point LLC			Nature of Debt (Purpose): Strategic Campaign Consulting
Mailing Address 8707 E Vista Bonita Drive Suite 240			
City Scottsdale	State AZ	ZIP Code 85255-3214	

Outstanding Balance Beginning This Period <input type="text" value="17561.00"/>		Transaction ID: SD10-DEBT8617	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6911.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10650.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Terry Sali			Nature of Debt (Purpose): Travel: United Airlines Airfare
Mailing Address 175 Linke Court			
City Kuna	State ID	ZIP Code 83634	

Outstanding Balance Beginning This Period <input type="text" value="741.80"/>		Transaction ID: SD10-DEBT6701	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="741.80"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="25041.80"/>
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)

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 Hammond & Associates			Nature of Debt (Purpose): Fundraising: Fundraising Consulting
Mailing Address PO Box 368			
City Falls Church	State VA	ZIP Code 22040-0368	

Outstanding Balance Beginning This Period <input type="text" value="30142.80"/>		Transaction ID: SD10-DEBT11971	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6911.00"/>	Outstanding Balance at Close of This Period <input type="text" value="23231.80"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SPARTAC, LLC			Nature of Debt (Purpose): Fundraising: Printing
Mailing Address PO Box 2408			
City Eagle	State ID	ZIP Code 83616-9116	

Outstanding Balance Beginning This Period <input type="text" value="69879.13"/>		Transaction ID: SD10-DEBT9308	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="69879.13"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blue Point LLC			Nature of Debt (Purpose): Fundraising: Printing
Mailing Address 8707 E Vista Bonita Drive Suite 240			
City Scottsdale	State AZ	ZIP Code 85255-3214	

Outstanding Balance Beginning This Period <input type="text" value="24464.00"/>		Transaction ID: SD10-DEBT12346	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="24464.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="117574.93"/>
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 65 / 65
	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 SPARTAC, LLC			Nature of Debt (Purpose): Polling: Polling
Mailing Address PO Box 2408			
City Eagle	State ID	ZIP Code 83616-9116	

Outstanding Balance Beginning This Period		Transaction ID: SD10-DEBT7633	
6911.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	6911.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	157623.73
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	10000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	167623.73