

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

For An Authorized Committee

Office Use Only

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

Sali for Congress

ADDRESS (number and street)  
▼

PO Box 71

☐Check if different  
than previously  
reported. (ACC)

Kuna

ID

83634

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00414078

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

ID

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2006

through

09

30

2006

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

Type or Print Name of Treasurer

Jesseca Sali

Signature of Treasurer

Electronically Filed by Jesseca Sali

Date

06

07

2008

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

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

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Sali for Congress

Report Covering the Period:

From:

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

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 0 6

	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)).....	305851.06	849477.52
(b) Total Contribution Refunds (from Line 20(d)).....	5000.00	6176.67
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	300851.06	843300.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	288666.92	742909.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	462.79	8085.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	288204.13	734823.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	107096.46	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	21836.44	

## For further information contact:

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
Sali for Congress

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

**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).....

71624.86

357765.85

(ii) Unitemized.....

19476.20

155502.03

(iii) TOTAL of contributions

91101.06

513267.88

from individuals..... ▶

10000.00

10000.00

(b) Political Party Committees.....

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

204750.00

326209.64

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

305851.06

849477.52

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

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

4283.06

4283.06

## 13. LOANS

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

0.00

3747.50

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

3747.50

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

462.79

8085.54

## 15. OTHER RECEIPTS

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

5.76

615.05

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

310602.67

866208.67

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	288666.92	742909.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	3747.50
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	3747.50
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1176.67
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5000.00	6176.67
21. OTHER DISBURSEMENTS.....	1498.64	6278.64
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	295165.56	759112.21

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	91659.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	310602.67
25. SUBTOTAL (add Line 23 and Line 24).....	402262.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	295165.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	107096.46

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

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

FOR LINE NUMBER: PAGE 5 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Robert Abrams

Mailing Address 137 Varick Street  
Rm 405

City State Zip Code  
New York NY 10013-1105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Abbeville Press, Inc.

Occupation  
publisher

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

Election Cycle-to-Date ▼  
800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13144

Amount of Each Receipt this Period

250.00

Bundled by Club for Growth  
Check

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

**B.**

Full Name (Last, First, Middle Initial)

Dan Adams

Mailing Address 1011 South Butte Crest Circle

City State Zip Code  
Payson AZ 85541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NA

Occupation  
retired

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

Election Cycle-to-Date ▼  
400.00

Date of Receipt

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

Transaction ID: SA11AI.13379

Amount of Each Receipt this Period

200.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Robert Albach

Mailing Address 2200 Lake Surrey Drive

City State Zip Code  
Richmond VA 23235-5718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
n/a

Occupation  
retired

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

Election Cycle-to-Date ▼  
325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13145

Amount of Each Receipt this Period

75.00

Bundled by Club for Growth  
Check

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

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

525.00

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

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

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

FOR LINE NUMBER: PAGE 6 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Robert Aldredge

Mailing Address 130 Pearl St. Apt. 1108

City

Denver

State

CO

Zip Code

80203-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metre General, Inc.

Occupation

Registered Professional Engineer

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13232

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

**B.**

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: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.12998

Amount of Each Receipt this Period

250.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Carol Anderson

Mailing Address 1025 Strong Rd

City

Victor

State

NY

Zip Code

14564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation

homemaker

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13234

Amount of Each Receipt this Period

200.00

Bundled by Club for Growth

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

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 255

(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)

Dana Anderson

Mailing Address 401 Wilshire Blvd. #700

City

Santa Monica

State

CA

Zip Code

00009-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Macerich Company

Occupation

vice chairman of the board

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13233

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Sylvan Auran

Mailing Address 3489 Martin Road

City

Warren

State

MI

Zip Code

48092-5624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13160

Amount of Each Receipt this Period

50.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Jim Banner

Mailing Address 358 E River Query Dr

City

Eagle

State

ID

Zip Code

83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation

REQUESTED

Receipt For: 2009

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 6

Transaction ID: SA11AI.12791

Amount of Each Receipt this Period

250.00

mastercard

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

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 255

(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)

Walter Barry

Mailing Address 821 Marquette Avenue  
Suite 1100

City State Zip Code  
Minneapolis MN 55402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation  
Retired

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

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.13380

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Clayne and Irene Beck

Mailing Address 1197 15th St North

City State Zip Code  
Vale OR 97918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vale Christian Church

Occupation  
Pastor

Receipt For: 2009  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.12793

Amount of Each Receipt this Period

250.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Harold Berenson

Mailing Address 3833 Lorraine Road

City State Zip Code  
Larkspur CO 80118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
True Mountain Group LLC

Occupation  
Pharmacist

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

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13296

Amount of Each Receipt this Period

200.00

Bundled by Club for Growth

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

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

950.00

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



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

FOR LINE NUMBER: PAGE 9 / 255

(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)

Glen Black

Mailing Address 1000 E Clearvue Ct

City

Eagle

State

ID

Zip Code

83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ameritel Inns

Occupation

CEO

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11AI.13614

Amount of Each Receipt this Period

700.00

In-kind - hotel rooms

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

Full Name (Last, First, Middle Initial)

Terri Black

Mailing Address 416 S Hemingway Ave

City

Boise

State

ID

Zip Code

83709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation

Stay at home mom

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.13009

Amount of Each Receipt this Period

1000.00

check

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

Full Name (Last, First, Middle Initial)

Blandy Boocock

Mailing Address 6001 N Nauni Valley Dr

City

Paradise Valley

State

AZ

Zip Code

85253-5134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	6

Transaction ID: SA11AI.13297

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

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 10 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

John Brehmer

Mailing Address 201 Seabreeze Court

City

Vero Beach

State

FL

Zip Code

32963-9508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13236

Amount of Each Receipt this Period

1000.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Bill Brewster

Mailing Address PO BOX 459

City

Batesville

State

TX

Zip Code

78829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Hill Consulting  
Group

Occupation  
Chairman

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.13013

Amount of Each Receipt this Period

250.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

John Bryan

Mailing Address P.O. Box 1929

City

Lake Oswego

State

OR

Zip Code

97035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13298

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 255

(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)

Hans Burgdorf

Mailing Address 3922 Wintun Place

City

Davis

State

CA

Zip Code

95616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
landlord

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13200

Amount of Each Receipt this Period

300.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Stewart Butler

Mailing Address 18135 N Rimrock Rd

City

Hayden Lake

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.12857

Amount of Each Receipt this Period

250.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Marjorie Chadderdon

Mailing Address 109 Lakeview Dr

City

Coeur D'Alene

State

ID

Zip Code

83814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation  
REQUESTED

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.12642

Amount of Each Receipt this Period

250.00

check

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

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Michelle S. Chapman

Mailing Address 8786 Malone Rd

City

Olive Branch

State

MS

Zip Code

38654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homer Skelton Ford

Occupation

Auto Dealer

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 6

Transaction ID: SA11AI.13472

Amount of Each Receipt this Period

500.00

Bundled by Concerned Women  
Pac

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

**B.**

Full Name (Last, First, Middle Initial)

John Christian

Mailing Address 891 Fox Avenue

City

Raymondville

State

TX

Zip Code

78580-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation

retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11AI.13348

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth  
check

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

**C.**

Full Name (Last, First, Middle Initial)

Rep. Jim Clark

Mailing Address 8798 N. Clarkview Pl

City

Hayden Lake

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation

Retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.12644

Amount of Each Receipt this Period

250.00

check

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

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

850.00

**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 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

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

Mailing Address 2001 L St. NW  
Suite 600

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00346536

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4291.69

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.13465

Amount of Each Receipt this Period

46976.00

Total Bundled by Club for  
Growth

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

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
David Colburn

Mailing Address 1250 Elm Tree Rd

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Miranda Investors, LLC

Occupation  
Executive

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13303

Amount of Each Receipt this Period

200.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)  
CONCERNED WOMEN FOR AMERICA LEGISLATIVE ACTION COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address PO Box 66680

City State Zip Code  
Washington DC 20035

FEC ID number of contributing  
federal political committee.

**C** C00375865

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.13503

Amount of Each Receipt this Period

1062.00

Total Bundled by Concerned  
Women PAC

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

**[MEMO ITEM]**

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 255

(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 AVE SE SUITE 201

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00009704

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2218.45

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13612

Amount of Each Receipt this Period

450.85

In-kind - Mailing

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

**B.**

Full Name (Last, First, Middle Initial)  
Janice Crandall

Mailing Address 1763 S Pebbleside Way

City State Zip Code  
Boise ID 83709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Crandall, Severson, & Gleason

Occupation  
Part Time Employee

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 0 6

Transaction ID: SA11AI.12867

Amount of Each Receipt this Period

200.00

check

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

**C.**

Full Name (Last, First, Middle Initial)  
Curt Craton

Mailing Address 6809 East La Marimba Street

City State Zip Code  
Long Beach CA 90815-2449

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Craton & Switzer, LLP

Occupation  
Attorney

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.13381

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

750.85

**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 / 255

(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)

Bernadien Crosby

Mailing Address 117 Siddle Dr

City

State

Zip Code

Cody

WY

82414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.12868

Amount of Each Receipt this Period

300.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

Arthur Dantchik

Mailing Address 206 Maplehill Rd.

City

State

Zip Code

Gladwyne

PA

19035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Susquehanna International  
Grou

Occupation  
Managing Director

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13242

Amount of Each Receipt this Period

2100.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Mark Davis

Mailing Address 717 N. 9th Street

City

State

Zip Code

St. Peter

MN

56082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davisco Foods Internation-  
al, I

Occupation  
cheesemaker

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11AI.13351

Amount of Each Receipt this Period

250.00

Bundled by Club for Growth  
check

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

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

2650.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

F. Michael Donohue

Mailing Address 601 Chandler Mill Rd.

City

Avondale

State

PA

Zip Code

19311-9622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZIV Investment Co.

Occupation

Stock Broker

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13309

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Ronald Doskeland

Mailing Address 10235 W Hindsdale Ct

City

Boise

State

ID

Zip Code

83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation

REQUESTED

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 6

Transaction ID: SA11AI.13025

Amount of Each Receipt this Period

300.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Roy Eiguren

Mailing Address 712 Warm Springs Ave

City

Boise

State

ID

Zip Code

83712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Givens Pursley

Occupation

Attorney/Lobbyist

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11AI.13029

Amount of Each Receipt this Period

500.00

check

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

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

1300.00

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



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

FOR LINE NUMBER: PAGE 17 / 255

(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)

Valerie Ellis

Mailing Address 3330 N Triple Ridge Pl

City	State	Zip Code
Eagle	ID	83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Idaho Timber CorpOccupation  
President

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	6

Transaction ID: SA11AI.12871

Amount of Each Receipt this Period

500.00

check

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

Full Name (Last, First, Middle Initial)

Lou Esposito

Mailing Address 3837 N Lena Ave

City	State	Zip Code
Boise	ID	83713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Business Consultant

Receipt For: 2009

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA11AI.12816

Amount of Each Receipt this Period

650.00

check

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

Full Name (Last, First, Middle Initial)

Jack Falk

Mailing Address P.O. Box 3

City	State	Zip Code
Murphy	ID	83650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
NA

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	6

Transaction ID: SA11AI.12657

Amount of Each Receipt this Period

250.00

check

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

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

1400.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 255

(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)

Herman Flink

Mailing Address 6454 Dora Drive

City

Mount Dora

State

FL

Zip Code

32757-7064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

MD

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13387

Amount of Each Receipt this Period

50.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

W. Lee Gaines

Mailing Address 6 Bowen Mill Road

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gaines Co.

Occupation

Contractor

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13202

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Irene Gans

Mailing Address 7611 E Lewis Lane

City

Nampa

State

ID

Zip Code

83686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation

homemaker

Receipt For: 2009

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 6

Transaction ID: SA11AI.12800

Amount of Each Receipt this Period

250.00

check

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

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 255

(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)

Ronnie Garner

Mailing Address 14021 Wind Mountain Rd NE

City

Albuquerque

State

NM

Zip Code

87112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation

REQUESTED

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11AI.13353

Amount of Each Receipt this Period

250.00

Bundled by Club for Growth  
check

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

**B.**

Full Name (Last, First, Middle Initial)

Clare Gaylord

Mailing Address 5321 Armstrong

City

Boise

State

ID

Zip Code

83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Idaho Properties LLC

Occupation

Real Estate Broker

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.13037

Amount of Each Receipt this Period

250.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Linda Ghramm

Mailing Address 604 S Canal St

City

Coeur D'Alene

State

ID

Zip Code

83816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Senior Care

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11AI.12872

Amount of Each Receipt this Period

1000.00

check

☐ 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 / 255

(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)

Ronald Gordon

Mailing Address 5315 Oberlin Ave.

City

Lorain

State

OH

Zip Code

44053-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ronald H. Gordon Co., L.P-  
.A.Occupation  
attorney

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	6

Transaction ID: SA11AI.13312

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

Oliver Grace

Mailing Address 55 Brookville Rd.

City

Glen Head

State

NY

Zip Code

11545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Development Services LLCOccupation  
Member

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

Transaction ID: SA11AI.13168

Amount of Each Receipt this Period

1000.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

Irene Graham

Mailing Address 20 The Trillium

City

Pittsburgh

State

PA

Zip Code

15238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTEDOccupation  
REQUESTED

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

Transaction ID: SA11AI.14678

Amount of Each Receipt this Period

2100.00

Reattribute: from Thomas  
Graham to Irene
☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

3200.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Thomas Graham

Mailing Address 20 The Trillium

City

Pittsburgh

State

PA

Zip Code

15238-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n.a.

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13149

Amount of Each Receipt this Period

2100.00

Bundled by Club for Growth  
Check

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

**B.**

Full Name (Last, First, Middle Initial)

Thomas Graham

Mailing Address 20 The Trillium

City

Pittsburgh

State

PA

Zip Code

15238-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n.a.

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.14677

Amount of Each Receipt this Period

-2100.00

Reattribute: Bundled by  
Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Howard Greene

Mailing Address 6336 Calle del Alcazar  
PO Box 8984

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Na

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13389

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

100.00

**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 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Paul Grimm

Mailing Address 8025 Merry Oaks Ct

City

Vienna

State

VA

Zip Code

22182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BG4 Inc.

Occupation

President

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.13041

Amount of Each Receipt this Period

1000.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

John Grizzaffi

Mailing Address 125 W Thornberry Ct

City

Boise

State

ID

Zip Code

83702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stein Distributing Co

Occupation

President

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11AI.13043

Amount of Each Receipt this Period

250.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

GUN OWNERS OF AMERICA INC. POLITICAL VICTORY FUND

Mailing Address 8001 Forbes Place Suite 102

City

Springfield

State

VA

Zip Code

22151

FEC ID number of contributing  
federal political committee.

C

C00278101

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.13618

Amount of Each Receipt this Period

50.00

Total bundled by Gun Own-  
ers of America

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

**[MEMO ITEM]**

**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 23 / 255

(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)

Maryann Hajduk

Mailing Address 195 Tuckerton Rd.

City

Medford Lakes

State

NJ

Zip Code

08055-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H & H, Inc.

Occupation

Management

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11AI.13225

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Evetts Haley

Mailing Address PO Box 2515

City

Midland

State

TX

Zip Code

79702-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Cattle Raiser

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13150

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth  
Check

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

**C.**

Full Name (Last, First, Middle Initial)

Mark Halley

Mailing Address 2617 S Tagish Way

City

Meridian

State

ID

Zip Code

83642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation

REQUESTED

Receipt For: 2009

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.12801

Amount of Each Receipt this Period

125.00

visa

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

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

725.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 255

(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)

Stephanie Hanson

Mailing Address 4015 W. Canterbury Court

City

Mequon

State

WI

Zip Code

53092-2779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation

REQUESTED

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13253

Amount of Each Receipt this Period

150.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Jim Harris

Mailing Address 5656 W Beachfront Ln

City

Boise

State

ID

Zip Code

83703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation

REQUESTED

Receipt For: 2009

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.12802

Amount of Each Receipt this Period

125.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Jerry Hayden

Mailing Address 352 Deepwood Rd.

City

Barrington

State

IL

Zip Code

60010-8618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peacock Engineering Co.

Occupation

chairman

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13316

Amount of Each Receipt this Period

200.00

Bundled by Club for Growth

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

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

475.00

**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 / 255

(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)

Al Hilde

Mailing Address 9555 Snake River Drive

City

Jackson

State

WY

Zip Code

83001-9347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-owner executive

Occupation

Western Aircraft

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11AI.13358

Amount of Each Receipt this Period

400.00

Bundled by Club for Growth  
check

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

**B.**

Full Name (Last, First, Middle Initial)

Dennis Hill

Mailing Address 1050 Rosecrans Street Ste M1

City

San Diego

State

CA

Zip Code

92106-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DPH Investments Co.

Occupation

Real Estate

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13257

Amount of Each Receipt this Period

1000.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Richard Holson

Mailing Address 529 Pine Lane

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guarantee Trust Life

Occupation

Insurance

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11AI.13360

Amount of Each Receipt this Period

250.00

Bundled by Club for Growth

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

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

1650.00

**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 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Robert Ingersoll

Mailing Address One Arbor Lane  
Apt #202

City State Zip Code  
Evanston IL 60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

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

Election Cycle-to-Date ▼  
 400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13258

Amount of Each Receipt this Period

200.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Robin Isaacson

Mailing Address 8289 N Westview Dr

City State Zip Code  
Coeur D'Alene ID 83815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
General Building Contractor

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

Election Cycle-to-Date ▼  
 370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.12664

Amount of Each Receipt this Period

70.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

William Jaeger

Mailing Address P.O. Box 906

City State Zip Code  
Bellevue ID 83313-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
consultant

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

Election Cycle-to-Date ▼  
 600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13319

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

370.00

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

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

FOR LINE NUMBER: PAGE 27 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

John James

Mailing Address 1617 Western Ave.

City

Fort Worth

State

TX

Zip Code

76107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
naOccupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	6

Transaction ID: SA11AI.13259

Amount of Each Receipt this Period

200.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

Addison Johnson

Mailing Address 914 E Gump Rd

City

Fort Wayne

State

IN

Zip Code

46845-9003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leisure Lawn of Ft. WayneOccupation  
owner/manager

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	6

Transaction ID: SA11AI.13371

Amount of Each Receipt this Period

125.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

Dennis Johnson

Mailing Address 4888 Rivervista Pl

City

Boise

State

ID

Zip Code

83714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Heritage Financial  
Grp.Occupation  
President

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

Transaction ID: SA11AI.13060

Amount of Each Receipt this Period

250.00

check

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

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

575.00

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

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

FOR LINE NUMBER: PAGE 28 / 255

(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)

Leo Kayser

Mailing Address 800 Shades Creek Pkwy Ste 700b

City

Birmingham

State

AL

Zip Code

35209-4532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sterne Agee & Leach

Occupation

Registered Representative

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

Transaction ID: SA11AI.13177

Amount of Each Receipt this Period

250.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

David Kellogg

Mailing Address 1802 Solitaire Lane

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solers

Occupation

defense contractor

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	6

Transaction ID: SA11AI.13361

Amount of Each Receipt this Period

250.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

Jerome Kenagy

Mailing Address 955 Ranch Road

City

Reedsport

State

OR

Zip Code

97467-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation

retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

Transaction ID: SA11AI.13178

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

John Kent

Mailing Address 13 Glenoble Ct

City

Oak Brook

State

IL

Zip Code

60523-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13320

Amount of Each Receipt this Period

50.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Walter Kiebach

Mailing Address 555 Island Dr

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.13393

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Roger King

Mailing Address 1980 Post Oak Blvd.  
Ste. 2400

City

Houston

State

TX

Zip Code

77056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation  
REQUESTED

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

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

Transaction ID: SA11AI.13459

Amount of Each Receipt this Period

2100.00

check

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

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

2650.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

John Kinkead

Mailing Address 700 Raymond Ave

City

Saint Paul

State

MN

Zip Code

55114-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Mower Co.

Occupation

Manager

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.13395

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Terry Kohler

Mailing Address PO BOX 897

City

Sheboygan

State

WI

Zip Code

53082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windway Capital Corp

Occupation

President

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11AI.13363

Amount of Each Receipt this Period

1000.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Anne Kuhn

Mailing Address 22474 N. Nottingham

City

Beverly Hills

State

MI

Zip Code

48025-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation

retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13263

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 31 / 255

(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)

Henry Kulczyk

Mailing Address 4751 N Nystrom Pl

City

Boise

State

ID

Zip Code

83713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Carpenter

Receipt For: 2009

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	6	/	2	0	0	6

Transaction ID: SA11AI.12806

Amount of Each Receipt this Period

2100.00

AMEX

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

Full Name (Last, First, Middle Initial)

Eugene Kusmiak

Mailing Address 3941 Happy Valley Road

City

Lafayette

State

CA

Zip Code

94549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
analyst

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	6

Transaction ID: SA11AI.13179

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

US Senate Laffey

Mailing Address 144 Westminster St

City

Providence

State

RI

Zip Code

02903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fed. GovtOccupation  
US Senate

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

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

Transaction ID: SA11AI.13451

Amount of Each Receipt this Period

2100.00

Bundled by Club for Growth

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

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

4700.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 255

(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)

Steven Laney

Mailing Address 2849 E Hard Rock Dr

City

Boise

State

ID

Zip Code

83712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oaas Laney

Occupation

Principle

Receipt For: 2006

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: SA11AI.13064

Amount of Each Receipt this Period

1050.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

Raymond Laring

Mailing Address 23 Bringham Rd

City

Worcester

State

MA

Zip Code

01609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation

Retired

Receipt For: 2006

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13264

Amount of Each Receipt this Period

300.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Glenn Lefkovitz

Mailing Address 112 Glenwood Ave.

City

Winnetka

State

IL

Zip Code

60093-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glenn Management of N.bro-  
ok

Occupation

Management

Receipt For: 2006

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13322

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

1450.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

James Lucier

Mailing Address 2214 North Scott St

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation

REQUESTED

Receipt For: 2006

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.12614

Amount of Each Receipt this Period

500.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

David Macneil

Mailing Address 79 Pine Street

City

Chatham

State

NJ

Zip Code

07928-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Silvercrest Asset Managem-  
ent O

Occupation

executive

Receipt For: 2006

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.13409

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Daniel Malloy

Mailing Address 4617 S Hidden Springs Ln

City

Veradale

State

WA

Zip Code

99037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Idaho Veneer

Occupation

Owner

Receipt For: 2006

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.12756

Amount of Each Receipt this Period

75.00

check

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

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

1075.00

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

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

FOR LINE NUMBER: PAGE 34 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

John Malloy

Mailing Address 1221 S. Old Creek Rd

City

Post Falls

State

ID

Zip Code

83854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Idaho Veneer Co.

Occupation

info requested

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	6

Transaction ID: SA11AI.12682

Amount of Each Receipt this Period

250.00

check

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

Full Name (Last, First, Middle Initial)

John Marshall

Mailing Address 8787 Bay Colony Drive  
Apt 503

City

Naples

State

FL

Zip Code

34108-0782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

retired

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

Transaction ID: SA11AI.13154

Amount of Each Receipt this Period

1000.00

Bundled by Club for Growth

-- Check

☐ 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

Occupation

farmer

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.13073

Amount of Each Receipt this Period

1000.00

check

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 35 / 255

(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)

Betty McGregor

Mailing Address PO Box 1001

City

Lewiston

State

ID

Zip Code

83501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.13074

Amount of Each Receipt this Period

1000.00

check

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

Full Name (Last, First, Middle Initial)

Sara McIntire

Mailing Address 4519 Wood Duck Ave.

City

Juneau

State

AK

Zip Code

99801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.13403

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

Robert McRae

Mailing Address P.O. Box 477

City

Graceville

State

FL

Zip Code

32440-0377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Lumber Manufacturing

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	6

Transaction ID: SA11AI.13269

Amount of Each Receipt this Period

50.00

Bundled by Club for Growth

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

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Robert Mercer

Mailing Address 600 Route 25a

City

East Setauket

State

NY

Zip Code

11733-1235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Renaissance Technologies  
Corp

Occupation

Financial Consultant

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13184

Amount of Each Receipt this Period

2100.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Janetta Michael

Mailing Address 4490 E Sterling Dr

City

Post Falls

State

ID

Zip Code

83854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Adv.

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.12910

Amount of Each Receipt this Period

250.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Margaret Milam

Mailing Address 1527 W. Stillwell Dr.

City

Eagle

State

ID

Zip Code

83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mark Monitor

Occupation

lawyer

Receipt For: 2009

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.12807

Amount of Each Receipt this Period

125.00

check

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

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

2475.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 255

(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)

Margaret Milam

Mailing Address 1527 W. Stillwell Dr.

City

Eagle

State

ID

Zip Code

83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mark Monitor

Occupation  
lawyer

Receipt For: 2009

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.12808

Amount of Each Receipt this Period

250.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

Luis Mola

Mailing Address 2509 Castilla Is

City

Fort Lauderdale

State

FL

Zip Code

33301-1580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DME Corp

Occupation  
Executive

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.13410

Amount of Each Receipt this Period

200.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Donna Montgomery

Mailing Address 37186 N Hayden Lake Rd

City

Hayden Lake

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation  
REQUESTED

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.12689

Amount of Each Receipt this Period

250.00

check

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

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Roger Morse

Mailing Address 6663 Kennedy Ln

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preston Gates Ellis & Rou-  
velas

Occupation

Govt. Affairs Consultant

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.12620

Amount of Each Receipt this Period

250.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

Albert Mueller

Mailing Address 7942 East Calle Rosa

City

Tucson

State

AZ

Zip Code

85750-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation

retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11AI.13216

Amount of Each Receipt this Period

300.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Birch Mullins

Mailing Address 201 S Warson Road

City

Saint Louis

State

MO

Zip Code

63124-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baur Properties

Occupation

real estate investments

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.13432

Amount of Each Receipt this Period

250.00

Bundled by Club for Growth

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

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 255

(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)

Ron Nilson

Mailing Address 601 Kokanee Dr

City

State

Zip Code

Post Falls

ID

83854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation

REQUESTED

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.12771

Amount of Each Receipt this Period

250.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

Allen Noble

Mailing Address P.O. Box 1582

City

State

Zip Code

Boise

ID

83701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farm Development Co

Occupation

President

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.12810

Amount of Each Receipt this Period

2100.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Allen Noble

Mailing Address P.O. Box 1582

City

State

Zip Code

Boise

ID

83701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farm Development Co

Occupation

President

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.14681

Amount of Each Receipt this Period

-1050.00

Reattribute: check

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

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 255

(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)

Billie Dee Noble

Mailing Address PO BOX 1582

City

Boise

State

ID

Zip Code

83701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation

House wife

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.14682

Amount of Each Receipt this Period

1050.00

Reattribute: From Allen  
Noble to Billie

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

**B.**

Full Name (Last, First, Middle Initial)

Erik Oaas

Mailing Address 9460 Pebble Brook Ln

City

Boise

State

ID

Zip Code

83703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oaas Laney

Occupation

Owner

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: SA11AI.13080

Amount of Each Receipt this Period

1050.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Christy Oetken

Mailing Address PO BOX 3000

City

Coeur D'Alene

State

ID

Zip Code

83816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Real Estate

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.12763

Amount of Each Receipt this Period

250.00

check

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

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

2350.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

James Patterson

Mailing Address 10000 Shelbyville Road

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Investor

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13273

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Nicholas Peay

Mailing Address 2965 Fairmount Blvd.

City

Cleveland Hts

State

OH

Zip Code

44118-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Investor

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13274

Amount of Each Receipt this Period

200.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Tim Peckinpaugh

Mailing Address 3206 Wheatland Farms Dr

City

Oakton

State

VA

Zip Code

22124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preston Gates Ellis & Rou-  
velas

Occupation

Lawyer

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.12624

Amount of Each Receipt this Period

250.00

check

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 42 / 255

(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)

Gale Pooley

Mailing Address 5713 N. Hill Haven Place

City

State

Zip Code

Star

ID

83669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Analytix Real Estate GroupOccupation  
owner

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	6

Transaction ID: SA11AI.13085

Amount of Each Receipt this Period

250.00

amex

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

Full Name (Last, First, Middle Initial)

Richard Porter

Mailing Address 875 Bryant Ave.

City

State

Zip Code

Winnetka

IL

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kirkland and EllisOccupation  
Lawyer

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	6

Transaction ID: SA11AI.13331

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

Malcolm Powell

Mailing Address 1127 Maple Lane

City

State

Zip Code

Calistoga

CA

94515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	6

Transaction ID: SA11AI.13188

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 43 / 255

(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)

Lawton Powers

Mailing Address 8505 Brissac Ct

City

Bakersfield

State

CA

Zip Code

93311-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
real estate

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	6

Transaction ID: SA11AI.13277

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

Robert Prasil

Mailing Address 1907 Burrell Ave

City

Lewiston

State

ID

Zip Code

83501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IDAVENDOccupation  
Manager

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.12925

Amount of Each Receipt this Period

500.00

check

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

Full Name (Last, First, Middle Initial)

Paul Reid

Mailing Address 11 Harding Ave.

City

Lockport

State

NY

Zip Code

14094-6020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n.a.Occupation  
self

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	6

Transaction ID: SA11AI.13332

Amount of Each Receipt this Period

300.00

Bundled by Club for Growth

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

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 255

(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)

Gerald Ridley

Mailing Address 10573 Friar Dr

City

Hayden

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation

REQUESTED

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11AI.13093

Amount of Each Receipt this Period

100.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

Jack T. Riggs M.D.

Mailing Address 801 S 11th

City

Coeur D'Alene

State

ID

Zip Code

83814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

MD

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.12767

Amount of Each Receipt this Period

500.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

E Dwain Roberts

Mailing Address 3215 Pembroke Sq

City

Jefferson Cty

State

MO

Zip Code

65109-5731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JCMG

Occupation

M.D.

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.13408

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 255

(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)

Joseph A. Rohner, III

Mailing Address 967 E. Parkcenter Blvd.  
#454

City State Zip Code  
Boise ID 83706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
realtor

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

Election Cycle-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.14703

Amount of Each Receipt this Period

100.00

Reattribute: 100 from Mer-  
rilyn Rohner

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

**B.**

Full Name (Last, First, Middle Initial)

Merrilyn Rohner

Mailing Address 967 E Parkcenter Blvd. 454

City State Zip Code  
Boise ID 83706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

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

Election Cycle-to-Date ▼  
100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.14702

Amount of Each Receipt this Period

-100.00

Reattribute: check

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

**C.**

Full Name (Last, First, Middle Initial)

John Roorda

Mailing Address 12226 Boheme Drive

City State Zip Code  
Houston TX 77024-4235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
n/a

Occupation  
retired

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

Election Cycle-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13333

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 255

(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)

Sheldon Rose

Mailing Address 30057 Orchard Lake Road #100  
PO Box 9070

City State Zip Code  
Farmington Hills MI 48333-9070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
investor

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13157

Amount of Each Receipt this Period

1000.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Jean Rosser

Mailing Address PO Box 4897

City State Zip Code  
Ketchum ID 83640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David Rosser Construction  
Co

Occupation  
Office Manager

Receipt For: 2009

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.12811

Amount of Each Receipt this Period

300.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Warren Rothwell

Mailing Address 150 Moorings Park Dr.  
Apt K504

City State Zip Code  
Naples FL 34105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13411

Amount of Each Receipt this Period

50.00

Bundled by Club for Growth

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

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

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 47 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Robert Rust, USMCR (RET.)

Mailing Address 2600 Douglas Road  
#604

City State Zip Code  
Coral Gables FL 33134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
n/a

Occupation  
retired

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

Election Cycle-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.13437

Amount of Each Receipt this Period

125.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)  
Anthony Ryan

Mailing Address PO Box 1051

City State Zip Code  
White River Juncti VT 05001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
n/a

Occupation  
retired

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

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.13412

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)  
Fredric Schluter

Mailing Address 660 Pheasant Ridge Rd.

City State Zip Code  
Lewisburg PA 17837

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
n/a

Occupation  
retired

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

Election Cycle-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.13413

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

725.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

J.B. Scott

Mailing Address P.O. Box 70001

City

Boise

State

ID

Zip Code

83707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alscott Inc

Occupation

Invest/real estate

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.13101

Amount of Each Receipt this Period

2000.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

J.B. Scott

Mailing Address P.O. Box 70001

City

Boise

State

ID

Zip Code

83707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alscott Inc

Occupation

Invest/real estate

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.13695

Amount of Each Receipt this Period

2100.00

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

**C.**

Full Name (Last, First, Middle Initial)

Patricia Serio

Mailing Address 20134 East Damerl Drive

City

Covina

State

CA

Zip Code

91724-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Serco Mold Inc.

Occupation

Corp President

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.13414

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

4200.00

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



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

FOR LINE NUMBER: PAGE 49 / 255

(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)

Allen Simon

Mailing Address 1383 N Criss St

City

Chandler

State

AZ

Zip Code

85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n.a.Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	6

Transaction ID: SA11AI.13282

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

Baker Smith

Mailing Address 3360 E. Terrell Branch Ct. SE

City

Marietta

State

GA

Zip Code

30067-5164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morris-Anderson Ass. LLPOccupation  
management

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13415

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

William Smith

Mailing Address PO Box 808

City

New Castle

State

NH

Zip Code

03854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n.a.Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

Transaction ID: SA11AI.13191

Amount of Each Receipt this Period

300.00

Bundled by Club for Growth

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 50 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Richard Staats

Mailing Address RT 1 Box 1290

City

Bonners Ferry

State

ID

Zip Code

83805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
naOccupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: SA11AI.13117

Amount of Each Receipt this Period

500.00

check

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

Full Name (Last, First, Middle Initial)

Robert Stambaugh

Mailing Address 9005 Lindante Dr.

City

Whittier

State

CA

Zip Code

90603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.13449

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

Full Name (Last, First, Middle Initial)

Dennis Stephens

Mailing Address 6724 Princess Anne Lane

City

Falls Church

State

VA

Zip Code

22040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preston Gates Ellis & Rou-  
velasOccupation  
Government Affairs Counselor

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

338.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	6

Transaction ID: SA11AI.12627

Amount of Each Receipt this Period

250.00

check

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

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 255

(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)

Jackson Stephens

Mailing Address 111 Center Street, Suite 1616  
Stephens Bldg.

City State Zip Code  
Little Rock AR 72201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EOE, Inc.

Occupation  
executive

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

Election Cycle-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13206

Amount of Each Receipt this Period

2100.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Fred Stifel

Mailing Address 3492 S. Blackhawk Way

City State Zip Code  
Aurora CO 80014-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Faith Presbyterian Church

Occupation  
Associate Pastor

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

Election Cycle-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11AI.13223

Amount of Each Receipt this Period

30.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Kirk Sullivan

Mailing Address 5206 Sorrento Cir

City State Zip Code  
Boise ID 83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation  
retired

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

Election Cycle-to-Date ▼

1584.01

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.13610

Amount of Each Receipt this Period

1584.01

In-kind - dinners

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

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

3714.01

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

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

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

FOR LINE NUMBER: PAGE 52 / 255

(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)

Kirk Sullivan

Mailing Address 5206 Sorrento Cir

City

Boise

State

ID

Zip Code

83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2084.01

Date of Receipt

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

Transaction ID: SA11AI.12941

Amount of Each Receipt this Period

500.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Sult

Mailing Address 1808 Westhaven Ave  
NW

City

Salem

State

OR

Zip Code

97304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation  
REQUESTED

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.13491

Amount of Each Receipt this Period

75.00

bundled by concerned women  
pac

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

**C.**

Full Name (Last, First, Middle Initial)

Ida Sweet

Mailing Address 3001 N Meridian Rd

City

Meridian

State

ID

Zip Code

83642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NA

Occupation  
Retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

529.00

Date of Receipt

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

Transaction ID: SA11AI.13120

Amount of Each Receipt this Period

125.00

check

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

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 255

(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)

Steve Symms

Mailing Address 517 C St. NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parry, Romani & DeConcini

Occupation  
Consultant

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.13123

Amount of Each Receipt this Period

500.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

David Tappan

Mailing Address 3 Cape Andover

City

Newport Beach

State

CA

Zip Code

92660-8401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13158

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Caroline Taylor

Mailing Address 205 Sunset Dr

City

Greensboro

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n.a.

Occupation  
homemaker

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13192

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

700.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Hollis Taylor

Mailing Address 10398 Adamcik Road

City

Weimar

State

TX

Zip Code

78962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
rancher

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.13422

Amount of Each Receipt this Period

1000.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

R Taylor

Mailing Address 2020 Broadview Dr

City

Lewiston

State

ID

Zip Code

83501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crop USA INS.

Occupation  
president

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 6

Transaction ID: SA11AI.12943

Amount of Each Receipt this Period

500.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Jacob Turner

Mailing Address 205 Chautauqua Blvd.

City

Pacific Palisades

State

CA

Zip Code

90272-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prospect Medical Holdings  
Inc

Occupation  
CEO

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13338

Amount of Each Receipt this Period

750.00

Bundled by Club for Growth

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

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 255

(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)

Ken Thornberg

Mailing Address 1780 Mortimer

City

Boise

State

ID

Zip Code

83712-6613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REQUESTED

Occupation

REQUESTED

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11AI.12946

Amount of Each Receipt this Period

165.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

Christ Troupis

Mailing Address 5934 N Yaquina Head Way

City

Bosie

State

ID

Zip Code

83714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Troupis Law Office/Lawyer

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13127

Amount of Each Receipt this Period

250.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Richard Vaughan

Mailing Address P.O. Box 458

City

Wilson

State

WY

Zip Code

83014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
nA

Occupation

retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.13424

Amount of Each Receipt this Period

250.00

Bundled by Club for Growth

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

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

665.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Philip Warth

Mailing Address 2957 Independence Avenue

City

Glenview

State

IL

Zip Code

60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
manager

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13341

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Roger Wellington

Mailing Address Box 898  
140 Garrison Lane

City

Osterville

State

MA

Zip Code

02655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n.a.

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11AI.13226

Amount of Each Receipt this Period

200.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

Robert Wersel

Mailing Address 4803 Burley Hills Dr

City

Cincinnati

State

OH

Zip Code

45243-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.13425

Amount of Each Receipt this Period

50.00

Bundled by Club for Growth

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

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

750.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 255

(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)

Dennis Wheeler

Mailing Address PO BOX 2105

City

Coeur D'Alene

State

ID

Zip Code

83816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coeur D'Alene Mines

Occupation

CEO

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.12734

Amount of Each Receipt this Period

250.00

check

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

**B.**

Full Name (Last, First, Middle Initial)

James Whitcomb

Mailing Address 22840 N. Country Club Trail

City

Scottsdale

State

AZ

Zip Code

85255-4246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation

retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11AI.13227

Amount of Each Receipt this Period

100.00

check

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

**C.**

Full Name (Last, First, Middle Initial)

James Wiechmann

Mailing Address 2769 N. Summit Ave.

City

Milwaukee

State

WI

Zip Code

00005-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Broker

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.13207

Amount of Each Receipt this Period

100.00

Bundled by Club for Growth

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

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

John Woodhouse

Mailing Address 650 Ramblewood Road

City

Houston

State

TX

Zip Code

77079-6905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n.a.

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3100.00

Date of Receipt

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

Transaction ID: SA11AI.13450

Amount of Each Receipt this Period

1000.00

Bundled by Club for Growth

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

**B.**

Full Name (Last, First, Middle Initial)

Jeff Yass

Mailing Address 401 City Avenue #220

City

Bala Cynwyd

State

PA

Zip Code

19004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Susquehanna International  
Grou

Occupation  
owner

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 6

Transaction ID: SA11AI.13293

Amount of Each Receipt this Period

2100.00

Bundled by Club for Growth

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

**C.**

Full Name (Last, First, Middle Initial)

Eric Zepp

Mailing Address 2500 Provine Road

City

McKinney

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BP Sales, Inc

Occupation  
Sales

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.13443

Amount of Each Receipt this Period

500.00

Bundled by Club for Growth

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

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

3600.00

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

71624.86

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee. **C** C00075820

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 6

Transaction ID: SA11B.12971

Amount of Each Receipt this Period

5000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee. **C** C00003418

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: SA11B.12981

Amount of Each Receipt this Period

5000.00

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

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

10000.00

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

10000.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
21ST CENTURY PAC

Mailing Address 2052 Lake Audobon Court  
Suite 300

City State Zip Code  
Reston VA 20191

FEC ID number of contributing  
federal political committee.

**C** C00315747

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13619

Amount of Each Receipt this Period

5000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
AFLAC INCORPORATED PAC

Mailing Address WORLDWIDE HEADQUARTERS

City State Zip Code  
COLUMBUS GA 31999

FEC ID number of contributing  
federal political committee.

**C** C00034157

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.13502

Amount of Each Receipt this Period

2500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
ALLIANCE FOR THE WEST

Mailing Address P.O. Box 26366

City State Zip Code  
Alexandria VA 22313

FEC ID number of contributing  
federal political committee.

**C** C00335133

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 9 / 2 0 0 6

Transaction ID: SA11C.13607

Amount of Each Receipt this Period

5000.00

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

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

12500.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 255

(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)

ALTICOR POLITICAL ACTION COMMITTEE ALTIPAC

Mailing Address 7575 E FULTON ROAD 56-ZU

City State Zip Code  
 ADA MI 49355

FEC ID number of contributing  
federal political committee.

**C** C00034884

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.13506

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)

ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave NW  
 Suite 400W

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00089136

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11C.13508

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Mailing Address 401 N. Lindbergh Blvd

City State Zip Code  
 St. Louis MO 63141

FEC ID number of contributing  
federal political committee.

**C** C00293910

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: SA11C.13509

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 62 / 255

(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 ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Mailing Address 401 N. Lindbergh Blvd

City

St. Louis

State

MO

Zip Code

63141

FEC ID number of contributing  
federal political committee.**C** C00293910

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Transaction ID: SA11C.13511

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.**C** C00004275

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

Transaction ID: SA11C.12817

Amount of Each Receipt this Period

2500.00

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

Full Name (Last, First, Middle Initial)

AMERICAN ECOLOGY CORPORATION POLITICAL ACTION COMMITTEE (AEC PAC)

Mailing Address 300 E. Mallard Dr. Suite 300

City

Boise

State

ID

Zip Code

83706

FEC ID number of contributing  
federal political committee.**C** C00375782

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Transaction ID: SA11C.13512

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) .....

4500.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN GAS ASSOCIATION POLITICAL ACTION COMMITTEE; THE (GASPAC)

Mailing Address 400 N. Capitol St. N.W.

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00007450

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11C.13504

Amount of Each Receipt this Period

1000.00

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

**B.**

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

Mailing Address P.O. Box 317

City State Zip Code  
Birmingham MI 48012

FEC ID number of contributing federal political committee. **C** C00352757

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13621

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 OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 Prince Street  
Suite 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: SA11C.13514

Amount of Each Receipt this Period

1500.00

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

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

3500.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 255

(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)

AMERICANS NATIONWIDE DEDICATED TO ELECTING REPUBLICANS

Mailing Address Post Office Box 523383

City

Springfield

State

VA

Zip Code

22152

FEC ID number of contributing  
federal political committee.

**C** C00375378

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13625

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN STAFFING ASSOCIATION STAFFINGPAC

Mailing Address 277 S. Washington St. Suite 200

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C** C00145623

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11C.13515

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)

AMERICAN SUCCESS POLITICAL ACTION COMMITTEE

Mailing Address 1155 21st Street NW  
Suite 300

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00336644

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13623

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 65 / 255

(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)

ASSOCIATION OF TRIAL LAWYERS OF AMERICA POLITICAL ACTION COMMITTEE (ATLA PAC)

Mailing Address 1050 31st Street N.W.

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

**C** C00024521

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 6

Transaction ID: SA11C.13517

Amount of Each Receipt this Period

5000.00

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

**B.**

Full Name (Last, First, Middle Initial)

AVISTA CORP EMPLOYEES/EFFECTIVE GOVN PAC FKA AVISTA EMPLOYEES/EFFECTIVE GOVN

Mailing Address P.O. BOX 3727

City

SPOKANE

State

WA

Zip Code

99220

FEC ID number of contributing  
federal political committee.

**C** C00041038

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA11C.12633

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)

BAKER FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 1694

City

BATON ROUGE

State

LA

Zip Code

70821

FEC ID number of contributing  
federal political committee.

**C** C00196501

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11C.12989

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) .....

6500.00

**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 66 / 255

(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)

Burlington Northern

Mailing Address 700 13th St  
NW, 220

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00235739

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13519

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)

Burlington Northern

Mailing Address 700 13th St  
NW, 220

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00235739

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13522

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)  
CAMPAIGN FOR WORKING FAMILIES

Mailing Address 2800 Shirlington Road Suite 605

City State Zip Code  
Arlington VA 22206

FEC ID number of contributing  
federal political committee.

**C** C00325076

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13523

Amount of Each Receipt this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 67 / 255

(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)  
CANDICE MILLER FOR CONGRESS

Mailing Address PO Box 182152

City	State	Zip Code
Shelby Township	MI	48318

FEC ID number of contributing  
federal political committee.**C** C00365593

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 7	/	3 1	/	2 0 0 6

Transaction ID: SA11C.13627

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)  
CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

FEC ID number of contributing  
federal political committee.**C** C00355461

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9	/	1 6	/	2 0 0 6

Transaction ID: SA11C.12979

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)  
CARE POLITICAL ACTION COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing  
federal political committee.**C** C00389668

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 7	/	2 4	/	2 0 0 6

Transaction ID: SA11C.13629

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) .....

5500.00

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

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

FOR LINE NUMBER: PAGE 68 / 255

(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)  
CATHY MCMORRIS FOR CONGRESS

Mailing Address Box 137

City State Zip Code  
Spokane WA 99210
FEC ID number of contributing  
federal political committee.**C** C00390476

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13631

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)  
COLE FOR CONGRESS

Mailing Address P.O. Box 722256

City State Zip Code  
Norman OK 73070
FEC ID number of contributing  
federal political committee.**C** C00379735

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.12977

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)  
COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE

Mailing Address P.O. Box 65314

City State Zip Code  
Washington DC 20036
FEC ID number of contributing  
federal political committee.**C** C00328468

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13635

Amount of Each Receipt this Period

5000.00

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

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

7500.00

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

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

FOR LINE NUMBER: PAGE 69 / 255

(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)  
CONAWAY FOR CONGRESS

Mailing Address PO Box 51272

City	State	Zip Code
Midland	TX	79710

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

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: SA11C.12975

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)  
CONSERVATIVE OPPORTUNITY LEADERSHIP AND ENTERPRISE PAC AKA COLE PAC

Mailing Address 12176 Chancery Station Circle

City	State	Zip Code
Reston	VA	20190

FEC ID number of contributing  
federal political committee.**C** C00404392

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	6

Transaction ID: SA11C.13633

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)  
CONSERVATIVE VICTORY FUND

Mailing Address 1101 PENNSYLVANIA AVE SE SUITE 201

City	State	Zip Code
WASHINGTON	DC	20003

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

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2718.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: SA11C.13525

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) .....

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 70 / 255

(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)  
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA

Mailing Address 601 Pennsylvania Avenue NW  
South Building Suite 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.13526

Amount of Each Receipt this Period

3500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 Westpark Drive

City State Zip Code  
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 1 7 / 2 0 0 6

Transaction ID: SA11C.12826

Amount of Each Receipt this Period

5000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Deloitte & Touche Pac

Mailing Address P.O. Box 365

City State Zip Code  
Washington DC 20044

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 3 1 / 2 0 0 6

Transaction ID: SA11C.13637

Amount of Each Receipt this Period

5000.00

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

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

13500.00

**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 71 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

DIRECTV GROUP INC. FUND - FEDERAL (DIRECTV PAC)

Mailing Address 444 North Capitol Street NW  
Suite 728City State Zip Code  
Washington DC 20001FEC ID number of contributing  
federal political committee.**C** C00331991

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.13528

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)

ENERGYSOLUTIONS, LLC FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 423 West 300 South  
Suite 200City State Zip Code  
Salt Lake City UT 84101FEC ID number of contributing  
federal political committee.**C** C00387878

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13532

Amount of Each Receipt this Period

2000.00

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

Full Name (Last, First, Middle Initial)

FREEDOM PROJECT; THE

Mailing Address 509 7th Street NW  
Third FloorCity State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee.**C** C00305805

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11C.13587

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

8000.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 255

(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)  
FRELINGHUYSEN FOR CONGRESS

Mailing Address 19 CATTANO AVENUE

City State Zip Code  
MORRISTOWN NJ 07960

FEC ID number of contributing  
federal political committee.

**C** C00148684

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13639

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)  
FUTURE LEADERS POLITICAL ACTION COMMITTEE

Mailing Address 1155 21st Street NW  
Suite 300

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00269407

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.13533

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)  
Gans for House

Mailing Address 5201 Fruithill Pl.

City State Zip Code  
Boise ID 83709

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.12965

Amount of Each Receipt this Period

200.00

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

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

2200.00

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



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

FOR LINE NUMBER: PAGE 73 / 255

(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)

GlaxoSmithKline PAC

Mailing Address 5 Moore Dr

City

Research Triangle

State

NC

Zip Code

29907

FEC ID number of contributing  
federal political committee.**C** C00237156

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	6

Transaction ID: SA11C.13535

Amount of Each Receipt this Period

2100.00

☐ 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

Alexandria

State

VA

Zip Code

22314

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

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	6

Transaction ID: SA11C.13641

Amount of Each Receipt this Period

5000.00

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

Full Name (Last, First, Middle Initial)

GUN OWNERS OF AMERICA INC. POLITICAL VICTORY FUND

Mailing Address 8001 Forbes Place Suite 102

City

Springfield

State

VA

Zip Code

22151

FEC ID number of contributing  
federal political committee.**C** C00278101

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	6

Transaction ID: SA11C.13537

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) .....

8100.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 255

(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)

HEART PAC

Mailing Address 2250 N ROCK RD #118-224

City

WICHITA

State

KS

Zip Code

67226

FEC ID number of contributing  
federal political committee.

**C** C00342386

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13538

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)

HECLA MINING COMPANY POLITICAL ACTION FUND

Mailing Address 6500 N MINERAL DRIVE SUITE 200

City

COEUR D'ALENE

State

ID

Zip Code

83815

FEC ID number of contributing  
federal political committee.

**C** C00124016

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: SA11C.12630

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)

HENRY E. BROWN JR. FOR CONGRESS

Mailing Address P. O. Box 61886

City

North Charleston

State

SC

Zip Code

29419

FEC ID number of contributing  
federal political committee.

**C** C00341529

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13643

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 75 / 255

(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)  
HOOSIER POLITICAL ACTION COMMITTEE (HOOSIER PAC)

Mailing Address PO BOX 77089

City State Zip Code  
WASHINGTON DC 20013

FEC ID number of contributing federal political committee. **C** C00338848

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13645

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)  
IDA-PAC POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 70  
1220 WEST IDAHO

City State Zip Code  
BOISE ID 83707

FEC ID number of contributing federal political committee. **C** C00083832

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.13540

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)  
Idaho Health Care Association

Mailing Address P.O. Box 2623

City State Zip Code  
Boise ID 83701

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 1 1 / 2 0 0 6

Transaction ID: SA11C.13542

Amount of Each Receipt this Period

1050.00

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

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

3050.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 255

(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)  
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1615 L Street NW  
Suite 900

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee. **C** C00032698

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11C.13544

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)  
IRL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 10460

City State Zip Code  
BURKE VA 22009

FEC ID number of contributing  
federal political committee. **C** C00402982

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13691

Amount of Each Receipt this Period

2500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
JOBS, ECONOMY AND BUDGET FUND (JEB FUND)

Mailing Address PO BOX 40385

City State Zip Code  
WASHINGTON DC 20016

FEC ID number of contributing  
federal political committee. **C** C00420695

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 6

Transaction ID: SA11C.13548

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) .....

4500.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

John Carter for Congress

Mailing Address PO Box 6930

City

Round Rock

State

TX

Zip Code

78683

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13647

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)

JOHN S FUND

Mailing Address 1208 W Leland Avenue

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

**C**

C00390831

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13649

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)

J R SIMPLOT COMPANY POLITICAL ACTION COMMITTEE (SIM-PAC)

Mailing Address 999 MAIN STREET SUITE 1300

City

BOISE

State

ID

Zip Code

83702

FEC ID number of contributing  
federal political committee.

**C**

C00120873

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.13546

Amount of Each Receipt this Period

5000.00

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

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

7000.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 255

(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)

KAY GRANGER CAMPAIGN FUND

Mailing Address 715 Jones Street Suite 101

City

Fort Worth

State

TX

Zip Code

76102

FEC ID number of contributing  
federal political committee.

**C** C00310532

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.12961

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)

KEVIN MCCARTHY FOR CONGRESS

Mailing Address 455 Capitol Mall Suite 801

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing  
federal political committee.

**C** C00420935

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.12973

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)

LEADERSHIP PAC 2006

Mailing Address 675 N. Washington Street  
Suite 410

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C** C00314641

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.13550

Amount of Each Receipt this Period

5000.00

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

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

8000.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 255

(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)  
LEE TERRY FOR CONGRESS

Mailing Address P.O. Box 540098

City State Zip Code  
Omaha NE 68154

FEC ID number of contributing  
federal political committee.

**C** C00330811

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13651

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)  
LEWIS FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 247

City State Zip Code  
Redlands CA 92373

FEC ID number of contributing  
federal political committee.

**C** C00090357

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.12959

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)  
LINCOLN DIAZ-BALART FOR CONGRESS COMMITTEE

Mailing Address 2801 Ponce de Leon Blvd. Ste 1000

City State Zip Code  
Coral Gables FL 33134

FEC ID number of contributing  
federal political committee.

**C** C00264028

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.13687

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 80 / 255

(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)  
LONGHORN PAC

Mailing Address P.O. BOX 40385  
Suite 300

City State Zip Code  
WASHINGTON DC 20016

FEC ID number of contributing  
federal political committee.

**C** C00402602

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13653

Amount of Each Receipt this Period

5000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MAJORITY IN CONGRESS PAC

Mailing Address 601 N Ferncreek Ave Suite 200

City State Zip Code  
Orlando FL 32803

FEC ID number of contributing  
federal political committee.

**C** C00402909

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13689

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)  
Manzullo For Congress

Mailing Address PO Box 7783

City State Zip Code  
Rockford IL 61126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13655

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) .....

7000.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 255

(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)  
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) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13657

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Mike R Fund

Mailing Address P.O Box 65796

City State Zip Code  
Washington DC 20035

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 8 / 2 0 0 6

Transaction ID: SA11C.12987

Amount of Each Receipt this Period

2500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MILEAD FUND

Mailing Address 429 N Saint Asaph Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00377663

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13659

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) .....

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 82 / 255

(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 BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee. **C** C00144766

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11C.12835

Amount of Each Receipt this Period

5000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee. **C** C00144766

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11C.13693

Amount of Each Receipt this Period

5000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
NATIONAL 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: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 6

Transaction ID: SA11C.12820

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) .....

12000.00

**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 83 / 255

(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 FUNERAL DIRECTORS ASSOCIATION OF THE U S INC POLITICAL ACTION CMTE (NFDAC)

Mailing Address 13625 BISHOP'S DRIVE

City State Zip Code  
 BROOKFIELD WI 53005

FEC ID number of contributing federal political committee. **C** C00204008

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13560

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 POTATO COUNCIL POTATO POLITICAL ACTION COMMITTEE

Mailing Address 1300 L Street N.W. Suite 910

City State Zip Code  
 Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00154104

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13567

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 RESTAURANT ASSOCIATION PAC

Mailing Address 1200 17th Street NW

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt

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

Transaction ID: SA11C.13552

Amount of Each Receipt this Period

5000.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 84 / 255

(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)

NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 11250 Waples Mill Road

City	State	Zip Code
Fairfax	VA	22030

FEC ID number of contributing  
federal political committee.**C** C00053553

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5950.00

Date of Receipt

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

Transaction ID: SA11C.13562

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: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9		1 6		2 0 0 6

Transaction ID: SA11C.13554

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 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: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9		1 6		2 0 0 6

Transaction ID: SA11C.13563

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 85 / 255

(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 VENTURE CAPITAL ASSOCIATION VENTUREPAC

Mailing Address 1655 N. Fort Myer Dr.  
Suit 850

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee. **C** C00150367

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

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

Transaction ID: SA11C.13556

Amount of Each Receipt this Period

1500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
NEW PAC

Mailing Address P.O. BOX 7480

City State Zip Code  
VISALIA CA 93290

FEC ID number of contributing  
federal political committee. **C** C00398750

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13661

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)  
NEW PAC

Mailing Address P.O. BOX 7480

City State Zip Code  
VISALIA CA 93290

FEC ID number of contributing  
federal political committee. **C** C00398750

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: SA11C.13558

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) .....

3500.00

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

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

FOR LINE NUMBER: PAGE 86 / 255

(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)

PENCE, MIKE

Mailing Address PO BOX 408

City

ANDERSON

State

IN

Zip Code

46015

FEC ID number of contributing  
federal political committee.**C** C00350397

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	6

Transaction ID: SA11C.13571

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)

PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City

Roswell

State

GA

Zip Code

30077

FEC ID number of contributing  
federal political committee.**C** C00386755

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.13662

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)

PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City

Roswell

State

GA

Zip Code

30077

FEC ID number of contributing  
federal political committee.**C** C00386755

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	6

Transaction ID: SA11C.12969

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 87 / 255

(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)

PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I

Mailing Address 1301 K Street NW  
Suite 700W

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00107235

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11C.13569

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)

PROMOTING REPUBLICANS YOU CAN ELECT POLITICAL ACTION COMMITTEE

Mailing Address 1155 21st Street NW  
Suite 300

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00330068

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13663

Amount of Each Receipt this Period

2500.00

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

**C.**

Full Name (Last, First, Middle Initial)

PROMOTING REPUBLICANS YOU CAN ELECT POLITICAL ACTION COMMITTEE

Mailing Address 1155 21st Street NW  
Suite 300

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00330068

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.13573

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) .....

7000.00

**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 88 / 255

(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)

PROSPERITY PAC

Mailing Address 429 North Saint Asaph

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C** C00377689

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13664

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)

R.J. REYNOLDS POLITICAL ACTION COMMITTEE; REYNOLDS AMERICAN INC.

Mailing Address P. O. Box 718

City

Winston-Salem

State

NC

Zip Code

27102

FEC ID number of contributing  
federal political committee.

**C** C00042002

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: SA11C.13670

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)

RED PAC

Mailing Address Post Office Box 51

City

Homeland

State

FL

Zip Code

33847

FEC ID number of contributing  
federal political committee.

**C** C00389122

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13666

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 89 / 255

(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)

Regence Blue Pac

Mailing Address 1211 West Myrtle Suite 210

City State Zip Code  
 Boise ID 83702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 1 / 2 0 0 6

Transaction ID: SA11C.13575

Amount of Each Receipt this Period

100.00

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

**B.**

Full Name (Last, First, Middle Initial)

REIT Pac

Mailing Address 1875 I St. NW  
Suite 600

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13577

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)

REPUBLICAN NATIONAL COALITION FOR LIFE POLITICAL ACTION COMMITTEE (RNC/LIFE PAC)

Mailing Address P O BOX 618

City State Zip Code  
 ALTON IL 62002

FEC ID number of contributing  
federal political committee.

**C**

C00255406

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 1 / 2 0 0 6

Transaction ID: SA11C.13579

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) .....

2100.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
RICH POLITICAL ACTION COMMITTEE

Mailing Address 1155 21st Street NW  
Suite 300

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee. **C** C00387670

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13668

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)  
ROAD TO VICTORY POLITICAL ACTION COMMITTEE

Mailing Address 1306 Bellview Blvd.  
Unit A2

City State Zip Code  
Alexandria VA 22307

FEC ID number of contributing  
federal political committee. **C** C00385377

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13672

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)  
ROYCE, ED MR

Mailing Address P.O. Box 2525

City State Zip Code  
Orange CA 92859

FEC ID number of contributing  
federal political committee. **C** C00200865

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13674

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

SAFARI CLUB INTERNATIONAL PAC

Mailing Address 4800 W. GATES PASS ROAD

City

TUCSON

State

AZ

Zip Code

85745

FEC ID number of contributing  
federal political committee.

**C** C00122101

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13580

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)

SAFEGUARDING AMERICA BY EXPANDING NATIONAL SECURITY PAC (SAXPAC)

Mailing Address PO BOX 40118

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

**C** C00409649

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13676

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)

Schaefer for Representative

Mailing Address PO BOX 55

City

Nampa

State

ID

Zip Code

83653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.12963

Amount of Each Receipt this Period

200.00

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

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

3200.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

SHARP PENCIL PAC

Mailing Address 2875 Towerview Road Suite 1000

City

Herndon

State

VA

Zip Code

20171

FEC ID number of contributing  
federal political committee.

**C** C00402784

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13678

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)

SOUTHWEST AIRLINES PILOTS' ASSOCIATION POLITICAL ACTION COMMITTEE (SWAPA PAC)

Mailing Address 1450 EMPIRE CENTRAL DR SUITE 737

City

DALLAS

State

TX

Zip Code

75247

FEC ID number of contributing  
federal political committee.

**C** C00360669

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13582

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)

SUPERIOR CALIFORNIA FEDERAL LEADERSHIP FUND

Mailing Address 2150 RIVER PLAZA DR #150

City

SACRAMENTO

State

CA

Zip Code

95633

FEC ID number of contributing  
federal political committee.

**C** C00317511

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 9 / 2 0 0 6

Transaction ID: SA11C.13584

Amount of Each Receipt this Period

2500.00

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

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

4500.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Tax Fairness PAC

Mailing Address 10200 Emerald

City

Boise

State

ID

Zip Code

83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11C.13586

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)

TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City

Alexandria

State

VA

Zip Code

22301

FEC ID number of contributing  
federal political committee.

C

C00340661

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13680

Amount of Each Receipt this Period

5000.00

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

**C.**

Full Name (Last, First, Middle Initial)

The Badger Fund

Mailing Address 4986 Sentinel Dr  
Apt. 104

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13682

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) .....

7000.00

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

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

Use separate schedule(s)  
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(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)

The Good Fund

Mailing Address PO Box 3404

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

**C** C00409185

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13684

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)

TOM FEENEY FOR CONGRESS

Mailing Address 1420 Alafaya Trail #103

City

Oviedo

State

FL

Zip Code

32765

FEC ID number of contributing  
federal political committee.

**C** C00368951

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11C.13686

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)

TOM FEENEY FOR CONGRESS

Mailing Address 1420 Alafaya Trail #103

City

Oviedo

State

FL

Zip Code

32765

FEC ID number of contributing  
federal political committee.

**C** C00368951

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.12967

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<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)  
UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENTMailing Address 600 13th St. NW  
Suite 340City State Zip Code  
Washington DC 20005FEC ID number of contributing  
federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11C.12824

Amount of Each Receipt this Period

5000.00

☐ 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 30328FEC ID number of contributing  
federal political committee. **C** C00064766

Name of Employer Occupation

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA11C.12631

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)  
UNITED STATES TELECOM ASSOCIATION POLITICAL ACTION COMMITTEE (TELECOMPAC)Mailing Address 607 14th Street Northwest  
Suite 400City State Zip Code  
Washington DC 20005FEC ID number of contributing  
federal political committee. **C** C00000984

Name of Employer Occupation

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

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13589

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) .....

7000.00

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

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

Use separate schedule(s)  
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(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)

US-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE

Mailing Address 1200 West 49th Street

City

Hialeah

State

FL

Zip Code

33012

FEC ID number of contributing  
federal political committee.

C C00387720

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13591

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)

US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE

Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300

City

HOUSTON

State

TX

Zip Code

77060

FEC ID number of contributing  
federal political committee.

C C00339655

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13593

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)

VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address One Valero Way

City

San Antonio

State

TX

Zip Code

78249

FEC ID number of contributing  
federal political committee.

C C00109546

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.13595

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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



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

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(check only one)

<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)

VETERANS FOR VICTORY PAC

Mailing Address 2245 148TH AVENUE NE

City

BELLEVUE

State

WA

Zip Code

98007

FEC ID number of contributing  
federal political committee.**C** C00400937

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

Transaction ID: SA11C.13597

Amount of Each Receipt this Period

1500.00

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

Full Name (Last, First, Middle Initial)

WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8th Street

City

Bentonville

State

AR

Zip Code

72716

FEC ID number of contributing  
federal political committee.**C** C00093054

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	6

Transaction ID: SA11C.12822

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)

WASHINGTON GROUP INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 2345 Crystal Drive  
Suite 708

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing  
federal political committee.**C** C00097550

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

Transaction ID: SA11C.12819

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

5600.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
WASHINGTON GROUP INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 2345 Crystal Drive  
Suite 708

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing  
federal political committee. **C** C00097550

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
4100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11C.13599

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)  
WEDGE PAC

Mailing Address PO Box 680063

City State Zip Code  
Franklin TN 37068

FEC ID number of contributing  
federal political committee. **C** C00409276

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 6

Transaction ID: SA11C.13600

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)  
WELLPOINT INC. WELLPAC

Mailing Address 120 Monument Circle

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing  
federal political committee. **C** C00197228

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11C.13602

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 99 / 255

(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)

WEYERHAEUSER COMPANY POLITICAL ACTION COMMITTEE

Mailing Address CH1M31

City

State

Zip Code

Federal Way

WA

98063

FEC ID number of contributing  
federal political committee.

**C** C00007948

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.13604

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)

WILLIAMS COMPANIES, INC. PAC, THE

Mailing Address 1627 EYE STREET NW  
SUITE 900

City

State

Zip Code

WASHINGTON

DC

20006

FEC ID number of contributing  
federal political committee.

**C** C00040394

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11C.13606

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) .....

2000.00

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

204750.00

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

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

FOR LINE NUMBER: PAGE 100 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Stephen Ackerman

Mailing Address 406 S. Stibnite Ave.

City

Kuna

State

ID

Zip Code

83634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provisio Inc

Occupation

President

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA12.14097

Amount of Each Receipt this Period

300.00

Gross from joint committee

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

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Anonymous Anonymous

Mailing Address na

City

na

State

ID

Zip Code

00000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
na

Occupation

na

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: SA12.14052

Amount of Each Receipt this Period

2.00

Gross from Joint Committee

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

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

A. Clay Atkins

Mailing Address 416 S. Hemmingway Ave.

City

Boise

State

ID

Zip Code

83709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Farming

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: SA12.14050

Amount of Each Receipt this Period

500.00

Gross from joint committee

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

[MEMO ITEM]

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

0.00

**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 101 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)

Aaron Banks

Mailing Address 1450 Blue Jay

City

Eagle

State

ID

Zip Code

83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

5.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14092

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Robert Barclay

Mailing Address 1749 Wood Bridge Ln.

City

Boise

State

ID

Zip Code

83706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14061

Amount of Each Receipt this Period

50.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Elaine Barraclough

Mailing Address 3018 Westmoreland Circle

City

Idaho Falls

State

ID

Zip Code

83402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14088

Amount of Each Receipt this Period

50.00

Gross from joint committee

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

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

0.00

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 102 / 255

(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)

Wanell Barton

Mailing Address 862 W. Oakhampton Dr.

City

Eagle

State

ID

Zip Code

83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pin Concepts

Occupation

Principle

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 6

Transaction ID: SA12.14065

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Bruce Black

Mailing Address 416 S Hemmingway Ave

City

Boise

State

ID

Zip Code

83709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Businessman

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: SA12.14051

Amount of Each Receipt this Period

500.00

Gross from joint committee

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

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1310 G STREET NW

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

C00194746

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14138

Amount of Each Receipt this Period

500.00

Gross from joint committee

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

[MEMO ITEM]

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

0.00

**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 103 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)

Ted Boam

Mailing Address 1392 Deadwood Ct.

City

Eagle

State

ID

Zip Code

83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: SA12.14038

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Geri Bottles

Mailing Address 1770 W. Sugar Crest St.

City

Eagle

State

ID

Zip Code

83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Real Estate

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14132

Amount of Each Receipt this Period

2100.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Marcel Bujarski

Mailing Address 522 W. Welch St.

City

Meridian

State

ID

Zip Code

83642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: SA12.14034

Amount of Each Receipt this Period

25.00

Gross from joint committee

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

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

0.00

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 104 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)

Becky Callister

Mailing Address 2873 W Wind Dr

City

Eagle

State

ID

Zip Code

83613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
investor

Receipt For: 2006

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14085

Amount of Each Receipt this Period

2100.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

David Callister

Mailing Address 2873 W. Wind Drive

City

Eagle

State

ID

Zip Code

83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West InvestmentsOccupation  
Partner

Receipt For: 2006

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14086

Amount of Each Receipt this Period

2100.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Freda Cenarrusa

Mailing Address 2400 Cherry Ln.

City

Boise

State

ID

Zip Code

83705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: SA12.14040

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

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

0.00

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 105 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)

Patricia Compton

Mailing Address 1730 Pete Kriger Rd

City

Midvale

State

ID

Zip Code

83645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Veterinarian

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14075

Amount of Each Receipt this Period

500.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Pauline D'Amaro

Mailing Address 73 N 285 East

City

Blackfoot

State

ID

Zip Code

83221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: SA12.14055

Amount of Each Receipt this Period

20.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Suzan Dunow

Mailing Address 1936 W.Willow Glen

City

Star

State

ID

Zip Code

83669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dunston Moore Group

Occupation

Principal

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14067

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

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

0.00

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 106 / 255

(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)

Linda Enrico

Mailing Address 2183 Rockridge Way

City

Boise

State

ID

Zip Code

83712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Andy Enrico & Co

Occupation

Realtor

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14117

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Richard Fagley

Mailing Address 270 118th St.

City

Orofino

State

ID

Zip Code

83544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: SA12.14057

Amount of Each Receipt this Period

25.00

Gross from joint committee

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

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Dorothy Fogarty

Mailing Address 4105 N. Ammon Rd.

City

Idaho Falls

State

ID

Zip Code

83401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: SA12.14036

Amount of Each Receipt this Period

40.00

Gross from joint committee

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

[MEMO ITEM]

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

0.00

**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 107 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)

Raymond Fuji

Mailing Address 1518 John Adams Pkwy  
#1

City	State	Zip Code
Idaho Falls	ID	83401

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

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14059

Amount of Each Receipt this Period

25.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Fern Furness

Mailing Address 3470 E 300 N

City	State	Zip Code
Rigby	ID	83442

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

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14090

Amount of Each Receipt this Period

50.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

William Glynn

Mailing Address 4502 Hillcrest Dr.

City	State	Zip Code
Boise	ID	83705

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Intermountain IndustriexOccupation  
president

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14130

Amount of Each Receipt this Period

500.00

Gross from joint committee

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

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

0.00

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 108 / 255

(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)

Naoma Grill

Mailing Address 3217 S. Kokomo Dr.

City

Nampa

State

ID

Zip Code

83686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 6

Transaction ID: SA12.14060

Amount of Each Receipt this Period

25.00

Gross from joint committee

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Gloria Hansen

Mailing Address 7717 W. Bright Star St.

City

Boise

State

ID

Zip Code

83709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14103

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

D.L. Harry

Mailing Address 1910 Pole Creek Rd.

City

Council

State

ID

Zip Code

83612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nordic Beer SystemsOccupation  
COO

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 6

Transaction ID: SA12.14076

Amount of Each Receipt this Period

2100.00

Gross from joint committee

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

[MEMO ITEM]

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

0.00

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 109 / 255

(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)

Dorothy Hebert

Mailing Address 56 Hidden Creek Rd.

City

Sagle

State

ID

Zip Code

83860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: SA12.14053

Amount of Each Receipt this Period

5.00

Gross from joint committee

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

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Keith Holloway

Mailing Address 411 Cashmere Rd.

City

Boise

State

ID

Zip Code

83702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Health Group

Occupation  
CEO

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 6

Transaction ID: SA12.14078

Amount of Each Receipt this Period

2100.00

Gross from joint committee

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

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Richard Howard

Mailing Address PO Box 104

City

Fruitland

State

ID

Zip Code

83619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Accounting NW

Occupation  
CPA

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA12.14099

Amount of Each Receipt this Period

375.00

Gross from joint committee

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

[MEMO ITEM]

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

0.00

**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 110 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)

Duncan Hunter

Mailing Address 6148 N. Discovery Way  
Ste. 134

City	State	Zip Code
Boise	ID	83713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boise Hunter HomesOccupation  
Partner: Duncan Hunter
 Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 .00

Date of Receipt

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

Transaction ID: SA12.14119

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

IDAHO BANKERS POLITICAL ACTION COMMITTEE

Mailing Address 512 WEST BANNOCK SUITE B  
PO BOX 638

City	State	Zip Code
BOISE	ID	83701

FEC ID number of contributing  
federal political committee.

C C00056523

Name of Employer

Occupation

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

 Election Cycle-to-Date ▼  
 .00

Date of Receipt

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

Transaction ID: SA12.14136

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Linda Juel

Mailing Address PO Box 44344

City	State	Zip Code
Boise	ID	83711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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

 Election Cycle-to-Date ▼  
 .00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: SA12.14042

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

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

0.00

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 111 / 255

(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)

Larry Knapp

Mailing Address PO Box 480

City

State

Zip Code

Star

ID

83669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LD Knapp Assoc.

Occupation

Real Estate

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14134

Amount of Each Receipt this Period

2100.00

Gross from joint committee

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

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Kristy Lee

Mailing Address 614 E. Curling Dr.

City

State

Zip Code

Boise

ID

83702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14109

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

David Leroy

Mailing Address PO Box 193

City

State

Zip Code

Boise

ID

83701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: SA12.14045

Amount of Each Receipt this Period

250.00

gross from joint committee

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

[MEMO ITEM]

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

0.00

**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 112 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)

William Litster

Mailing Address 1542 Shenandoah Dr.

City	State	Zip Code
Boise	ID	83712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Litster Injury LawyersOccupation  
Attorney
 Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14124

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Marlene Macfarlane

Mailing Address PO Box 926

City	State	Zip Code
Fruitland	ID	83619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
retired
 Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 8		1 6		2 0 0 6

Transaction ID: SA12.14095

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

R. Madeline McComas

Mailing Address 1100 McKown Rd.

City	State	Zip Code
Potlatch	ID	83855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14101

Amount of Each Receipt this Period

25.00

Gross from joint committee

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

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

0.00

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 113 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

John McGee

Mailing Address 14515 West Granite Valley Driv  
#625

City	State	Zip Code
Sun City West	AZ	85375-6021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 8		1 0		2 0 0 6

Transaction ID: SA12.14069

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Jeff Miller

Mailing Address 329 Tamarack Ln.

City	State	Zip Code
Sagle	ID	83850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amerital CommOccupation  
president

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14143

Amount of Each Receipt this Period

1000.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Clinton Miner

Mailing Address PO Box 9036

City	State	Zip Code
Boise	ID	83701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14105

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

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

0.00

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 114 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)

Don Moyle

Mailing Address 571 Hwy 81

City

Burley

State

ID

Zip Code

83318

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

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14107

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Edward Priddy

Mailing Address PO Box 4817

City

Boise

State

ID

Zip Code

83711

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Sterling Equity managementOccupation  
President

Receipt For: 2006

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Transaction ID: SA12.14140

Amount of Each Receipt this Period

1000.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Edward Priddy

Mailing Address PO Box 4817

City

Boise

State

ID

Zip Code

83711

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Sterling Equity managementOccupation  
President

Receipt For: 2006

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14145

Amount of Each Receipt this Period

1000.00

Gross from joint committee

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

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

0.00

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 115 / 255

(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)

Lorraine Priddy

Mailing Address PO BOX 4817

City

Boise

State

ID

Zip Code

83711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
retired

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 7 / 2 0 0 6

Transaction ID: SA12.14142

Amount of Each Receipt this Period

2000.00

Gross from joint committee

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

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Melvin Quale

Mailing Address 982 Carriage Ln.

City

Twin Falls

State

ID

Zip Code

83301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: SA12.14093

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

J. Phillip Reberger

Mailing Address 1201 Shaw Mountain Rd.

City

Boise

State

ID

Zip Code

83712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14111

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

[MEMO ITEM]

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

0.00

**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 116 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)

David Regnier

Mailing Address 719 S Diamond St

City

Nampa

State

ID

Zip Code

83686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

business owner

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14070

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

SALI - IDAHO VICTORY '06 COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

C00426676

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

4283.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	6

Transaction ID: SA12.12837

Amount of Each Receipt this Period

4283.06

Transfer of joint fundrai-  
sing proceeds
☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Lillian Schutt

Mailing Address 911 E. Belmont St.  
Apt. 11

City

Caldwell

State

ID

Zip Code

83605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Transaction ID: SA12.14032

Amount of Each Receipt this Period

10.00

Gross from joint Committee

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

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

4283.06

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 117 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)

C.A. Smyser

Mailing Address 26298 Lee Ln.

City	State	Zip Code
Parma	ID	83660

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Conolly & SmyserOccupation  
Attorney
 Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 .00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 8		1 0		2 0 0 6

Transaction ID: SA12.14072

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Mel Snider

Mailing Address 9350 Bienapfl Dr.

City	State	Zip Code
Boise	ID	83709

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AG Concepts Corp.Occupation  
Owner
 Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 .00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 8		1 0		2 0 0 6

Transaction ID: SA12.14081

Amount of Each Receipt this Period

2100.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Christine Sweet

Mailing Address 3122 N Sunny Side Ave

City	State	Zip Code
Meridian	ID	83642

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

Name of Employer

Occupation

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

 Election Cycle-to-Date ▼  
 6.00

Date of Receipt

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

Transaction ID: SA12.14126

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

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

0.00

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 118 / 255

(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)

Patrick Takasugi

Mailing Address 1777 Allendale Rd.

City

Wilder

State

ID

Zip Code

83676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14113

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Frances Tatistcheff

Mailing Address 3745 S Maple Grove Rd.

City

Boise

State

ID

Zip Code

83709-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: SA12.14044

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Mitchell Toryanski

Mailing Address 5848 S. Schooner Pl.

City

Boise

State

ID

Zip Code

83716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 6

Transaction ID: SA12.14063

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

[MEMO ITEM]

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

0.00

**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 119 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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 Tracy

Mailing Address 2906 Montevista Dr.

City

Boise

State

ID

Zip Code

83706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tracy Communications

Occupation

Owner

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14115

Amount of Each Receipt this Period

125.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Robert Ward

Mailing Address 607 E. Whitney Ct

City

Eagle

State

ID

Zip Code

83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
info. requested

Occupation

info. requested

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14074

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

Full Name (Last, First, Middle Initial)

Charles Wilber

Mailing Address 6474 Ambrosia Dr.  
No. 5301

City

San Diego

State

CA

Zip Code

92124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA12.14128

Amount of Each Receipt this Period

250.00

Gross from joint committee

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

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

0.00

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 120 / 255

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)

Derek Wilson

Mailing Address 4644 S. Whitmore Way

City

Boise

State

ID

Zip Code

83709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Business

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Transaction ID: SA12.14083

Amount of Each Receipt this Period

2100.00

Gross from joint committee

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

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

0.00

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

4283.06



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

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

FOR LINE NUMBER: PAGE 121 / 255

(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)

Alaska Airlines

Mailing Address PO Box 68900

City

Seattle

State

WA

Zip Code

98168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 6

Transaction ID: SA14.12315

Amount of Each Receipt this Period

101.30

Refunded Airline Tickets

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

**B.**

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 8033 W. Franklin Towne Plaza

City

Boise

State

ID

Zip Code

83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

252.99

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 0 6

Transaction ID: SA14.12352

Amount of Each Receipt this Period

151.19

Refund office supplies

☐ 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 Chinden Blvd.

City

Garden City

State

ID

Zip Code

83714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

663.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 6

Transaction ID: SA14.12326

Amount of Each Receipt this Period

54.00

Banking expenses refund

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

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

306.49

**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 122 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Washington Mutual

Mailing Address 5425 Chinden Blvd.

City

Garden City

State

ID

Zip Code

83714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

693.40

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA14.12476

Amount of Each Receipt this Period

30.00

Refunded banking expenses

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

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

30.00

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

336.49

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

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

FOR LINE NUMBER: PAGE 123 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Washington Mutual

Mailing Address 5425 Chinden Blvd.

City

State

Zip Code

Garden City

ID

83714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

608.99

Date of Receipt

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

Transaction ID: SA15.12261

Amount of Each Receipt this Period

0.03

Interest

☐ 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 Chinden Blvd.

City

State

Zip Code

Garden City

ID

83714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

609.12

Date of Receipt

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

Transaction ID: SA15.12319

Amount of Each Receipt this Period

0.13

interest

☐ 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 Chinden Blvd.

City

State

Zip Code

Garden City

ID

83714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

663.34

Date of Receipt

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

Transaction ID: SA15.12401

Amount of Each Receipt this Period

0.22

interest

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

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

0.38

**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 124 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Washington Mutual

Mailing Address 5425 Chinden Blvd.

City

State

Zip Code

Garden City

ID

83714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

663.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 6

Transaction ID: SA15.12262

Amount of Each Receipt this Period

0.03

interest

☐ 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 Chinden Blvd.

City

State

Zip Code

Garden City

ID

83714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

663.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 1 / 2 0 0 6

Transaction ID: SA15.12263

Amount of Each Receipt this Period

0.03

interest

☐ 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 Chinden Blvd.

City

State

Zip Code

Garden City

ID

83714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

693.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA15.12496

Amount of Each Receipt this Period

0.36

interest

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

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

0.42

**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 125 / 255

(check only one)

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

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Washington Mutual

Mailing Address 5425 Chinden Blvd.

City

Garden City

State

ID

Zip Code

83714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

698.72

Date of Receipt

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

Transaction ID: SA15.12264

Amount of Each Receipt this Period

4.96

Interest

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

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

4.96

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

5.76

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) 50 Off Card Shop</p> <p>Mailing Address 101 East Best Avenue</p> <p>City Coeur d'Alene State ID Zip Code 83814</p> <p>Purpose of Disbursement 09/6/2006 Jacobson</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13954</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>0 6</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>4.18</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Advanced Printing</p> <p>Mailing Address 6606 E Seltice Way</p> <p>City Post Falls State ID Zip Code 83854</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12371</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>2 1</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>801.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Advanced Printing</p> <p>Mailing Address 6606 E Seltice Way</p> <p>City Post Falls State ID Zip Code 83854</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12400</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>0 7</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1598.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**2399.00**

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

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Advanced Printing

Mailing Address 6606 E Seltice Way

City Post Falls State ID Zip Code 83854

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12449

Date of Disbursement

/   /

Amount of Each Disbursement this Period

106.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Alaska Airlines

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement  
Travel--air

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12307

Date of Disbursement

/   /

Amount of Each Disbursement this Period

101.30

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

**C.**

Full Name (Last, First, Middle Initial)  
Alaska Airlines

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement  
Travel--air

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12308

Date of Disbursement

/   /

Amount of Each Disbursement this Period

101.30

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

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

308.60

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Alaska Airlines Mailing Address PO Box 68900	<b>Transaction ID:</b> SB17.12320 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 0 / 2 0 0 6</div> </div>
City State Zip Code Seattle WA 98168 Purpose of Disbursement Travel--air Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>162.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Alaska Airlines Mailing Address PO Box 68900 City State Zip Code Seattle WA 98168 Purpose of Disbursement Trave--air Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.12321 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 0 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>162.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Alaska Airlines Mailing Address PO Box 68900 City State Zip Code Seattle WA 98168 Purpose of Disbursement Travel Air Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.12492 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>59.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**384.80**

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



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sali for Congress**A.**

Full Name (Last, First, Middle Initial)

Alaska Airlines

Mailing Address PO Box 68900

City State Zip Code  
Seattle WA 98168Purpose of Disbursement  
Travel air

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12509

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

86.00

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

Full Name (Last, First, Middle Initial)

Alaska Airlines

Mailing Address PO Box 68900

City State Zip Code  
Seattle WA 98168Purpose of Disbursement  
Travel air

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12538

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	6

Amount of Each Disbursement this Period

164.00

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

Full Name (Last, First, Middle Initial)

Albertsons

Mailing Address 20 E Fairview Ave.

City State Zip Code  
Meridian ID 83642Purpose of Disbursement  
Woodcook 07/05/2006

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13714

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	0	6

Amount of Each Disbursement this Period

5.29

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

250.00

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

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

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

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Albertsons

Mailing Address 20 E Fairview Ave.

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
09/7/2006 Sali

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13817

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Albertsons

Mailing Address 20 E Fairview Ave.

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
Meetings--food/supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12402

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**C.**

Full Name (Last, First, Middle Initial)  
Albertsons

Mailing Address 20 E Fairview Ave.

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
Travel--food/supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12408

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**8.00**

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

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

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Albertsons

Mailing Address 20 E Fairview Ave.

City Meridian State ID Zip Code 83642

Purpose of Disbursement

Travel--food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12437

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**B.**

Full Name (Last, First, Middle Initial)  
Albertsons

Mailing Address 20 E Fairview Ave.

City Meridian State ID Zip Code 83642

Purpose of Disbursement

Events supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.12475

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**C.**

Full Name (Last, First, Middle Initial)  
Albertsons

Mailing Address 20 E Fairview Ave.

City Meridian State ID Zip Code 83642

Purpose of Disbursement

09/5/2006 Obregon

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.13942

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**

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

**58.42**

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

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Sali for Congress

A.

Full Name (Last, First, Middle Initial)

Albertsons

Mailing Address 20 E Fairview Ave.

City  
Meridian

State  
ID

Zip Code  
83642

Purpose of Disbursement  
09/6/2006 Woodcock

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13958

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.40

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Albertsons

Mailing Address 20 E Fairview Ave.

City  
Meridian

State  
ID

Zip Code  
83642

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12602

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.00

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

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13712

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.50

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

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

43.50

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

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

Use separate schedule(s)  
for each category of the  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> SB17.13717 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 6</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>0.78</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.13787 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>4.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.13809 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>8.06</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**13.34**

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

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

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB17.13930
Mailing Address PO Box 53852	Date of Disbursement
City Phoenix State AZ Zip Code 85072-3852	<div> <div>09</div> <div>04</div> <div>2006</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Credit Card Processing	<div>4.50</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB17.13931
Mailing Address PO Box 53852	Date of Disbursement
City Phoenix State AZ Zip Code 85072-3852	<div> <div>09</div> <div>04</div> <div>2006</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Credit Card Processing	<div>65.10</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Anthem Media	<b>Transaction ID:</b> SB17.13926
Mailing Address 2700 Via Fortuna Suite 400	Date of Disbursement
City Austin State TX Zip Code 78746	<div> <div>09</div> <div>01</div> <div>2006</div> </div>
Purpose of Disbursement Media Consultant/Media Production	Amount of Each Disbursement this Period
Candidate Name	<div>16000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**16069.60**

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

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Anthem Media</p> <p>Mailing Address 2700 Via Fortuna Suite 400</p> <p>City Austin State TX Zip Code 78746</p> <p>Purpose of Disbursement TV production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.14001</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>70000.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Applebees</p> <p>Mailing Address 1460 N. Eagle Rd</p> <p>City Meridian State ID Zip Code 83642</p> <p>Purpose of Disbursement Meetings food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12452</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 4 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>52.11</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Applebees</p> <p>Mailing Address 1460 N. Eagle Rd</p> <p>City Meridian State ID Zip Code 83642</p> <p>Purpose of Disbursement Event travel food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12470</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>30.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**70082.11**

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

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<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)

Au Bon Pain

Mailing Address 800 North Capitol St.

City Washington State DC Zip Code 20001

Purpose of Disbursement

Event food

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13889

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	6

Amount of Each Disbursement this Period

318.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Authorize.Net Corp.

Mailing Address 915 South 500 East, Suite 200

City American Fork State UT Zip Code 84003

Purpose of Disbursement

Credit Card Processing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13698

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	6

Amount of Each Disbursement this Period

21.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Authorize.Net Corp.

Mailing Address 915 South 500 East, Suite 200

City American Fork State UT Zip Code 84003

Purpose of Disbursement

Credit Card Processing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13794

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	6

Amount of Each Disbursement this Period

20.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

359.70

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress**A.**Full Name (Last, First, Middle Initial)  
Authorize.Net Corp.

Mailing Address 915 South 500 East, Suite 200

City State Zip Code  
American Fork UT 84003Purpose of Disbursement  
Credit Card processing  
Candidate NameCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
Other (specify) ▼  
State: District:**Transaction ID:** SB17.13915

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	6

Amount of Each Disbursement this Period

20.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Auto Sort

Mailing Address PO Box 191025

City State Zip Code  
Boise ID 83719-1025Purpose of Disbursement  
Mailing/Printing  
Candidate NameCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
Other (specify) ▼  
State: District:**Transaction ID:** SB17.13827

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	6

Amount of Each Disbursement this Period

2284.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Auto Sort

Mailing Address PO Box 191025

City State Zip Code  
Boise ID 83719-1025Purpose of Disbursement  
Direct mailing/printing  
Candidate NameCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
Other (specify) ▼  
State: District:**Transaction ID:** SB17.13886

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	6

Amount of Each Disbursement this Period

2114.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

4420.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Aaron Bear Mailing Address 97 North Canyon St	<b>Transaction ID:</b> SB17.13797 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83651 Purpose of Disbursement Payroll Field Staff Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>506.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Aaron Bear Mailing Address 97 North Canyon St	<b>Transaction ID:</b> SB17.13848 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83651 Purpose of Disbursement Reimbursement Event supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>36.97</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Aaron Bear Mailing Address 97 North Canyon St	<b>Transaction ID:</b> SB17.13922 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83651 Purpose of Disbursement Payroll Field Staff Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>506.63</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>1050.22</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Jennifer Beck Mailing Address 324 8th Ave. S.	<b>Transaction ID:</b> SB17.13721 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83651 Purpose of Disbursement Reimbursement Mileage, event supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>57.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Beck Mailing Address 324 8th Ave. S.	<b>Transaction ID:</b> SB17.13845 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83651 Purpose of Disbursement Mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>77.88</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Best Western Mailing Address 7169 Plaza St.	<b>Transaction ID:</b> SB17.12529 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 6</div> </div>
City Bonners Ferry State ID Zip Code 83805-8598 Purpose of Disbursement Travel Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>10.61</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

145.97

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Glen Black</p> <p>Mailing Address 1000 E Clearvue Ct</p> <p>City Eagle State ID Zip Code 83616</p> <p>Purpose of Disbursement In-kind - hotel rooms</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13616</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>3 0</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>700.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bluepoint Consulting</p> <p>Mailing Address 35311 N 92nd Way</p> <p>City Scottsdale State AZ Zip Code 85262</p> <p>Purpose of Disbursement Direct Mail Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.14023</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>2 5</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>8000.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bona Ventura Productions, Inc.</p> <p>Mailing Address 9137 Phantom Lane</p> <p>City Middleton State ID Zip Code 83644</p> <p>Purpose of Disbursement media production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13856</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>1 5</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>2741.33</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**11441.33**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Bona Ventura Productions, Inc.

Mailing Address 9137 Phantom Lane

City State Zip Code  
Middleton ID 83644

Purpose of Disbursement  
Media Production

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13952

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8455.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Bona Ventura Productions, Inc.

Mailing Address 9137 Phantom Lane

City State Zip Code  
Middleton ID 83644

Purpose of Disbursement  
Media Production

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.14010

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1796.00

☐ 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 State Zip Code  
Boise ID 83701

Purpose of Disbursement  
Advertising Tshirts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13870

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1456.89

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

11707.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Cableone

Mailing Address 2101 E. Karcher Rd.

City Nampa State ID Zip Code 83687

Purpose of Disbursement  
Office Phone/Internet

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13741

Date of Disbursement

/   /

Amount of Each Disbursement this Period

45.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Cableone

Mailing Address 2101 E. Karcher Rd.

City Nampa State ID Zip Code 83687

Purpose of Disbursement  
Office cable utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13834

Date of Disbursement

/   /

Amount of Each Disbursement this Period

142.42

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Cableone

Mailing Address 2101 E. Karcher Rd.

City Nampa State ID Zip Code 83687

Purpose of Disbursement  
Office Cable Utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13972

Date of Disbursement

/   /

Amount of Each Disbursement this Period

131.29

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

318.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
LeeAnne Callear

Mailing Address 4403 Cavendish Hwy

City Ahsahka State ID Zip Code 83520

Purpose of Disbursement  
Field Staff Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13841

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
CAP Inc.

Mailing Address 10579 N Government Way

City Hayden State ID Zip Code 83835

Purpose of Disbursement  
Advertising stickers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12306

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Charle's Tracy Photography

Mailing Address 299 E Screech Owl Dr.

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Media/Photography

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13962

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2824.21**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Chicago Connection

Mailing Address 1629 E 1st St

City State Zip Code  
Meridian ID 83642

Purpose of Disbursement  
Volunteer food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12436

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Christensen & Associates Insurance Agency

Mailing Address PO Box 5538

City State Zip Code  
Boise ID 83705

Purpose of Disbursement  
Insurance event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13869

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Clearvoice (formerly Extreme Media)

Mailing Address 280 North Maple Grove

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
Office Phone/Internet

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13776

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**379.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<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)

Clearvoice (formerly Extreme Media)

Mailing Address 280 North Maple Grove

City State Zip Code  
Boise ID 83704Purpose of Disbursement  
Office Utilities

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13833

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

256.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Clearvoice (formerly Extreme Media)

Mailing Address 280 North Maple Grove

City State Zip Code  
Boise ID 83704Purpose of Disbursement  
Office Utilities

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13967

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	6

Amount of Each Disbursement this Period

259.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Coeur d' Alene Resort

Mailing Address 115 S. 2nd St.

City State Zip Code  
Coeur d' Alene ID 83814Purpose of Disbursement  
07/14/2006 Jacobson

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13748

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	6

Amount of Each Disbursement this Period

243.66

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

516.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

A.

Full Name (Last, First, Middle Initial)  
Falon Coleman

Mailing Address 18294 Viceroy Ave

City Nampa State ID Zip Code 83687

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13701

Date of Disbursement

07 / 01 / 2006

Amount of Each Disbursement this Period

676.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Falon Coleman

Mailing Address 18294 Viceroy Ave

City Nampa State ID Zip Code 83687

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13760

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

24.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Falon Coleman

Mailing Address 18294 Viceroy Ave

City Nampa State ID Zip Code 83687

Purpose of Disbursement  
Payroll HQ

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13792

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

1126.67

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1828.51

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Falon Coleman <hr/> Mailing Address 18294 Viceroy Ave	<b>Transaction ID:</b> SB17.13864 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 7 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83687 Purpose of Disbursement Reimbursement Event Parking Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div> <div>4.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
<b>B.</b> Full Name (Last, First, Middle Initial) Falon Coleman <hr/> Mailing Address 18294 Viceroy Ave	<b>Transaction ID:</b> SB17.13878 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83687 Purpose of Disbursement Mileage reimbursement Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div> <div>40.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
<b>C.</b> Full Name (Last, First, Middle Initial) Falon Coleman <hr/> Mailing Address 18294 Viceroy Ave	<b>Transaction ID:</b> SB17.13921 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83687 Purpose of Disbursement Payroll HQ Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div> <div>1071.26</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1115.81**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Falon Coleman Mailing Address 18294 Viceroy Ave	<b>Transaction ID:</b> SB17.13980 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83687 Purpose of Disbursement Mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>20.03</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Falon Coleman Mailing Address 18294 Viceroy Ave City Nampa State ID Zip Code 83687 Purpose of Disbursement Payroll HQ Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.13984 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>535.63</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Falon Coleman Mailing Address 18294 Viceroy Ave City Nampa State ID Zip Code 83687 Purpose of Disbursement Reimbursement Office Equipment/supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.13992 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>217.71</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**773.37**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Comfort Inn</p> <p>Mailing Address 2128 8th Ave</p> <p>City Lewiston State ID Zip Code 83501</p> <p>Purpose of Disbursement Travel hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12561</p> <p>Date of Disbursement  <div> <div>09</div> <div>23</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>88.84</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Confetti Productions</p> <p>Mailing Address 176 S. Cole Rd</p> <p>City Boise State ID Zip Code 83709</p> <p>Purpose of Disbursement Events Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13946</p> <p>Date of Disbursement  <div> <div>09</div> <div>05</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>585.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CONSERVATIVE VICTORY FUND</p> <p>Mailing Address 1101 PENNSYLVANIA AVE SE SUITE 201</p> <p>City WASHINGTON State ID Zip Code DC 20003</p> <p>Purpose of Disbursement In-kind - Mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13613</p> <p>Date of Disbursement  <div> <div>09</div> <div>05</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>450.85</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <div>1124.69</div></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ► <div></div></p>	

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 2051 S Cole Rd</p> <p>City Boise State ID Zip Code 83709</p> <p>Purpose of Disbursement Roy on 9/27/2006</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.14006</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>2 7</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>7.34</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Econo Lodges</p> <p>Mailing Address 3335 Lee Hwy</p> <p>City Arlington State VA Zip Code 22207</p> <p>Purpose of Disbursement Travel--hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12296</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>0 3</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>396.84</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <p>Mailing Address 1673 W. Shoreline Dr. Suite 160</p> <p>City Boise State ID Zip Code 83702</p> <p>Purpose of Disbursement Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13710</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>0 4</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>37.90</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**434.74**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <p>Mailing Address 1673 W. Shoreline Dr. Suite 160</p> <p>City Boise State ID Zip Code 83702</p> <p>Purpose of Disbursement Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> SB17.13711  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 7 / 0 4 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period            36.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <p>Mailing Address 1673 W. Shoreline Dr. Suite 160</p> <p>City Boise State ID Zip Code 83702</p> <p>Purpose of Disbursement Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> SB17.13811  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 8 / 0 7 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period            37.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <p>Mailing Address 1673 W. Shoreline Dr. Suite 160</p> <p>City Boise State ID Zip Code 83702</p> <p>Purpose of Disbursement Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> SB17.13812  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 8 / 0 7 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period            36.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 109.55</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <p>Mailing Address 1673 W. Shoreline Dr. Suite 160</p> <p>City Boise State ID Zip Code 83702</p> <p>Purpose of Disbursement Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> SB17.13935  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 9 / 0 5 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period            37.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Eliot Management Group</p> <p>Mailing Address 1673 W. Shoreline Dr. Suite 160</p> <p>City Boise State ID Zip Code 83702</p> <p>Purpose of Disbursement Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> SB17.13936  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 9 / 0 5 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period            45.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FedEx Kinko's</p> <p>Mailing Address 3110 E Florence St</p> <p>City Meridian State ID Zip Code 83642</p> <p>Purpose of Disbursement Mailing/Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> SB17.13777  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 7 / 2 8 / 2 0 0 6</p> <p>Amount of Each Disbursement this Period            67.18</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) .....

149.84

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

A.

Full Name (Last, First, Middle Initial)  
FedEx Kinko's

Mailing Address 3110 E Florence St

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13832

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

17.33

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
FedEx Kinko's

Mailing Address 3110 E Florence St

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13857

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

9.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
FedEx Kinko's

Mailing Address 3110 E Florence St

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12546

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

20.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

47.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Fiesta Italiana Mailing Address 1318 N Compton St.	<b>Transaction ID:</b> SB17.13782 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div>
City Post Falls State ID Zip Code 83854 Purpose of Disbursement Event booth Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>770.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Fred Meyer Mailing Address 1850 E Fairview Ave City Boise State ID Zip Code 83704 Purpose of Disbursement Events--supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.12396 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>114.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Fred Meyer Mailing Address 1850 E Fairview Ave City Boise State ID Zip Code 83704 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.12542 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>9.16</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**893.49**

**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

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Fred Meyer

Mailing Address 1850 E Fairview Ave

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
Travel Supplies/Food  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.12599  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Giant Impressions

Mailing Address 130 Archer St.

City State Zip Code  
San Jose CA 95112

Purpose of Disbursement  
Media/Advertising  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.12440  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Goodwood BBQ

Mailing Address 7415 W Mossy Cup St

City State Zip Code  
Boise ID 83709

Purpose of Disbursement  
Travel--food  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.12380  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**661.57**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

A.

Full Name (Last, First, Middle Initial)  
Hammond & Associates

Mailing Address PO Box 16021

City State Zip Code  
Alexandria WA 22302

Purpose of Disbursement  
PAC Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13724

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2716.93

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Hammond & Associates

Mailing Address PO Box 16021

City State Zip Code  
Alexandria WA 22302

Purpose of Disbursement  
PAC consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13725

Date of Disbursement

/   /

Amount of Each Disbursement this Period

743.04

☐ 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 16021

City State Zip Code  
Alexandria WA 22302

Purpose of Disbursement  
Pac Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14027

Date of Disbursement

/   /

Amount of Each Disbursement this Period

509.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3969.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Hammond & Associates

Mailing Address PO Box 16021

City State Zip Code  
Alexandria WA 22302

Purpose of Disbursement  
Pac Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.14028

Date of Disbursement

/   /

Amount of Each Disbursement this Period

515.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Hammond & Associates

Mailing Address PO Box 16021

City State Zip Code  
Alexandria WA 22302

Purpose of Disbursement  
Pac Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.14029

Date of Disbursement

/   /

Amount of Each Disbursement this Period

511.56

☐ 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 16021

City State Zip Code  
Alexandria WA 22302

Purpose of Disbursement  
Pac consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13778

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5482.89

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

6510.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Hammond &amp; Associates</p> <p>Mailing Address PO Box 16021</p> <p>City Alexandria State WA Zip Code 22302</p> <p>Purpose of Disbursement Pac Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13905</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>5352.40</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Tom Hoefling</p> <p>Mailing Address PO BOX 34</p> <p>City Iohrville State IA Zip Code 51453</p> <p>Purpose of Disbursement Media Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13968</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>2000.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hoffman Policy &amp; Media Associates</p> <p>Mailing Address 124 Fern St</p> <p>City Nampa State ID Zip Code 83686</p> <p>Purpose of Disbursement Payroll HQ</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13938</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>1750.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►</p>		<div> <div></div> <div>9102.40</div> </div>
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>		<div> <div></div> </div>

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

David Hollander

Mailing Address 2355 Galway Dr

City Meridian	State ID	Zip Code 83642
------------------	-------------	-------------------

Purpose of Disbursement  
Office Equipment

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"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

**Transaction ID:** SB17.13761

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	6

Amount of Each Disbursement this Period

622.13
--------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**B.**

Full Name (Last, First, Middle Initial)

Home Depot

Mailing Address 1100 S. Progress

City Meridian	State ID	Zip Code 83642
------------------	-------------	-------------------

Purpose of Disbursement  
08/7/2006 moreno

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"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

**Transaction ID:** SB17.13820

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	6

Amount of Each Disbursement this Period

20.41
-------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Home Depot

Mailing Address 1100 S. Progress

City Meridian	State ID	Zip Code 83642
------------------	-------------	-------------------

Purpose of Disbursement  
Coleman on 9/14/2006

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"/> Other (specify) ▼	<input checked="" type="checkbox"/> General

**Transaction ID:** SB17.13993

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	6

Amount of Each Disbursement this Period

134.09
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☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

622.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) HotelsTravel</p> <p>Mailing Address 2480 South Glebe Road</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Travel hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12512</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>1 3</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>470.64</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hunan Dynasty</p> <p>Mailing Address 215 Pennsylvania Ave</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Events food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12510</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>1 3</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>323.60</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Idaho Department of Labor</p> <p>Mailing Address 317 W Main St</p> <p>City Boise State ID Zip Code 83735</p> <p>Purpose of Disbursement Office/Labor Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13753</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>1 4</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>345.61</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1139.85**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Idaho Health Care Association

Mailing Address P.O. Box 2623

City State Zip Code  
Boise ID 83701

Purpose of Disbursement  
Refunded Contribution  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

**Transaction ID:** SB17.13873

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Idaho Power

Mailing Address 1221 W. Idaho St

City State Zip Code  
Boise ID 83702

Purpose of Disbursement  
Thair Pond on 07/10/2006  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

**Transaction ID:** SB17.13739

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Idaho Power

Mailing Address 1221 W. Idaho St

City State Zip Code  
Boise ID 83702

Purpose of Disbursement  
Pond on 8/15/2006  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

**Transaction ID:** SB17.13861

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**1050.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Idaho Power Mailing Address 1221 W. Idaho St	<b>Transaction ID:</b> SB17.13951 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83702 Purpose of Disbursement Pond on 9/06/2006 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>173.53</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Idaho Springs Water Co. Mailing Address 8095 E. Executive Dr. Ste A City Nampa State ID Zip Code 83687-3827 Purpose of Disbursement Water/office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.13731 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>16.74</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Idaho Springs Water Co. Mailing Address 8095 E. Executive Dr. Ste A City Nampa State ID Zip Code 83687-3827 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.13828 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>32.46</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**49.20**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Idaho Springs Water Co.

Mailing Address 8095 E. Executive Dr.  
Ste A

City Nampa State ID Zip Code 83687-3827

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13959

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.93

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Idaho State Tax Commission

Mailing Address PO Box 76

City Boise State ID Zip Code 83707

Purpose of Disbursement  
Employment Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13754

Date of Disbursement

/   /

Amount of Each Disbursement this Period

306.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Idaho State Tax Commission

Mailing Address PO Box 76

City Boise State ID Zip Code 83707

Purpose of Disbursement  
Employment Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13844

Date of Disbursement

/   /

Amount of Each Disbursement this Period

497.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

853.93

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress**A.**Full Name (Last, First, Middle Initial)  
Idaho State Tax Commission

Mailing Address PO Box 76

City Boise State ID Zip Code 83707

Purpose of Disbursement  
Employee taxes

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13974

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	6

Amount of Each Disbursement this Period

846.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
IHOP

Mailing Address 2301 N Fourth St

City Coeur D'Alene State ID Zip Code 83814-3603

Purpose of Disbursement  
Travel food

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12453

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	6

Amount of Each Disbursement this Period

11.61

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
IHOP

Mailing Address 2301 N Fourth St

City Coeur D'Alene State ID Zip Code 83814-3603

Purpose of Disbursement  
Meetings--food

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12578

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Amount of Each Disbursement this Period

20.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

878.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Ikon Financial Services	<b>Transaction ID:</b> SB17.13746
Mailing Address PO Box 9115	<b>Date of Disbursement</b>
City Macon State GA Zip Code 31208-9115	<div> <div>07</div> <div>14</div> <div>2006</div> </div>
Purpose of Disbursement Office Equipment	<b>Amount of Each Disbursement this Period</b>
Candidate Name	<div>162.75</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Ikon Financial Services	<b>Transaction ID:</b> SB17.13855
Mailing Address PO Box 9115	<b>Date of Disbursement</b>
City Macon State GA Zip Code 31208-9115	<div> <div>08</div> <div>15</div> <div>2006</div> </div>
Purpose of Disbursement office equipment	<b>Amount of Each Disbursement this Period</b>
Candidate Name	<div>162.75</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Jacksons	<b>Transaction ID:</b> SB17.13819
Mailing Address 66 E State St	<b>Date of Disbursement</b>
City Meridian State ID Zip Code 83642	<div> <div>08</div> <div>07</div> <div>2006</div> </div>
Purpose of Disbursement 08/07/2006 Moreno	<b>Amount of Each Disbursement this Period</b>
Candidate Name	<div>90.41</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**325.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Tina Jacobson

Mailing Address 19243 N Cottagewood Ln

City State Zip Code  
Rathdrum ID 83858

Purpose of Disbursement  
Payroll/Reimbursement Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13747

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2668.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Tina Jacobson

Mailing Address 19243 N Cottagewood Ln

City State Zip Code  
Rathdrum ID 83858

Purpose of Disbursement  
Field Staff Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13872

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ 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 State Zip Code  
Rathdrum ID 83858

Purpose of Disbursement  
Reimbursement Event Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13953

Date of Disbursement

/   /

Amount of Each Disbursement this Period

169.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

4838.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Tina Jacobson

Mailing Address 19243 N Cottagewood Ln

City State Zip Code  
Rathdrum ID 83858

Purpose of Disbursement  
Payroll Field Staff/reimbursement events  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13965  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Kmart

Mailing Address 10477 Fairview Ave

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
09/5/2006 Ruban Obregon  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13945  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Krahn Publishing

Mailing Address PO Box 44508

City State Zip Code  
Boise ID 83711

Purpose of Disbursement  
Printing  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13971  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2654.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

A.

Full Name (Last, First, Middle Initial)  
Jay Larsen

Mailing Address 1281 Candleridge

City State Zip Code  
Boise ID 83712

Purpose of Disbursement  
Fundraising consulting  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB17.13961  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Leadership Institute

Mailing Address 1101 North Highland Street

City State Zip Code  
Arlington VA 22201

Purpose of Disbursement  
Training  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB17.12303  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Leadership Institute

Mailing Address 1101 North Highland Street

City State Zip Code  
Arlington VA 22201

Purpose of Disbursement  
Training  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB17.12304  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Lowe's

Mailing Address 3400 NORTH EAGLE ROAD

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
Sali on 8/17/2006

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13867

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Maverik

Mailing Address 1605 Cherry Ln

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
Roy on 9/27

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.14005

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Jessie McQueary

Mailing Address 1473 E Stomry Dr

City Meridian State ID Zip Code 83646

Purpose of Disbursement  
Payroll HQ

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13796

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**506.07**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Jessie McQueary Mailing Address 1473 E Stomry Dr	<b>Transaction ID:</b> SB17.13879 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83646 Purpose of Disbursement Mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div>24.03</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
<b>B.</b> Full Name (Last, First, Middle Initial) Jessie McQueary Mailing Address 1473 E Stomry Dr	<b>Transaction ID:</b> SB17.13882 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 3 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83646 Purpose of Disbursement reimbursement auto/parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div>4.50</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
<b>C.</b> Full Name (Last, First, Middle Initial) Jessie McQueary Mailing Address 1473 E Stomry Dr	<b>Transaction ID:</b> SB17.13918 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83646 Purpose of Disbursement Payroll HQ Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div>1085.98</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1114.51**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Sali for Congress

A.

Full Name (Last, First, Middle Initial)

Jessie McQueary

Mailing Address 1473 E Stomry Dr

City Meridian State ID Zip Code 83646

Purpose of Disbursement  
Reimbursement Event Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13929

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

34.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Jessie McQueary

Mailing Address 1473 E Stomry Dr

City Meridian State ID Zip Code 83646

Purpose of Disbursement  
mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13983

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

16.02

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Modern Printing

Mailing Address 714 E. First St.

City Meridian State ID Zip Code 83680

Purpose of Disbursement  
Direct Mailing/Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13829

Date of Disbursement

08 / 07 / 2006

Amount of Each Disbursement this Period

451.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

501.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

A.

Full Name (Last, First, Middle Initial)  
Vincent Moreno, III

Mailing Address 2385 N Pawnee Lane

City State Zip Code  
Boise ID 83707

Purpose of Disbursement  
Event Float reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13702

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Vincent Moreno, III

Mailing Address 2385 N Pawnee Lane

City State Zip Code  
Boise ID 83707

Purpose of Disbursement  
payroll field staff

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13703

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1306.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Vincent Moreno, III

Mailing Address 2385 N Pawnee Lane

City State Zip Code  
Boise ID 83707

Purpose of Disbursement  
Reimbursement--travel food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13715

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1337.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Vincent Moreno, III

Mailing Address 2385 N Pawnee Lane

City State Zip Code  
Boise ID 83707

Purpose of Disbursement  
Reimbursement--volunteer food  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13719  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Vincent Moreno, III

Mailing Address 2385 N Pawnee Lane

City State Zip Code  
Boise ID 83707

Purpose of Disbursement  
Reimbursement Office Supplies  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13768  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Vincent Moreno, III

Mailing Address 2385 N Pawnee Lane

City State Zip Code  
Boise ID 83707

Purpose of Disbursement  
Bonus  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.14012  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1274.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Vincent Moreno, III

Mailing Address 2385 N Pawnee Lane

City State Zip Code  
Boise ID 83707

Purpose of Disbursement  
Field Staff Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13799

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1306.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Vincent Moreno, III

Mailing Address 2385 N Pawnee Lane

City State Zip Code  
Boise ID 83707

Purpose of Disbursement  
Reimbursement event supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13818

Date of Disbursement

/   /

Amount of Each Disbursement this Period

110.82

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Vincent Moreno, III

Mailing Address 2385 N Pawnee Lane

City State Zip Code  
Boise ID 83707

Purpose of Disbursement  
Payroll Field Staff

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13917

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1306.76

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2724.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Vincent Moreno, III Mailing Address 2385 N Pawnee Lane	<b>Transaction ID:</b> SB17.13924 <b>Date of Disbursement</b> <div> <div>09</div> <div>01</div> <div>2006</div> </div>
City Boise State ID Zip Code 83707 Purpose of Disbursement reimbursement Event Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>15.82</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Napa Autoparts Mailing Address 80 W Taylor City Meridian State ID Zip Code 83642 Purpose of Disbursement Travel--auto Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.12426 <b>Date of Disbursement</b> <div> <div>08</div> <div>11</div> <div>2006</div> </div> <b>Amount of Each Disbursement this Period</b> <div>336.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Napa Autoparts Mailing Address 80 W Taylor City Meridian State ID Zip Code 83642 Purpose of Disbursement Travel--auto Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.12429 <b>Date of Disbursement</b> <div> <div>08</div> <div>12</div> <div>2006</div> </div> <b>Amount of Each Disbursement this Period</b> <div>24.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**375.82**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Napa Autoparts</p> <p>Mailing Address 80 W Taylor</p> <p>City Meridian State ID Zip Code 83642</p> <p>Purpose of Disbursement Travel--auto</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12430</p> <p>Date of Disbursement  <div> <div>08</div> <div>12</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>48.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Nickel's Worth</p> <p>Mailing Address PO Box 2048</p> <p>City Couer d'Alene State ID Zip Code 83814</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12518</p> <p>Date of Disbursement  <div> <div>09</div> <div>14</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>180.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Nickel's Worth</p> <p>Mailing Address PO Box 2048</p> <p>City Couer d'Alene State ID Zip Code 83814</p> <p>Purpose of Disbursement Avertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12519</p> <p>Date of Disbursement  <div> <div>09</div> <div>14</div> <div>2006</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>180.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**408.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 2700 Lone Oak Parkway</p> <p>City Eagan State MN Zip Code 55121</p> <p>Purpose of Disbursement Travel--air</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12318</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>0 9</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>517.20</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 2700 Lone Oak Parkway</p> <p>City Eagan State MN Zip Code 55121</p> <p>Purpose of Disbursement Travel Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12490</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>1 0</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>10.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 2700 Lone Oak Parkway</p> <p>City Eagan State MN Zip Code 55121</p> <p>Purpose of Disbursement Travel Air</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12493</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>1 0</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1505.20</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**2032.40**

**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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Obregon Mailing Address 1224 N Karat Way	<b>Transaction ID:</b> SB17.13707 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 6</div> </div>
City Kuna State ID Zip Code 83634 Purpose of Disbursement payroll HQ Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1340.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Obregon Mailing Address 1224 N Karat Way City Kuna State ID Zip Code 83634 Purpose of Disbursement Payroll HQ Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.13790 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1340.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Obregon Mailing Address 1224 N Karat Way City Kuna State ID Zip Code 83634 Purpose of Disbursement reimbursement/parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.13883 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 3 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>12.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2692.60

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Obregon Mailing Address 1224 N Karat Way	<b>Transaction ID:</b> SB17.13919 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>
City Kuna State ID Zip Code 83634 Purpose of Disbursement Payroll HQ Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1340.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Obregon Mailing Address 1224 N Karat Way City Kuna State ID Zip Code 83634 Purpose of Disbursement mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.13982 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>61.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Ruban Obregon Mailing Address 2831 N Five Mile Rd City Boise State ID Zip Code 83713 Purpose of Disbursement Reimbursement Event Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.13910 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>93.38</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1495.30

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

A.

Full Name (Last, First, Middle Initial)  
Ruban Obregon

Mailing Address 2831 N Five Mile Rd

City State Zip Code  
Boise ID 83713

Purpose of Disbursement  
Reimbursement Event Supplies  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB17.13912

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Ruban Obregon

Mailing Address 2831 N Five Mile Rd

City State Zip Code  
Boise ID 83713

Purpose of Disbursement  
Reimbursement Event Supplies  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB17.13940

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 8033 W. Franklin Towne Plaza

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
Office supplies  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB17.12342

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> SB17.12343 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office supplies	<div> <div>58.78</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> SB17.12353 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office supplies	<div> <div>146.99</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> SB17.13765 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement McQueary 07/20/2006	<div> <div>11.53</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**205.77**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 8033 W. Franklin Towne Plaza</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Moreno 07/21/2006</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13769</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>2 1</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>21.14</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 8033 W. Franklin Towne Plaza</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12381</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>2 5</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>45.13</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 8033 W. Franklin Towne Plaza</p> <p>City Boise State ID Zip Code 83704</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12386</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>0 2</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>27.25</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**72.38**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 8033 W. Franklin Towne Plaza

City State Zip Code  
Boise ID 83704

Purpose of Disbursement

Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12434

Date of Disbursement

/   /

Amount of Each Disbursement this Period

128.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 8033 W. Franklin Towne Plaza

City State Zip Code  
Boise ID 83704

Purpose of Disbursement

Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12451

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 8033 W. Franklin Towne Plaza

City State Zip Code  
Boise ID 83704

Purpose of Disbursement

Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12498

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

158.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> SB17.12513 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office supplies	<div> <div>24.12</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot	<b>Transaction ID:</b> SB17.12556 <b>Date of Disbursement</b>
Mailing Address 8033 W. Franklin Towne Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office supplies	<div> <div>32.73</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Owyhee Publishing	<b>Transaction ID:</b> SB17.13909 <b>Date of Disbursement</b>
Mailing Address PO Box 217	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 6</div> </div>
City Homedale State ID Zip Code 83628	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Printing	<div> <div>1312.50</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1369.35**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Paul's Market Mailing Address 700 E Avalon	<b>Transaction ID:</b> SB17.13814 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 6</div> </div>
City Kuna State ID Zip Code 83634 Purpose of Disbursement Tyler Woodcock 08/7/2006 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>15.79</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Pentagon Lodge Mailing Address 2485 S. Glebe Rd. City Arlington State VA Zip Code 22206 Purpose of Disbursement Travel--hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.12324 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>240.34</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Pizza Hut Mailing Address 2980 Meridian North Ustick City Meridian State ID Zip Code 83642 Purpose of Disbursement Volunteer food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.12421 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>59.96</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**300.30**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress**A.**

Full Name (Last, First, Middle Initial)

Thair Pond

Mailing Address 2980 N Meridian Rd

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
rent

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13738

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	6

Amount of Each Disbursement this Period

144.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Thair Pond

Mailing Address 2980 N Meridian Rd

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
rent

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13858

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

Amount of Each Disbursement this Period

163.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Thair Pond

Mailing Address 2980 N Meridian Rd

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
rent

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13860

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

Amount of Each Disbursement this Period

189.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

497.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Thair Pond</p> <p>Mailing Address 2980 N Meridian Rd</p> <p>City Meridian State ID Zip Code 83642</p> <p>Purpose of Disbursement rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13950</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>0 6</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>173.53</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Pretty Good Productions</p> <p>Mailing Address 6218 S Wildman Lane</p> <p>City Coeur D'Alene State ID Zip Code 83814</p> <p>Purpose of Disbursement Media/Production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13990</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>1 4</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>310.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Progressive Printing</p> <p>Mailing Address 510 E 5th Ave</p> <p>City Post Falls State ID Zip Code 83854</p> <p>Purpose of Disbursement Direct Mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12357</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>1 9</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>772.03</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1255.56**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali for Congress

A.

Full Name (Last, First, Middle Initial)  
Progressive Printing

Mailing Address 510 E 5th Ave

City State Zip Code  
Post Falls ID 83854

Purpose of Disbursement  
Direct mailing/printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12359

Date of Disbursement

/   /

Amount of Each Disbursement this Period

434.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Qwest

Mailing Address Payment Center

City State Zip Code  
Denver CO 80244

Purpose of Disbursement  
Utilities/internet

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13729

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Qwest

Mailing Address Payment Center

City State Zip Code  
Denver CO 80244

Purpose of Disbursement  
Utilities/Internet

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13830

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.86

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

543.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Qwest

Mailing Address Payment Center

City State Zip Code  
Denver CO 80244

Purpose of Disbursement  
Utilities/Internet

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13960

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Rapid Refill

Mailing Address 14 W Franklin Rd

City State Zip Code  
Meridian ID 83642

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12435

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Rapid Refill

Mailing Address 14 W Franklin Rd

City State Zip Code  
Meridian ID 83642

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12505

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**185.42**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Rapid Refill

Mailing Address 14 W Franklin Rd

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12543

Date of Disbursement

/   /

Amount of Each Disbursement this Period

41.89

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Rapid Refill

Mailing Address 14 W Franklin Rd

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12571

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Red Lion's Templin

Mailing Address 414 East First Ave

City Post Falls State ID Zip Code 83854

Purpose of Disbursement  
Events food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12456

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2048.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2108.46

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress**A.**Full Name (Last, First, Middle Initial)  
Anna Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Payroll HQ

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13815

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	6

Amount of Each Disbursement this Period

1005.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Anna Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Payroll HQ

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13996

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	6

Amount of Each Disbursement this Period

502.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Jesseca Sali

Mailing Address 1113 W Greenhead St

City Meridian State ID Zip Code 83634

Purpose of Disbursement  
Payroll HQ

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13706

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	0	6

Amount of Each Disbursement this Period

2397.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

3905.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Jesseca Sali Mailing Address 1113 W Greenhead St	<b>Transaction ID:</b> SB17.13726 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83634 Purpose of Disbursement Auto Mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>17.27</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Jesseca Sali Mailing Address 1113 W Greenhead St City Meridian State ID Zip Code 83634 Purpose of Disbursement Bonus Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.14014 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 5 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3120.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Jesseca Sali Mailing Address 1113 W Greenhead St City Meridian State ID Zip Code 83634 Purpose of Disbursement Payroll HQ Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.13795 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2208.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**5346.52**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Jesseca Sali

Mailing Address 1113 W Greenhead St

City Meridian State ID Zip Code 83634

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

**Transaction ID:** SB17.13837

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Jesseca Sali

Mailing Address 1113 W Greenhead St

City Meridian State ID Zip Code 83634

Purpose of Disbursement  
Reimbursement Event Supplies  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

**Transaction ID:** SB17.13866

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Jesseca Sali

Mailing Address 1113 W Greenhead St

City Meridian State ID Zip Code 83634

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

**Transaction ID:** SB17.13871

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**231.75**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Jesseca Sali

Mailing Address 1113 W Greenhead St

City Meridian State ID Zip Code 83634

Purpose of Disbursement  
Payroll HQ

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13920

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2208.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Jesseca Sali

Mailing Address 1113 W Greenhead St

City Meridian State ID Zip Code 83634

Purpose of Disbursement  
Mileage reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13979

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Travel Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13700

Date of Disbursement

/   /

Amount of Each Disbursement this Period

82.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2326.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13740  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Mileage Reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13759  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Mileage Auto Reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13770  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Mileage Reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.13784

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Mileage Reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.13793

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.13854

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**230.52**

**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  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City State Zip Code  
Kuna ID 83634

Purpose of Disbursement  
Reimbursement event/auto/mileage/supply  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13880  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City State Zip Code  
Kuna ID 83634

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13888  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City State Zip Code  
Kuna ID 83634

Purpose of Disbursement  
reimbursement mileage/event food  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13892  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Mileage Reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13981  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

51.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Mileage Reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.13997  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

122.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Rachel Sali

Mailing Address 175 Linke Crt

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼  
 State: District:

Transaction ID: SB17.14002  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

77.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

251.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Terry Sali

Mailing Address 175 Linke Crt

City State Zip Code  
Kuna ID 83634

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB17.13876  
Date of Disbursement

/   /

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)  
WILLIAM T. SALI

Mailing Address 175 LINKE CT

City State Zip Code  
KUNA ID 83634

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name  
WILLIAM T. SALI

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
State: ID District: 01

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB17.13735  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

2748.28

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM T. SALI

Mailing Address 175 LINKE CT

City State Zip Code  
KUNA ID 83634

Purpose of Disbursement  
reimbursement event supplies  
Candidate Name  
WILLIAM T. SALI

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
State: ID District: 01

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB17.13816  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3026.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM T. SALI

Mailing Address 175 LINKE CT

City State Zip Code  
KUNA ID 83634

Purpose of Disbursement  
Mileage reimbursement

Candidate Name  
WILLIAM T. SALI

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District: 01

**Transaction ID:** SB17.13978

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1911.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Shell

Mailing Address N8841 Commerce Dr.

City State Zip Code  
Hayden Lake ID 83835

Purpose of Disbursement  
Travel auto

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12474

Date of Disbursement

/   /

Amount of Each Disbursement this Period

46.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Shell

Mailing Address N8841 Commerce Dr.

City State Zip Code  
Hayden Lake ID 83835

Purpose of Disbursement  
travel food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12487

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.97

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1961.46

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Shell Mailing Address N8841 Commerce Dr.	<b>Transaction ID:</b> SB17.12554 <b>Date of Disbursement</b> <div> <div>09</div> <div>20</div> <div>2006</div> </div>
City Hayden Lake State ID Zip Code 83835 Purpose of Disbursement Travel supplies/food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>10.22</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Shell Mailing Address N8841 Commerce Dr.	<b>Transaction ID:</b> SB17.12584 <b>Date of Disbursement</b> <div> <div>09</div> <div>26</div> <div>2006</div> </div>
City Hayden Lake State ID Zip Code 83835 Purpose of Disbursement Travel supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>3.55</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Shell Mailing Address N8841 Commerce Dr.	<b>Transaction ID:</b> SB17.12585 <b>Date of Disbursement</b> <div> <div>09</div> <div>26</div> <div>2006</div> </div>
City Hayden Lake State ID Zip Code 83835 Purpose of Disbursement Travel supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2.47</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	
<b>TOTAL</b> This Period (last page this line number only) ..... ►	

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

A.

Full Name (Last, First, Middle Initial)  
Siena Stone

Mailing Address 809 Virginia Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Media Consultant

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13932

Date of Disbursement

09 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement

Travel--air

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12418

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

138.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement

Travel--air

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12423

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

138.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1277.20

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement  
Travel--air

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12428

Date of Disbursement

/   /

Amount of Each Disbursement this Period

148.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement  
Travel air

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12506

Date of Disbursement

/   /

Amount of Each Disbursement this Period

208.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement  
Travel air

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12521

Date of Disbursement

/   /

Amount of Each Disbursement this Period

208.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

566.10

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress**A.**Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement  
Travel Air

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12587

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	6

Amount of Each Disbursement this Period

218.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement  
Travel Air

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12603

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	6

Amount of Each Disbursement this Period

280.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement  
Travel Air

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12604

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	6

Amount of Each Disbursement this Period

280.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

780.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) SparkWeb Interactive Mailing Address 215 Seafury #201	<b>Transaction ID:</b> SB17.13836 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83704 Purpose of Disbursement Website Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>74.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) SparkWeb Interactive Mailing Address 215 Seafury #201 City Boise State ID Zip Code 83704 Purpose of Disbursement website Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.13885 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 4 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>330.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) SPARTAC, LLC Mailing Address PO Box 2408 City Eagle State ID Zip Code 83616 Purpose of Disbursement Survey Research Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.14018 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>11375.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>11779.85</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) SPARTAC, LLC Mailing Address PO Box 2408	<b>Transaction ID:</b> SB17.13757 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	0	6	
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	4		2	0	0	6													
City Eagle State ID Zip Code 83616 Purpose of Disbursement General Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>6113.60</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	6113.60																				
6113.60																						
<b>B.</b> Full Name (Last, First, Middle Initial) SPARTAC, LLC Mailing Address PO Box 2408 City Eagle State ID Zip Code 83616 Purpose of Disbursement Polling/Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.14021 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2125.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	0	6	2125.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	4		2	0	0	6													
2125.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) SPARTAC, LLC Mailing Address PO Box 2408 City Eagle State ID Zip Code 83616 Purpose of Disbursement General Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.13791 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>8400.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	6	8400.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	1		2	0	0	6													
8400.00																						

**SUBTOTAL** of Disbursements This Page (optional) .....**16638.60****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
SPARTAC, LLC

Mailing Address PO Box 2408

City Eagle State ID Zip Code 83616

Purpose of Disbursement  
Direct Mail/Media/Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.14020

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8250.00

☐ 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

Purpose of Disbursement  
General consultant

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13894

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6651.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
SPARTAC, LLC

Mailing Address PO Box 2408

City Eagle State ID Zip Code 83616

Purpose of Disbursement  
General Consultant

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13928

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

22901.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Starmedia Promotions</p> <p>Mailing Address 199 N Linder Road</p> <p>City Meridian State ID Zip Code 83642</p> <p>Purpose of Disbursement Advertising bumper stickers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13733</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>0 6</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1291.87</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Subway</p> <p>Mailing Address 3014 E 29th Ave</p> <p>City Spokane State WA Zip Code 99223</p> <p>Purpose of Disbursement 07/5/2006 Vince Moreno</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13716</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>0 5</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>5.45</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Subway</p> <p>Mailing Address 3014 E 29th Ave</p> <p>City Spokane State WA Zip Code 99223</p> <p>Purpose of Disbursement bear 8/11/2006</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13850</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>0 5</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>24.01</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1291.87**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Subway

Mailing Address 3014 E 29th Ave

City State Zip Code  
Spokane WA 99223

Purpose of Disbursement  
Tyler Woodcock 09/27/2006

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.14009

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 27 / 2006

Amount of Each Disbursement this Period

3.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Kirk Sullivan

Mailing Address 5206 Sorrento Cir

City State Zip Code  
Boise ID 83704

Purpose of Disbursement  
In-kind - dinners

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13611

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
08 / 16 / 2006

Amount of Each Disbursement this Period

1584.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Sysco Foods

Mailing Address 850 W. Front Street

City State Zip Code  
Boise ID 83702

Purpose of Disbursement  
Event Supplies/food

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13923

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 01 / 2006

Amount of Each Disbursement this Period

709.27

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2293.28**

**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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
The Feather Place

Mailing Address 40W 38th St  
3rd Floor

City NY State NY Zip Code 10018

Purpose of Disbursement  
Events--advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12407

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
The Feather Place

Mailing Address 40W 38th St  
3rd Floor

City NY State NY Zip Code 10018

Purpose of Disbursement  
Events--supplies advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12447

Date of Disbursement

/   /

Amount of Each Disbursement this Period

201.58

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
The Feather Place

Mailing Address 40W 38th St  
3rd Floor

City NY State NY Zip Code 10018

Purpose of Disbursement  
Events--advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12455

Date of Disbursement

/   /

Amount of Each Disbursement this Period

890.82

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1293.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Thorne Printing Co.	<b>Transaction ID:</b> SB17.13708 <b>Date of Disbursement</b>
Mailing Address 623 12th Ave. Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83686	<b>Amount of Each Disbursement this Period</b> <div>693.86</div>
Purpose of Disbursement Events printing Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Thorne Printing Co.	<b>Transaction ID:</b> SB17.13831 <b>Date of Disbursement</b>
Mailing Address 623 12th Ave. Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83686	<b>Amount of Each Disbursement this Period</b> <div>438.69</div>
Purpose of Disbursement Mailing/printing Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Thorne Printing Co.	<b>Transaction ID:</b> SB17.13862 <b>Date of Disbursement</b>
Mailing Address 623 12th Ave. Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83686	<b>Amount of Each Disbursement this Period</b> <div>1126.94</div>
Purpose of Disbursement Printing Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2259.49**

**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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Thorne Printing Co. Mailing Address 623 12th Ave. Road	<b>Transaction ID:</b> SB17.13902 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div>
City Nampa State ID Zip Code 83686 Purpose of Disbursement Mailing/Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>591.78</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Tortilla Coast Mailing Address 400 First St SE City Washington State DC Zip Code 20016 Purpose of Disbursement Meetings food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.12516 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>357.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) TVC News Mailing Address PO Box 1829 City Boise State ID Zip Code 83701 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.13907 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>235.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1184.28**

**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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address PO Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Travel--air</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12312</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>0 7</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>522.20</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 770 S 13th St.</p> <p>City Boise State ID Zip Code 83708-0001</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12305</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>0 7</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>117.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 770 S 13th St.</p> <p>City Boise State ID Zip Code 83708-0001</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12379</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>2 5</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>9.79</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**648.99**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address 770 S 13th St.	<b>Transaction ID:</b> SB17.12388 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83708-0001 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>7.07</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address 770 S 13th St.	<b>Transaction ID:</b> SB17.12425 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83708-0001 Purpose of Disbursement Mailing supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>2.07</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address 770 S 13th St.	<b>Transaction ID:</b> SB17.12504 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83708-0001 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>156.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**165.14**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 770 S 13th St.

City State Zip Code  
Boise ID 83708-0001

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12515

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.66

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 770 S 13th St.

City State Zip Code  
Boise ID 83708-0001

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12544

Date of Disbursement

/   /

Amount of Each Disbursement this Period

195.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 770 S 13th St.

City State Zip Code  
Boise ID 83708-0001

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12600

Date of Disbursement

/   /

Amount of Each Disbursement this Period

195.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

393.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

A.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address 104 E Fairview Ave

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12555

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

117.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address 104 E Fairview Ave

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12558

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

507.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address 104 E Fairview Ave

City Meridian State ID Zip Code 83642

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.12586

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

16.66

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

640.66

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1400 N Eagle Rd Suite 106</p> <p>City Meridian State ID Zip Code 83642-9403</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13723</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>0 6</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>499.88</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1400 N Eagle Rd Suite 106</p> <p>City Meridian State ID Zip Code 83642-9403</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13728</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>0 6</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>110.31</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1400 N Eagle Rd Suite 106</p> <p>City Meridian State ID Zip Code 83642-9403</p> <p>Purpose of Disbursement Jacobson 07/14/2006</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13750</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 7</div> <div>1 4</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>424.98</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**610.19**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1400 N Eagle Rd Suite 106</p> <p>City Meridian State ID Zip Code 83642-9403</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13789</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>125.37</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1400 N Eagle Rd Suite 106</p> <p>City Meridian State ID Zip Code 83642-9403</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13825</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>1.46</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1400 N Eagle Rd Suite 106</p> <p>City Meridian State ID Zip Code 83642-9403</p> <p>Purpose of Disbursement 08/21/2006 Sali</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13881</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>30.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**126.83**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1400 N Eagle Rd Suite 106</p> <p>City Meridian State ID Zip Code 83642-9403</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13901</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>3 0</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>246.74</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1400 N Eagle Rd Suite 106</p> <p>City Meridian State ID Zip Code 83642-9403</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.13937</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>0 5</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>107.33</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1400 N Eagle Rd Suite 106</p> <p>City Meridian State ID Zip Code 83642-9403</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12524</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>1 5</div> <div>2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>24.42</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**378.49**

**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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Walgreens

Mailing Address 12312 E Sprague Ave

City State Zip Code  
Spokane Valley WA 99206

Purpose of Disbursement  
08/14/2006 Woodcock

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13853

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
WalMart

Mailing Address 4051 E. Fairview Ave.

City State Zip Code  
Meridian ID 83642

Purpose of Disbursement  
Jenna Beck on 07/3/2006

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13722

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
WalMart

Mailing Address 4051 E. Fairview Ave.

City State Zip Code  
Meridian ID 83642

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12341

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**19.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.12344 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>18.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.12276 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 7 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Travel--supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1.34</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.12382 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 7 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>15.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	
<b>TOTAL</b> This Period (last page this line number only) ..... ►	

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.12390 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Events--supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>147.57</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.13840 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement woodcook 08/10/2006 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>40.91</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.12431 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 2 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>7.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**154.87**

**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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.12450 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 4 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>30.28</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.13914 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Obregon 08/31/2006 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>68.98</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.12466 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Events supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>12.43</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**42.71**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.12467 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Event supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div>59.15</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
<b>B.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.12477 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Travel supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div>16.30</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
<b>C.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.13941 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement obregon on 9/5/2006 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div>59.37</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div> <p><b>[MEMO ITEM]</b></p>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>75.45</div>
<b>TOTAL</b> This Period (last page this line number only) .....	



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.12514 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div>13.84</div> <div>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
<b>B.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.13994 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Coleman on 9/14/2006 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div>83.62</div> <div>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
<b>C.</b> Full Name (Last, First, Middle Initial) WalMart Mailing Address 4051 E. Fairview Ave.	<b>Transaction ID:</b> SB17.12583 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div>6.51</div> <div>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>20.35</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) WalMart	<b>Transaction ID:</b> SB17.12597 <b>Date of Disbursement</b>
Mailing Address 4051 E. Fairview Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 6</div> </div>
City Meridian State ID Zip Code 83642	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office Supplies	<div> <div>5.19</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Washington Mutual	<b>Transaction ID:</b> SB17.13737 <b>Date of Disbursement</b>
Mailing Address 5425 Chinden Blvd.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 0 / 2 0 0 6</div> </div>
City Garden City State ID Zip Code 83714	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Banking Expenses	<div> <div>3.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Washington Mutual	<b>Transaction ID:</b> SB17.12323 <b>Date of Disbursement</b>
Mailing Address 5425 Chinden Blvd.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 1 / 2 0 0 6</div> </div>
City Garden City State ID Zip Code 83714	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Banking--expenses	<div> <div>10.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**18.19**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress**A.**

Full Name (Last, First, Middle Initial)

Washington Mutual

Mailing Address 5425 Chinden Blvd.

City State Zip Code  
Garden City ID 83714Purpose of Disbursement  
Employment taxes

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13755

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	6

Amount of Each Disbursement this Period

85.72

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Washington Mutual

Mailing Address 5425 Chinden Blvd.

City State Zip Code  
Garden City ID 83714Purpose of Disbursement  
Employment taxes

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13756

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	6

Amount of Each Disbursement this Period

1842.70

☐ 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 Chinden Blvd.

City State Zip Code  
Garden City ID 83714Purpose of Disbursement  
Banking Expenses

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13785

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	6

Amount of Each Disbursement this Period

3.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1931.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Washington Mutual Mailing Address 5425 Chinden Blvd.	<b>Transaction ID:</b> SB17.13786 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 6</div> </div>
City Garden City State ID Zip Code 83714 Purpose of Disbursement Bank fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>15.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Washington Mutual Mailing Address 5425 Chinden Blvd.	<b>Transaction ID:</b> SB17.12405 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 6</div> </div>
City Garden City State ID Zip Code 83714 Purpose of Disbursement banking fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>10.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Washington Mutual Mailing Address 5425 Chinden Blvd.	<b>Transaction ID:</b> SB17.12406 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 6</div> </div>
City Garden City State ID Zip Code 83714 Purpose of Disbursement Atm fee--banking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>3.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**28.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Washington Mutual Mailing Address 5425 Chinden Blvd.	<b>Transaction ID:</b> SB17.13843 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div>
City Garden City State ID Zip Code 83714 Purpose of Disbursement Employee taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>515.60</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Washington Mutual Mailing Address 5425 Chinden Blvd.	<b>Transaction ID:</b> SB17.14015 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div>
City Garden City State ID Zip Code 83714 Purpose of Disbursement Federal Employment Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1379.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Washington Mutual Mailing Address 5425 Chinden Blvd.	<b>Transaction ID:</b> SB17.14016 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div>
City Garden City State ID Zip Code 83714 Purpose of Disbursement Federal Employment tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>297.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**2192.60**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Washington Mutual</p> <p>Mailing Address 5425 Chinden Blvd.</p> <p>City Garden City State ID Zip Code 83714</p> <p>Purpose of Disbursement Bank fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.13884</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Washington Mutual</p> <p>Mailing Address 5425 Chinden Blvd.</p> <p>City Garden City State ID Zip Code 83714</p> <p>Purpose of Disbursement Banking Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.13934</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Washington Mutual</p> <p>Mailing Address 5425 Chinden Blvd.</p> <p>City Garden City State ID Zip Code 83714</p> <p>Purpose of Disbursement Employee 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.13977</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5155.84"/></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) .....

**5190.84**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Washington Mutual</p> <p>Mailing Address 5425 Chinden Blvd.</p> <p>City Garden City State ID Zip Code 83714</p> <p>Purpose of Disbursement Banking fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> SB17.12502</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>10.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Washington Mutual</p> <p>Mailing Address 5425 Chinden Blvd.</p> <p>City Garden City State ID Zip Code 83714</p> <p>Purpose of Disbursement banking fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> SB17.14000</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>20.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Western Idaho Fair</p> <p>Mailing Address 5610 Glenwood</p> <p>City Boise State ID Zip Code 83714</p> <p>Purpose of Disbursement Woodcook on 8/18/2006</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            State: District:</p>	<p><b>Transaction ID:</b> SB17.13875</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 6</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>396.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

30.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Western Idaho Fair

Mailing Address 5610 Glenwood

City State Zip Code  
Boise ID 83714

Purpose of Disbursement  
Sali on 8/28/2006

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13893

Date of Disbursement

/   /

Amount of Each Disbursement this Period

47.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
WinCo

Mailing Address 110 E Myrtle

City State Zip Code  
Boise ID 83702

Purpose of Disbursement  
Event supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12299

Date of Disbursement

/   /

Amount of Each Disbursement this Period

64.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
WinCo

Mailing Address 110 E Myrtle

City State Zip Code  
Boise ID 83702

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12302

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.67

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

73.07

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)  
WinCo

Mailing Address 110 E Myrtle

City State Zip Code  
Boise ID 83702

Purpose of Disbursement  
Bear 08/11/2006

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.13849

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
WinCo

Mailing Address 110 E Myrtle

City State Zip Code  
Boise ID 83702

Purpose of Disbursement  
Events supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.12473

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
WinCo

Mailing Address 110 E Myrtle

City State Zip Code  
Boise ID 83702

Purpose of Disbursement  
James Roy on 9/27

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB17.14007

Date of Disbursement

/   /

Amount of Each Disbursement this Period

77.73

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

33.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln	<b>Transaction ID:</b> SB17.13704 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83706 Purpose of Disbursement Payroll Field Staff Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>831.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln City Boise State ID Zip Code 83706 Purpose of Disbursement Reimbursement--mileage, event supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.13713 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>173.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln City Boise State ID Zip Code 83706 Purpose of Disbursement Mileage Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.13781 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>150.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1155.37**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln	<b>Transaction ID:</b> SB17.13788 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83706 Purpose of Disbursement Payroll Field Staff Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1814.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln City Boise State ID Zip Code 83706 Purpose of Disbursement Event Supplies reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.13813 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>15.79</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln City Boise State ID Zip Code 83706 Purpose of Disbursement reimbursement events Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.13839 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>40.91</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1871.40

**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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln	<b>Transaction ID:</b> SB17.13852 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83706 Purpose of Disbursement reimbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>12.72</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln City Boise State ID Zip Code 83706 Purpose of Disbursement Reimbursement Event parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.13863 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 7 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln City Boise State ID Zip Code 83706 Purpose of Disbursement Reimbursement Event Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.13874 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div>396.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**413.22**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook	<b>Transaction ID:</b> SB17.13890 <b>Date of Disbursement</b>
Mailing Address 3037 Betsy Ross Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83706	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement reimbursement volunteer food	<div> <div>5.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook	<b>Transaction ID:</b> SB17.13916 <b>Date of Disbursement</b>
Mailing Address 3037 Betsy Ross Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83706	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Field Staff	<div> <div>1814.70</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook	<b>Transaction ID:</b> SB17.13947 <b>Date of Disbursement</b>
Mailing Address 3037 Betsy Ross Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83706	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage reimbursement	<div> <div>114.37</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1934.07**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Sali for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln	<b>Transaction ID:</b> SB17.13957 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 6</div> </div>
City Boise State ID Zip Code 83706 Purpose of Disbursement reimbursement events supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>31.40</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln City Boise State ID Zip Code 83706 Purpose of Disbursement reimbursement research Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.13989 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>6.25</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Tyler Woodcook Mailing Address 3037 Betsy Ross Ln City Boise State ID Zip Code 83706 Purpose of Disbursement Reimbursement Travel Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.14008 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 0 6</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>3.69</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**41.34**

**TOTAL** This Period (last page this line number only) ..... ►

**284272.73**

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" 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)

RELY ON YOUR BELIEFS FUND

Mailing Address 209 Pennsylvania Avenue SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
refunded contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB20C.13986

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

# **SCHEDULE 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 240 / 255

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Sali for Congress

**A.**

Full Name (Last, First, Middle Initial)

Committee To Elect Tom Luna

Mailing Address 3116 Garrity Blvd  
Ste. 7 PMB 28

City Nampa State ID Zip Code 83687

Purpose of Disbursement

Event tickets/donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.14147

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

IDAHO REPUBLICAN PARTY

Mailing Address P.O. Box 2267

City Boise State ID Zip Code 83701

Purpose of Disbursement

Event Registration

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.13807

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

IDAHO REPUBLICAN PARTY

Mailing Address P.O. Box 2267

City Boise State ID Zip Code 83701

Purpose of Disbursement

Rent/Sept

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21.13906

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1050.00

**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)

PAGE 241 / 255

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Sali for Congress

A.

Full Name (Last, First, Middle Initial)

Otter for Idaho

Mailing Address PO Box 1456

City  
Boise

State  
ID

Zip Code  
83701

Purpose of Disbursement

Event Fund donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.13970

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

50.00

TOTAL This Period (last page this line number only) .....

1100.00

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 242 / 255

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Sali for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Bluepoint ConsultingNature of Debt (Purpose):  
Consulting: Phone bank/bo-  
nus

Mailing Address 35311 N 92nd Way

City State ZIP Code  
Scottsdale AZ 85262

Outstanding Balance Beginning This Period

16925.00

Transaction ID: SD10.11934

Amount Incurred This Period

0.00

Payment This Period

8000.00

Outstanding Balance at Close of This Period

8925.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Bluepoint ConsultingNature of Debt (Purpose):  
Consulting

Mailing Address 35311 N 92nd Way

City State ZIP Code  
Scottsdale AZ 85262

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.14151

Amount Incurred This Period

8000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Boise Centre on the GroveNature of Debt (Purpose):  
Event Center

Mailing Address PO BOX 1400

City State ZIP Code  
Boise ID 83701

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.14149

Amount Incurred This Period

4911.44

Payment This Period

0.00

Outstanding Balance at Close of This Period

4911.44

1) **SUBTOTALS** This Period This Page (optional).....

21836.44

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 243 / 255

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Sali for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hammond & AssociatesNature of Debt (Purpose):  
PAC Consulting

Mailing Address PO Box 16021

City State ZIP Code  
Alexandria WA 22302

Outstanding Balance Beginning This Period

509.79

Transaction ID: SD10.10860

Amount Incurred This Period

0.00

Payment This Period

509.79

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hammond & AssociatesNature of Debt (Purpose):  
PAC Consulting

Mailing Address PO Box 16021

City State ZIP Code  
Alexandria WA 22302

Outstanding Balance Beginning This Period

515.75

Transaction ID: SD10.10859

Amount Incurred This Period

0.00

Payment This Period

515.75

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hammond & AssociatesNature of Debt (Purpose):  
PAC consulting

Mailing Address PO Box 16021

City State ZIP Code  
Alexandria WA 22302

Outstanding Balance Beginning This Period

511.56

Transaction ID: SD10.10818

Amount Incurred This Period

0.00

Payment This Period

511.56

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 244 / 255

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Sali for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Vincent Moreno, IIINature of Debt (Purpose):  
Bonus

Mailing Address 2385 N Pawnee Lane

City State ZIP Code  
Boise ID 83707

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD10.11936

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jesseca SaliNature of Debt (Purpose):  
Bonus

Mailing Address 1113 W Greenhead St

City State ZIP Code  
Meridian ID 83634

Outstanding Balance Beginning This Period

4500.00

Transaction ID: SD10.11938

Amount Incurred This Period

0.00

Payment This Period

4500.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SPARTAC, LLCNature of Debt (Purpose):  
General Campaign Consulting

Mailing Address PO Box 2408

City State ZIP Code  
Eagle ID 83616

Outstanding Balance Beginning This Period

21750.00

Transaction ID: SD10.11935

Amount Incurred This Period

0.00

Payment This Period

21750.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**2) TOTALS** This Period (last page this line number only).....

21836.44

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

21836.44

**Image# 28991252139**

Form/Schedule: **F3A**

Transaction ID:

Response to 1/25/07 letter: We have only recieved one check from Associated General Contractors of America PAC for \$3000.00. The check was recieved on 6/28/06, but was accidently enter twice in the July 15th report and once in the Oct. 15th report. We have ammended both reports to refect that. We also corrected our Oct. 15th report to show that we recieved a contribution for \$5000 from Dealers Election Action Committee and not from Idaho Auto Dealers Association (they only deliverd the check to us).

Form/Schedule: **SA11C** We have verified that wasn't contribution wasn't from corporation money

Transaction ID: **SA11C.12965**

\*\*\*\*\*

**Image# 28991252140**

Form/Schedule: **SB17** 48.51 mileage

Transaction ID: **SB17.13721**

Form/Schedule: **SB17** 4.50 9th St Parking garage did not exceed 200.00

Transaction ID: **SB17.13864**

\*\*\*\*\*

**Image# 28991252141**

Form/Schedule: **SB17** 424.98 Verizon Phone Reimbursement 2000.00 payroll

Transaction ID: **SB17.13747**

Form/Schedule: **SB17** Most vendors will not exceed 200.00 see memos for ones that did

Transaction ID: **SB17.13953**

\*\*\*\*\*

**Image# 28991252142**

Form/Schedule: **SB17** Vendors will not exceed 200.00

Transaction ID: **SB17.13965**

Form/Schedule: **SB17** 4.50 9th st parking garage

Transaction ID: **SB17.13882**

\*\*\*\*\*



**Image# 28991252143**

Form/Schedule: **SB17** Idaho Book & School Supply will not exceed 200.00

Transaction ID: **SB17.13929**

Form/Schedule: **SB17** Vendor will not and did not exceed 200.00

Transaction ID: **SB17.13702**

\*\*\*\*\*

**Image# 28991252144**

Form/Schedule: **SB17** Arctic Circle will not and did not exceed 200.00

Transaction ID: **SB17.13719**

Form/Schedule: **SB17** rent a center will not exceed 200.00

Transaction ID: **SB17.13924**

\*\*\*\*\*

**Image# 28991252145**

Form/Schedule: **SB17** 9th st parking garage 12.00

Transaction ID: **SB17.13883**

Form/Schedule: **SB17** Cash & Carry reimbursement will not exceed 200.00

Transaction ID: **SB17.13910**

\*\*\*\*\*

**Image# 28991252146**

Form/Schedule: **SB17** 10.50 Dollar Tree not exceed 200.00 16.26 Zamzows will not exceed 200.00

Transaction ID: **SB17.13940**

Form/Schedule: **SB17** Red Lions 163.50 reimbursed will not exceed 200.00

Transaction ID: **SB17.13858**

\*\*\*\*\*

**Image# 28991252147**

Form/Schedule: **SB17** 6.00 9th st parking garage 145.52 mileage

Transaction ID: **SB17.13880**

Form/Schedule: **SB17** Canyon County Fair 24.98

Transaction ID: **SB17.13816**

\*\*\*\*\*

**Image# 28991252148**

Form/Schedule: **SB17** 89.45 mileage 78.50 PipeLine Pizza, will not exceed 200.00

Transaction ID: **SB17.13713**

Form/Schedule: **SB17** 9th St Parking Garage 4.50 did not exceed 200.00

Transaction ID: **SB17.13863**

\*\*\*\*\*

**Image# 28991252149**

Form/Schedule: **SB17** vendor at fair. Will not exceed 200.00

Transaction ID: **SB17.13890**

Form/Schedule: **SB17** Channel 12 will not exceed 200.00

Transaction ID: **SB17.13989**

\*\*\*\*\*