



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

**Section I**

Name of Candidate or Political Committee and Chairperson <b>Bob Works</b>		Office Sought (if candidate) <b>State Rep.</b>	District (if any) <b>22-A</b>
Mailing Address <b>P.O. Box 964</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>Glenns Ferry</b>	Home Phone <b>208-366-2561</b>
Name of Political Treasurer <b>Retha Works</b>		Work Phone <b>208-366-2329</b>	
Mailing Address <b>P.O. Box 964</b>	<input type="checkbox"/> Check if address change.	City and Zip <b>Glenns Ferry</b>	Home Phone <b>208-366-2561</b>
			Work Phone <b>208-366-2329</b>

**Section II**

**TYPE OF REPORT**

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from 6/5/04 through 9/30/04

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 7 Day Pre-Primary Report                       | <input type="checkbox"/> 30 Day Post-Primary Report | <input checked="" type="checkbox"/> October 10 Pre-General Report |
| <input type="checkbox"/> 7 Day Pre-General Report                       | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Annual Report                            |
| <input type="checkbox"/> Semi-Annual Report (Statewide Candidates Only) |   |   |

Is this Report an amendment?  Yes  No      Is this a Termination Report?  Yes  No

**Section III**

**STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES**

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

I hereby certify that I have received no contributions and have made no expenditures during this reporting period from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

**Section IV**

**SUMMARY**

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Year*	\$ <u>XXXXXX</u>	\$ <u>Ø</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>2310.56</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>Ø</u>	\$ <u>Ø</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ _____	\$ _____
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>701.06</u>	\$ _____
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>1609.50</u>	\$ _____
Line 7: Outstanding Debt to Date	\$ _____	

\*This same figure should be entered on line 1 of all reports filed this calendar year.

\*\*You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

**Return This Report To:**  
**Ben Yursa**  
Secretary of State  
PO Box 83720  
Boise ID 83720-0080  
phone: (208) 334-2852  
fax: (208) 334-2282

**Section V**

**CERTIFICATION**

I Retha Works, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

*Retha Works*  
Signature of Political Treasurer

## DETAILED SUMMARY PAGE

Name of Candidate or Committee <span style="font-size: 1.2em; font-family: cursive;">Bob Works</span>	Report Covering the Period From <u>6 / 5 / 04</u> to <u>9 / 30 / 04</u>
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### UNITEMIZED CONTRIBUTIONS

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

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

Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number <u>7</u>	Total Amount \$ <u>701.06</u>
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	Total This Period
<u>0</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>0</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>0</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>0</u>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ <u>701.06</u>
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ <u>0</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>701.06</u>
<u>0</u> Number of Schedule C-2B pages Attached	<u>0</u>
<b>Incurred Expenditures</b>	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ <u>0</u>
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ <u>0</u>
Subtotal	= \$ <u>0</u>
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ <u>0</u>
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ <u>0</u>
<u>0</u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$ <u>0</u>

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

Name of Candidate or Committee  
Bob Works

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
<u>  /  /  </u>	1.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>  /  /  </u>	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>  /  /  </u>	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>  /  /  </u>	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>  /  /  </u>	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>  /  /  </u>	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>  /  /  </u>	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>  /  /  </u>	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>  /  /  </u>	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
<u>  /  /  </u>	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ _____	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ _____	\$ _____	\$ _____

**SCHEDULE B  
ITEMIZED EXPENDITURES**

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee  
**Bob Works**

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
8/24/04	1. U.S. Post Master Glenns Ferry ID 83628	\$ 37. <sup>00</sup>	\$ _____
Purpose of Above Expenditure: 100 postage STAMPS			
9/03/04	2. Ideal Advertising & Publishing 519 N. MAIN ST. P.O. Box 581 Mountain Home, ID 83647	\$ 32. <sup>00</sup>	\$ _____
Purpose of Above Expenditure: Adv. Democratic Meeting -			
9/7/04	3. PLATINUM Plus For Business Visa P.O. Box 15463 Wilmington, DE 19850-5463	\$ 376. <sup>56</sup>	\$ _____
Purpose of Above Expenditure: Victory Store : Political Signs <sup>outside</sup> Ref # 5120 Copy Attached			
9/10/04	4. WALMART Mountain Home ID	\$ 88. <sup>16</sup>	\$ _____
Purpose of Above Expenditure: <sup>Supplies &amp;</sup> Cakes For Meeting Tr# 03975			
9/14/04	5. HomeTown Hardware 90 EAST Idaho P.O. Box 880 Glenns Ferry ID 83623	\$ 10. <sup>59</sup>	\$ _____
Purpose of Above Expenditure: Red PAINT for Signs			
9/14/04	6. WALMART Mountain Home ID	\$ 48. <sup>13</sup>	\$ _____
Purpose of Above Expenditure: Meeting & Parade Decorations			
9/14/04	7. American Express - Costco Wholesale Boise #761	\$ 108. <sup>62</sup>	\$ _____
Purpose of Above Expenditure: Candy for PARADE & Supplies for Meeting			
/ /	8.	\$ _____	\$ _____
Purpose of Above Expenditure:			
/ /	9.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 701. <sup>06</sup>	\$ _____
Total This Page (add columns A & B)			\$ 701. <sup>06</sup>

# VictoryStore.com

**5200 S.W. 30th St.  
Davenport, IA 52802  
Toll Free 1-888-968-2688  
Fax 563-884-4446**

## Customer Authorization

Date	Estimate #
7/26/2004	8517

Name / Address
Bob Works PO Box 964 Glenns' Ferry, ID 83623

*Please sign this and fax it back. Thank you!*

P.O. No.	Terms	Due Date	Rep	PMS Color Match ...
	Credit Card	7/26/2004	WB	

Item	Description	Qty	Total
VSG 18" x 24" Co...	18" x 24" Coroplast signs--1C/2S--fire red on white	100	299.00
VSG Sign Frames	Yard Sign Frames -EZ wires	200	36.00
Shipping and ha...	Shipping and handling--UPS Ground	1	41.56

Thank you for choosing VictoryStore.com.

<b>Subtotal</b>	\$376.56
<b>Sales Tax (0.0%)</b>	\$0.00
<b>Total</b>	\$376.56

**ARTWORK:** All artwork remains property of VictoryStore.com until purchased with product.  
**PAYMENT TERMS:** Full payment of amount shown due at time of order.  
**SHIPPING** not included, unless specified as a line item.  
**LATE FEE:** Past due invoices are subject to late fee of 1.5% per month.  
**CANCELLATION:** Orders cancelled after set up but prior to production will be subject to a \$20 cancellation fee. Orders cancelled after production has begun will be subject to a fee of 50% of approved cost.  
**AUTHORIZATION:** Customer hereby agrees to the terms and conditions herein and approves attached artwork, if applicable.

**Signature & Credit Card #**

**Exp. Date**

*Bob Works*

*05/07*



**August 2004 Statement**

Account Number [REDACTED]		Credit Line \$10,800	Credit Available \$10,423.44	Cash Available \$10,423.44	Days in Cycle 30	Closing Date 08/25/04	Total Minimum Payment Due \$15.00	Payment Due D 09/19/04
Posting Date	Transaction Date	Reference Number	Category	Transactions			Charges	Credits (CR)

**PURCHASES AND DEBITS**

07/29	07/27	5120	5964 VICTORSTORE.COM TEL5638844444 IA	376.56	
<b>TOTAL FOR BILLING CYCLE FROM 07/26/04 TO 08/25/04</b>				<b>\$376.56</b>	<b>\$0.00 CF</b>

outside Democrat Signs

pd 9-7-04  
ck# 105

**SUMMARY OF TRANSACTIONS**

Previous Balance \$0.00	(-) Payments and Credits \$0.00	(+) Cash Advances \$0.00	(-) Purchases and Debits \$376.56	(+) Periodic Rate FINANCE CHARGES \$0.00	(=) New Balance Total \$376.56	Past Due Amount..... \$0.00	Current Payment..... \$15.00	Total Minimum Payment Due..... \$15.00
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**FINANCE CHARGE SUMMARY**

Category	Periodic Rate	Corresponding Annual Percentage Rate	Balance Subject to Finance Charge
A. PURCHASES	0.03832%	13.99%	\$0.00
B. CASH ADVANCES	0.00819%	2.99%	\$0.00

**FOR YOUR SATISFACTION**

- To speak to a Customer Satisfaction Specialist, or for up-to-the-minute automated account information, including balance, available credit, or payment information, call 1-800-873-1044
- For secure account information 24 hours a day, log on to: [www.usacfo.com](http://www.usacfo.com)
- For TDD (Telecommunication Device for the Deaf) assistance call 1-888-500-6267
- Mail payments to: PLATINUM PLUS FOR BUSINESS, P.O. Box 15469, Wilmington, DE 19850-5469
- Mail billing inquiries and other account inquiries to: PLATINUM PLUS FOR BUSINESS, P.O. Box 15463, Wilmington, DE 19850-5463

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

5474 9756 0113 7358

Page 1 of 1

Sent By: V. Victory Signs  
Phone: 563-825-9828

Special Svc:  
Date Printed: 8/2/2004  
Bill Shipment To: Sender  
Bill To Acct: 186741626

DHL Signature (optional)

Route \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

For Tracking, please go to [www.dhl-usa.com](http://www.dhl-usa.com) or call 1-800-247-2676

Thank you for shipping with DHL

**SCHEDULE C-2A  
CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED**

Name of Candidate or Committee <b>Bob Works</b>	Report Covering the Period From <u>6/5/04</u> to <u>9/30/04</u>
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**Directions:** Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

<b>Line 1: Pledged Contributions of \$50.00 or Less This Period:</b> Total Number <u>0</u> Total Amount \$ <u>0</u>
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**Pledged Contributions of More Than \$50.00 This Period:**

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	1.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	2.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	11.	

Line 2: Total Amount of Pledged Contributions of More Than \$50.00	\$ <u>0</u>
Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1)	\$ <u>0</u>
Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total on page 2.	\$ <u>0</u>

**SCHEDULE C-2B  
EXPENDITURES INCURRED (Debts and Obligations) & PAYMENT MADE ON DEBT**

Name of Candidate or Committee <b>Bob Works</b>	Report Covering the Period From <b>6/5/04</b> to <b>9/30/04</b>
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**Directions:** Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service or made a payment on debt. Do not include these entries on Schedule B.

<b>Line 1: Incurred Expenditures of Less Than \$25.00 This Period:</b>	Total Number <b>0</b>	Total Amount \$ <b>0</b>
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**Expenditures Incurred (Debts and Obligations) or Payment Made on Debt of \$25.00 or More This Period:**

Full Name, Mailing Address and Zip Code of Creditor	Purpose of Expenditure
1.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Date Incurred _____ Payment this period..... \$ _____ Date of Payment _____ Outstanding Balance..... \$ _____	
2.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Date Incurred _____ Payment this period..... \$ _____ Date of Payment _____ Outstanding Balance..... \$ _____	
3.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Date Incurred _____ Payment this period..... \$ _____ Date of Payment _____ Outstanding Balance..... \$ _____	
4.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Date Incurred _____ Payment this period..... \$ _____ Date of Payment _____ Outstanding Balance..... \$ _____	
5.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Date Incurred _____ Payment this period..... \$ _____ Date of Payment _____ Outstanding Balance..... \$ _____	

**Totals of this Page**

**Line 2: Amount Incurred This Period** (Carry forward to Page 2, under Incurred Expenditures) \$ **0**

**Line 3: Payment This Period** (Carry forward to Page 2, under Expenditures and Incurred Expenditures) \$ **0**