

C-2
Rev. 7/97



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

Section I

Name of Candidate or Political Committee and Chairperson SHARON L. BLOCK		Office Sought (if candidate) ST. REP. B	District (if any) 24
Mailing Address 1093 LAKEWOOD DR.	City and Zip TWIN FALLS 83301	Home Phone (208) 734-6360	Work Phone SAME
Name of Political Treasurer ORRIETTE SINCLAIR			
Mailing Address 262 LINCOLN ST.	City and Zip TWIN FALLS 83301	Home Phone (208) 739-7588	Work Phone SAME

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 JUNE 5 04 through SEPT 30 04

- | | | |
|---|---|--|
| <input type="checkbox"/> 7 Day Pro-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)
(only filed by ballot measure committees) |
| <input checked="" type="checkbox"/> October 10 Pre-General Report | <input type="checkbox"/> Annual Report | |

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*	\$ XXXXXX	\$ 420.39
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 920.70	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 2,900.00	\$ 3,500.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 3,820.70	\$ 3,920.39
Line 5: Total Expenditures (Enter amount from page 2)	\$ 3,066.47	\$ 3,166.16
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 754.23	\$ 754.23

*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.

Section V

CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES

Contributions Pledged during this reporting period but not yet received: None \$ _____ (see attached Schedule C-2A)
Incurred Expenditures during this reporting period but not yet paid: None \$ _____ (see attached Schedule C-2B)

Section VI

CERTIFICATION

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

Orriette Sinclair
Signature of Political Treasurer

Return This Report To:
Pete T. Cenarrusa
Secretary of State
PO Box 83720
Boise ID 83720-0080
fax: (208) 334-2282

STATE OF IDAHO
OCT 10 11:11:23

DETAILED SUMMARY PAGE

Name of Candidate or Committee SHARON L. BLACK	Report Covering the Period From 06/05/04 to 09/30/04
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number 3	Total Amount \$ 150.00

UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number - 0 -	Total Amount \$ - 0 -

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 150.00
Itemized Contributions (total all Schedule A sheets)	\$ 2,750.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 2,900.00
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ - 0 -
Itemized Expenditures (total all Schedule B sheets)	\$ 3,066.47
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 3,066.47

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

Name of Candidate or Committee
SHARON L. BLOCK

Date/Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
07/16/04 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1. HOUSE REPUBLICAN CAUCUS P.O. BOX 1693 BOISE, ID. 83701	\$ 300.00	\$ _____	\$ _____
		\$ 300.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
09/28/04 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2. IDAHO SUGARBEEB GROWERS 802 W. BANNOCK BOISE, ID. 83702	\$ 250.00	\$ _____	\$ _____
		\$ 250.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
09/28/04 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	3. BOISE CASCADE CORPORATION P.O. BOX 50 BOISE, ID. 83728	\$ 200.00	\$ _____	\$ _____
		\$ 200.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
09/28/04 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	4. IDAHO MEDICAL ASSOCIATION P.O. BOX 2668 BOISE, ID. 83701	\$ 200.00	\$ _____	\$ _____
		\$ 450.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
09/28/04 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	5. IDAHO BANKERS ASSOCIATION P.O. BOX 638 BOISE, ID. 83701	\$ 200.00	\$ _____	\$ _____
		\$ 200.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
09/28/04 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	6. T.F. COUNTY REPUBLICAN COMM. 305 GENI DR. KIMBERLY, ID. 83341	\$ 500.00	\$ _____	\$ _____
		\$ 500.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
09/28/04 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	7. INTERMOUNTAIN FOREST ASSOC. 350 N. 9TH ST. BOISE, ID. 83702	\$ 100.00	\$ _____	\$ _____
		\$ 100.00 Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
09/28/04 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	8. SHARON L. BLOCK 1093 LAKEWOOD DR. TWIN FALLS, ID. 83301	\$ _____	\$ _____	\$ 1,000.00
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ 1,000.00 Calendar Year To Date
____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General	9.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____ <input type="checkbox"/> Primary <input type="checkbox"/> General	10.	\$ _____	\$ _____	\$ _____
		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 1,750.00	\$ _____	\$ 1,000.00
Total This Page (add columns A, B & C)				\$ 2,750.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
SHARON L. BLOCK

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
08.24.04	1. POMERELLE PHOTOGRAPHY	\$ 190.80	\$
Purpose of Above Expenditure: CAMPAIGN PICTURES			
09.22.04	2. ARAO COMPANY 507 GRANDVIEW DR. TWIN FALLS, ID. 83301	\$ 676.30	\$
Purpose of Above Expenditure: CAMPAIGN MATERIALS			
09.22.04	3. LYTLE SIGNS, INC. 1925 KIMBERLY RD. TWIN FALLS, ID. 83301	\$ 1,457.50	\$
Purpose of Above Expenditure: CAMPAIGN SIGNS			
09.22.04	4. BLIP PRINTERS 214 BLUE LAKES BLVD. TWIN FALLS, ID. 83301	\$ 667.69	\$
Purpose of Above Expenditure: CAMPAIGN BROCHURES			
09.30.04	5. ALBERTSONS FOOD CENTER 1221 ADDISON AVE. E TWIN FALLS, ID. 83301	\$ 74.18	\$
Purpose of Above Expenditure: CAMPAIGN MEETING FOOD			
	6.	\$	\$
Purpose of Above Expenditure:			
	7.	\$	\$
Purpose of Above Expenditure:			
	8.	\$	\$
Purpose of Above Expenditure:			
	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 3,066.47	\$
Total This Page (add columns A & B)			\$