

C-2
Rev. 7/97



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

04 JUN 24 AM 7:17

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.	<input type="checkbox"/> Check if address change.	City and Zip TWIN FALLS 83301	Home Phone (208) 734-6360
Name of Political Treasurer ORRIETTE SINCLAIR		Home Phone (208) 733-7580	Work Phone SAME
Mailing Address 262 LINCOLN ST.	<input type="checkbox"/> Check if address change.	City and Zip TWIN FALLS 83301	Home Phone (208) 733-7580
		Home Phone (208) 733-7580	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 MAY 10 1 04 through JUNE 4 1 04

- 7 Day Pre-Primary Report
- 30 Day Post-Primary Report
- October 10 Pre-General Report
- 7 Day Pre-General Report
- 30 Day Post-General Report
- Annual Report
- Quarterly (April 30)
(only filed by ballot measure committees)
- Quarterly (July 30)
(only filed by ballot measure committees)

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>420.39</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>870.39</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>150.00</u>	\$ <u>600.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>1,020.39</u>	\$ <u>1,020.39</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>99.69</u>	\$ <u>99.69</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>920.70</u>	\$ <u>920.70</u>

*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 G-2B)

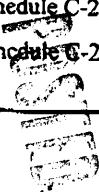
Section VI

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

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



DETAILED SUMMARY PAGE

Name of Candidate or Committee SHARON L. BLOCK	Report Covering the Period From 05/10/04 to 06/04/04
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<p>UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period</p> <p>Total Number <u> 0 </u> Total Amount \$ <u> 0 </u></p>	
<p>UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period</p> <p>Total Number <u> 0 </u> Total Amount \$ <u> 0 </u></p>	

	Total This Period
<u> 1 </u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u> 0 </u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>150.00</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>150.00</u>
<u> 1 </u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u> 0 </u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>99.69</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ <u>99.69</u>

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

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

Orriette Sinclair

Signature of Political Treasurer

Page 1

SCHEDULE B
ITEMIZED EXPENDITURES
 of Twenty-Five Dollars (\$25.00) or more this period

Page 1 of 1

Name of Candidate or Committee: SHARON L. BLOCK

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
06/04/04	1. <u>ARGO COMPANY</u> <u>507 GRANDVIEW DR.</u> <u>TWIN FALLS, ID. 83301</u>	\$ <u>99.69</u>	\$ _____
Purpose of Above Expenditure: <u>CAMPAIGN T-SHIRTS</u>			
___/___/___	2.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	3.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	7.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	8.	\$ _____	\$ _____

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	Column B	Column C
		Cash or Check	In-Kind (non-monetary)	Loans
05/28/04	1. ACEC OF IDAHO P.O. BOX 8224 BOISE, ID. 83707	\$ 150.00	\$ _____	\$ _____
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$ 150.00 <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____/____/____	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____/____/____	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____/____/____	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____/____/____	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____/____/____	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____/____/____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____/____/____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____/____/____	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
____/____/____	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>	\$ _____ <small>Calendar Year To Date</small>
Subtotals of Columns A, B & C		\$ 150.00	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ 150.00	\$ _____	\$ 150.00

**SCHEDULE B
ITEMIZED EXPENDITURES**
of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee
SHARON L. BLOCK

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
06/04/04	1. ARGO COMPANY 507 GRANDVIEW DR. TWIN FALLS, ID. 83301	\$ 99.69	\$ _____
Purpose of Above Expenditure: CAMPAIGN T-SHIRTS			
___/___/___	2.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	3.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
___/___/___	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		\$ 99.69	\$ _____
Total This Page (add columns A & B)		\$ 99.69	