

UNITED STATES HOUSE OF REPRESENTATIVES
2008 FINANCIAL DISCLOSURE STATEMENT
 For ~~2008~~ Calendar Year Reporting Period

Form A
 For use by Members, officers, and employees

2008

William Thomas Salvi

208-922-5377

FEB 28 2009
 LEGISLATIVE RESOURCE CENTER
 2009 MAR 13 AM 11:52
 OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<input type="checkbox"/> Officer or Employee	<input type="checkbox"/> Employing Office:	Termination Date: _____
Report Type	<input type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination	1-02-09	

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name

William T. Sali

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BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held (JT), in the optional column on the far left.

BLOCK B

Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

A	None
B	\$1 - \$1,000
C	\$1,001 - \$15,000
D	\$15,001 - \$50,000
E	\$50,001 - \$100,000
F	\$100,001 - \$250,000
G	\$250,001 - \$500,000
H	\$500,001 - \$1,000,000
I	\$1,000,001 - \$5,000,000
J	\$5,000,001 - \$25,000,000
K	\$25,000,001 - \$50,000,000
L	Over \$50,000,000

BLOCK C

Type of Income

Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.

NONE
DIVIDENDS
RENT
INTEREST
CAPITAL GAINS
EXCEPTED/BLIND TRUST
Other Type of Income (Specify: For Example, Partnership Income or Farm Income)

BLOCK D

Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "N/A" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.

I	None
II	\$1 - \$200
III	\$201 - \$1,000
IV	\$1,001 - \$2,500
V	\$2,501 - \$5,000
VI	\$5,001 - \$15,000
VII	\$15,001 - \$50,000
VIII	\$50,001 - \$100,000
IX	\$100,001 - \$1,000,000
X	\$1,000,001 - \$5,000,000
XI	Over \$5,000,000

BLOCK E

Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

If only a portion of an asset is sold, please indicate as follows:
(S) (partial)
See below for example.

P,
S,
E

SP	SP	Mega Corp. Stock
DC, Examples:		Simon & Schuster
JT		1st Bank of Paducah, KY Accounts

JT Public Retirement System

X

XX

X

S (partial)

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SCHEDULE VIII—POSITIONS

Name William T. Sal

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

Position	Name of Organization
President	American Moberail Corporation
Executive Director	Idaho Family Defense Fund

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement