



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

MAY 11 AM 8:53
STATE OF IDAHO

Section I

Name of Candidate or Political Committee and Chairperson SENSIBLE TAXATION OF PROPERTY, ROBERT CHENAULT		Office sought (if candidate) N/A	District (if any) N/A
Mailing Address 87 GARNET ROAD	<input type="checkbox"/> Check if address change.	City and Zip SANDPOINT, ID 83864	Home Phone (208) 265-5531
Name of Political Treasurer JOAN BRITTAIN			
Mailing Address 206 N. 4th AVE, #146	<input type="checkbox"/> Check if address change.	City and Zip SANDPOINT, ID 83864	Home Phone (208) 263-8946
			Work Phone

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 01 / 01 / 06 through 05 / 07 / 06

- | | | |
|--|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 30 Day Post-Primary Report | <input 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 checked="" 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>2029.31</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>2029.31</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>560.00</u>	\$ <u>560.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>2589.31</u>	\$ <u>2589.31</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>2127.89</u>	\$ <u>2127.89</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>461.42</u>	\$ <u>461.42</u>
Line 7: Outstanding Debt to Date	\$ <u>287.28 - PAYABLE TO BODNER BEE</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.

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

Section V

CERTIFICATION

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

Joan C. Brittain
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>SENSIBLE TAXATION OF PROPERTY</u>	Report Covering the Period From <u>01/01/06</u> to <u>05/07/06</u>
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UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>3</u>	Total Amount \$ <u>60</u>
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>5</u>	Total Amount \$ <u>52.89</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 60
Itemized Contributions (total all Schedule A sheets)	\$ 500
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 560
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 52.89
Itemized Expenditures (total all Schedule B sheets)	\$ 2075.00
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 2127.89
____ Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ 0
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ 0
____ Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$ 0

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

Name of Candidate or Committee

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>1/26/06</u>	1. STEPHEN BROWN 520 EAGLEVIEW LANE SANDPOINT, ID 83864	\$ <u>100</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>4/4/06</u>	2. CHUCK SPILLER 10624 PINE ST. SANDPOINT, ID 83864	\$ <u>100</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>4/4/06</u>	3. B. NUSS 39 EAST EVERGREEN SAGLE, ID 83860	\$ <u>100</u>	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
<u>4/27/06</u>	4. JUNE & HARRY ROBERTSON 1099 MOUNTAIN VIEW SANDPOINT, ID 83864	\$ <u>200</u>	\$ _____	\$ _____
<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		\$ <u>500</u>	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ <u>500</u>

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
SENSIBLE TAXATION OF PROPERTY

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
1/1/06	^{1.} BANK S.C. - 4 MONTHS @ 8-	DEBIT \$ 32	\$
Purpose of Above Expenditure:			
01/26/06	^{2.} IDAHO PROPERTY TAX REFORM/CHUCK CLINE P.O. BOX 1581 OROFINO, ID 83544	\$ 300	\$
Purpose of Above Expenditure: PRINTING COSTS			
02/16/06	^{3.} SHARON CULBRETH 206 HUBBARD COEUR D'ALENE, ID 83814	\$ 290	\$
Purpose of Above Expenditure: PRINTING COSTS			
02/16/06	^{4.} IDAHO PROPERTY TAX REFORM/CHUCK CLINE P.O. BOX 1581 OROFINO, ID 83544	\$ 150	\$
Purpose of Above Expenditure: PRINTING COSTS			
03/23/06	^{5.} BOUNDER Co. DAILY BEE P.O. BOX 159 SANDPOINT, ID 83864	\$ 425	\$
Purpose of Above Expenditure: ADVERTISING			
04/27/06	^{6.} POST INSURANCES, INC. 2717 W. BAUNOCK ST. P.O. BOX 9447 BOISE, ID 83707	\$ 910	\$
Purpose of Above Expenditure: INSURANCE FOR 1 TIME EVENT			
1/1/06	^{7.}	\$	\$
Purpose of Above Expenditure:			
1/1/06	^{8.}	\$	\$
Purpose of Above Expenditure:			
1/1/06	^{9.}	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 2075	\$
Total This Page (add columns A & B)		\$ 2075	\$

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

Name of Candidate or Committee <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div>	Report Covering the Period From ___/___/___ to ___/___/___
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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.

Line 1: Pledged Contributions of \$50.00 or Less This Period: Total Number _____ Total Amount \$ _____

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 \$ _____

Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1) \$ _____

Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total on page 2. \$ _____

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

Name of Candidate or Committee <div style="text-align: center; font-size: 2em; margin-top: 10px;">N/A</div>	Report Covering the Period From ___/___/___ to ___/___/___
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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.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period:	Total Number _____	Total Amount \$ _____
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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) \$ _____

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