



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

Section I

Name of Candidate or Political Committee and Chairperson <i>NINA CHRISTENSEN</i>		Office Sought (if candidate) <i>STATE REPRESENTATIVE</i>	District (if any) <i>28</i>
Mailing Address <i>149 EAST 3RD NORTH</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>ST ANTHONY, ID. 83445</i>	Home Phone Work Phone
Name of Political Treasurer <i>C. HENRY ASHBY</i>			
Mailing Address <i>3500 N 6TH EAST</i>	<input type="checkbox"/> Check if address change.	City and Zip <i>ST ANTHONY ID 83445</i>	Home Phone <i>(208) 624-7885</i> 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 / 00 through 05 / 07 / 00

- | | | |
|------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Day Pre-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 type="checkbox"/> October 10 Pm-General Report | <input type="checkbox"/> Annual Report | |

Is this Report an amendment? 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 1 This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Year*	\$ <u>XXXXXX</u>	\$ _____
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>- 0 -</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>190⁰⁰</u>	\$ <u>190⁰⁰</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>190⁰⁰</u>	\$ <u>190⁰⁰</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>828⁵⁰</u>	\$ <u>828⁵⁰</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>(638⁵⁰)</u>	\$ <u>(638⁵⁰)</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 0% _____ (see attached Schedule C-2A)
Incurred Expenditures during this reporting period but not yet paid: None 0 f _____ (see attached Schedule C-2B)

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

Section VI

CERTIFICATION

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

C. Henry Ashby
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Comminee <u>HENY CHRISTENSEN</u>	Report Covering the Period From <u>01/01/00</u> to <u>05/07/00</u>
-----------------------------------------------------------------	------------------------------------------------------------------------------

UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>5</u>	Total Amount <u>\$140⁰⁰</u>

UNITEMIZED EXPENDITURES	
Expenditures of Lcu Then Twenty-Five Dollars (X5.00) This Period	
Total Number <u>0</u>	Total Amount <u>\$0</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contriburions (\$50 and less) from top of page	\$
Itemized Contributions (total all Schedule A sheets)	\$ <u>190⁰⁰</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>190⁰⁰</u>
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ <u>828⁵⁰</u>
Total Expenditures (also enter this figure on page 1, Section TV, line 5)	\$ <u>828⁵⁰</u>

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

Name of Candidate or Committee
TRIN CHRISTENSEN

		Column A	Column B	Column C
Date/Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
<u>04/11/00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1. <u>William Baxter</u> <u>3204 EAST 100th</u> <u>ASATON IDAHO 83420</u>	\$ <u>40.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>04/26/00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2. <u>LA DELL MILLER</u> <u>2048 EAST 6th North</u> <u>ST. ANTHONY, ID. 83445</u>	\$ <u>50.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>04/27/00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3. <u>MARTIN, ACEVEDO</u> <u>77 WARREN RD.</u> <u>ASHLAND, OR 9721</u>	\$ <u>100.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>5/16/00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	4. <u>Roy & Shirley Birkhead</u> <u>206 E 3rd N</u> <u>St. Anthony ID 83445</u>	\$ <u>15.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>5/17/00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	5. <u>Marilyn Stanger</u> <u>2927 E Iona Ra.</u> <u>Idaho Falls ID 83401</u>	\$ <u>25.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>5/10/00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	6. <u>Lois Hanks</u> <u>1397E 400 N.</u> <u>St. Anthony ID 83445</u>	\$ <u>10.00</u> \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u>5/20/00</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	7. <u>Ning Christensen</u> <u>149 E 3 N.</u> <u>St. Anthony ID 83445</u>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ <u>588.50</u> \$ _____ Calendar Year To Date
<u> </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	8. <u> </u>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u> </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	9. <u> </u>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
<u> </u> <input type="checkbox"/> Primary <input type="checkbox"/> General	10. <u> </u>	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date	\$ _____ \$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ <u>245.00</u>	\$ _____	\$ <u>588.50</u>
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
MIMY CHRISTENSEN

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A Cssh or Check	Column 5 In-Kind (non-monetary)
<i>04/07/00</i>	1. <i>ECONOMY PRINTING 48 BRIDGE STREET ST ANTHONY ID 83445</i> <i>Via Vn</i>	\$ <i>73.50</i>	\$ _____
Purpose of Above Expenditure: <i>COLOR COPIES</i>			
<i>04/10/00</i>	2. <i>RHEA COMPUTER CONSULTING</i> <i>Via Vn</i>	\$ <i>125.00</i>	\$ _____
Purpose of Above Expenditure: <i>Company card</i>			
<i>04/24/00</i>	3. <i>ECONOMY PRINTING 48 BRIDGE STREET ST ANTHONY ID 83445</i> <i>Via Vn</i>	\$ <i>630.00</i>	\$ _____
Purpose of Above Expenditure: <i>100 LAWN SIGNS</i>			
<i>1 - 1 -</i>	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<i>1 - 1 -</i>	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<i>1 - 1 -</i>	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<i>1 - 1 -</i>	7.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<i>1 - 1 -</i>	8.	\$ _____	\$ _____
Purpose of Above Expenditure:			
<i>1 - 1 -</i>	9.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ <i>828.50</i>	\$ _____
Total This Page (add columns A & B)			\$ <i>828.50</i>