

C 2
Rev. 06/04



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

Section I

Name of Candidate or Political Committee and Chairperson CECIL D. INGRAM		Office Sought (if candidate) SENATE	District (if any) 16
Mailing Address 7025 EL CABALLO DR.	<input type="checkbox"/> Check if address change.	City and Zip BOISE 83704	Home Phone 208-375-6872
Name of Political Treasurer EDWARD W. CLEARY		Home Phone	Work Phone
Mailing Address 3110 CRESCENT RIM DR.	<input type="checkbox"/> Check if address change.	City and Zip BOISE 83706	Home Phone 208-429-1246

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 1/1/04 through 12/31/04

- 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
 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>3150.56</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>3150.56</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>-0-</u>	\$ <u>-0-</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>3150.56</u>	\$ <u>3150.56</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>2588.44</u>	\$ <u>2588.44</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>562.12</u>	\$ <u>562.12</u>
Line 7: Outstanding Debt to Date	\$ <u>-0-</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 Yarsa
Secretary of State
PO Box 83720
Boise ID 83720-0080
phone: (208) 334-2852
fax: (208) 334-2282

Section V

CERTIFICATION

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

Edward W. Cleary
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee CECIL D. INGRAM FOR SENATE	Report Covering the Period From 1/1/04 to 12/31/04
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UNITEMIZED CONTRIBUTIONS	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number 00	Total Amount \$ 00

UNITEMIZED EXPENDITURES	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number 2	Total Amount \$ 33.00

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 00
Itemized Contributions (total all Schedule A sheets)	\$ 00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 00
<u>2</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 33.00
Itemized Expenditures (total all Schedule B sheets)	\$ 2555.44
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ 00
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 2588.44
<u>1</u> Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$ 00
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$ 00
Subtotal	= \$ 00
Payment this Period (Total all C-2Bs - Payment this Period)	- \$ 00
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ 00
<u>1</u> Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$ 00

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

Name of Candidate or Committee:
CECIL D. INGRAM FOR SENATE

		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
____/____/____	1.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year to Date
____/____/____	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		\$ _____	\$ _____	\$ _____
Total This Page (add columns A, B & C)		\$ 000		

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

Name of Candidate or Committee
CECIL D. INGRAM FOR SENATE

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
1/11/04	1. B.E.S.T. 250 S. 5TH ST. STE. 800 BOISE, IDAHO 83701	\$ 100.00	\$
Purpose of Above Expenditure: FUND RAISER			
1/11/04	2. V.F.W. R.O. BOX 8958 TOPEKA, KS 66608-8958	\$ 25.00	\$
Purpose of Above Expenditure: FUND RAISER			
1/11/04	3. IDAHO AG IN THE CLASSROOM 55 SW 5TH AVE. STE. 100 MERIDIAN, IDAHO 83642	\$ 50.00	\$
Purpose of Above Expenditure: 2003 + 2004 DUES			
1/11/04	4. FOOD PRODUCERS OF IDAHO 55 SW 5TH AVE. STE. 100 MERIDIAN, IDAHO 83642	\$ 100.00	\$
Purpose of Above Expenditure: 2003 + 2004 DUES			
2/15/04	5. STATE LEADERSHIP PRAYER BREAKFAST P.O. BOX 7387 BOISE, ID. 83707-1387	\$ 30.00	\$
Purpose of Above Expenditure: 2004 EVENT			
2/15/04	6. ANN INGRAM 7025 EL CAD ALLO DR. BOISE, ID. 83704	\$ 33.40	\$
Purpose of Above Expenditure: JAN/FEB PHONE SVC			
2/25/04	7. SENATE P.A.O. IDAHO SENATE BOISE, ID. 83720	\$ 250.00	\$
Purpose of Above Expenditure: FUND RAISER			
3/29/04	8. STAPLES 8059 W. PREECE DR. BOISE, ID. 83704	\$ 76.26	\$
Purpose of Above Expenditure: OFFICE SUPPLIES			
3/29/04	9. FRED MEYER 5425 CHINDEN BLVD. GARDEN CITY, IDAHO 83714-1468	\$ 63.52	\$
Purpose of Above Expenditure: OFFICE SUPPLIES			
Subtotals of Columns A & B		\$ 728.18	\$ -0-
Total This Page (add columns A & B)		\$ 728.18	\$

**SCHEDULE B
ITEMIZED EXPENDITURES**

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

Name of Candidate or Committee
CECIL D. INGRAM FOR SENATE

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
4/3/04	1. CHILDRENS ORGAN TRANSPLANT ASSOC. 2501 COTA DRIVE BLOOMINGTON, IN. 47403-9917	\$200.00	\$
Purpose of Above Expenditure: ANNA BELLE GREEN FUND			
9/7/04	2. ANN INGRAM 7025 EL CABALLO DR. BOISE, ID. 83704	\$116.90	\$
Purpose of Above Expenditure: MAR/APR/MAY/JUNE/JULY/AUG/SEPT TELEPHONE SVC.			
9/21/04	3. BETHEL MINISTRIES INC. P.O. BOX 44106 BOISE, ID. 83711-0106	\$1000.00	\$
Purpose of Above Expenditure: 2004 HOUSING PROGRAM			
10/6/04	4. DAVID BERRYMAN 2705 WEST BERRYMAN LANE MERIDIAN, ID. 83642	\$300.00	\$
Purpose of Above Expenditure: LABOR, STORAGE & TRUCK USAGE			
10/20/04	5. HABITAT FOR HUMANITIES P.O. BOX 6571 BOISE, ID. 83707	\$100.00	\$
Purpose of Above Expenditure: 2004 BUILDING PROGRAM			
12/01/04	6. ANN INGRAM 7025 EL CABALLO DR. BOISE, ID. 83704	\$50.10	\$
Purpose of Above Expenditure: OCT/NOV/DEC TELEPHONE SVC			
12/01/04	7. ANN INGRAM 7025 EL CABALLO DR. BOISE, ID. 83704	\$66.26	\$
Purpose of Above Expenditure: OFFICE SUPPLY			
	8.	\$	\$
Purpose of Above Expenditure:			
	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$1827.26	\$ - 0 -
Total This Page (add columns A & B)			\$1827.26

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

Name of Candidate or Committee CECIL D. INGRAM FOR SENATE	Report Covering the Period From 1/1/04 to 12/31/04
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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 \$ -0-

Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1) \$ -0-

Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total on page 2. \$ -0-

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

Name of Candidate or Committee CECIL D. INGRAM FOR SENATE	Report Covering the Period From 1/1/04 to 12/31/04
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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 \$ _____

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..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
2.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
3.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
4.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____
5.	
Outstanding Balance beginning this period..... \$ _____ Amount Incurred this period..... \$ _____ Payment this period..... \$ _____ Outstanding Balance..... \$ _____	Date Incurred _____ Date of Payment _____

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) \$ - -