

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: LARRY C. BRAD FORD; Office Sought: STATE REPRESENTATIVE; District: 31-A; City and Zip: FRANKLIN 83237; Home Phone: 646-2409; Work Phone: 646-2409; Name of Political Treasurer: ERIC LARSEN; City and Zip: RAESDALE 83263; Home Phone: 852-2329; Work Phone: 852-2090

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 10/27/04 through 12/02/04

- 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.

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

Table with 3 columns: Line description, Column I (This Period), Column II (Calendar Year to Date). Rows include Cash on Hand, Contributions, Expenditures, and Outstanding Debt.

\*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.

Section V

CERTIFICATION

Return This Report To: Ben Yaurza, Secretary of State, PO Box 83720, Boise ID 83720-0080

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

Signature of Political Treasurer: ERIC LARSEN

### DETAILED SUMMARY PAGE

Name of Candidate or Committee <b>LARRY C. BRADFORD</b>	Report Covering the Period From <b>10/27/04</b> to <b>12/09/04</b>
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<b>UNITEMIZED CONTRIBUTIONS</b>	
Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <b>2</b>	Total Amount <b>\$86.02</b>

<b>UNITEMIZED EXPENDITURES</b>	
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <b>4</b>	Total Amount <b>\$74.36</b>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
<b>Contributions</b>	
Unitemized Contributions (\$50 and less) from top of page	\$ 45.02
Itemized Contributions (total all Schedule A sheets)	\$ 200.00
<b>Total Contributions (also enter this figure on page 1, Section IV, line 3)</b>	<b>\$ 245.02</b>
<u>1</u> Number of Schedule B pages Attached	
<b>Expenditures</b>	
Unitemized Expenditures (less than \$25) from top of page	\$ 74.36
Itemized Expenditures (total all Schedule B sheets)	\$ 367.50
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$
<b>Total Expenditures (also enter this figure on page 1, Section IV, line 5)</b>	<b>\$ 441.86</b>
<u>    </u> Number of Schedule C-2B pages Attached	
<b>Incurred Expenditures</b>	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
<b>Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)</b>	<b>= \$</b>
<u>    </u> Number of Schedule C-2A pages Attached	
<b>Pledged Contributions</b>	
Amount Pledged this Period	\$

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

Page 1 of 1

Name of Candidate or Committee  
**LARRY C. BRADFORD**

Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Column A Cash or Check	Column B In-Kind (non-monetary)	Column C Loans
10/18/04	1. Advantage WORKERS COMP INS. P.O. Box 571918 SALT LAKE CITY, UT 84157-1918	\$ 50.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
10/19/04	2. WORKCARE NORTHWEST, INC. 2404 BANK DRIVE, SUITE 300 BOISE, ID 83705	\$ 50.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
11/1/04	3. EMPLOYERS REFORMERS 1301 S. VISTA, SUITE 200 BOISE, IDAHO 83702	\$ 100.00	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" 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)				\$ 200.00

**SCHEDULE B  
ITEMIZED EXPENDITURES**

Page 1 of 1

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

Name of Candidate or Committee  
LARRY G. BRADFORD

Date	Full Name, Mailing Address and Zip Code of Recipient	Column A	Column B
		Cash or Check	In-Kind (non-monetary)
<u>11/1/04</u>	<sup>1</sup> PRESTON CITIZEN PRESTON, IDAHO 83263	<u>\$118.50</u>	\$ _____
Purpose of Above Expenditure: <u>#343 ADVERTISING</u>			
<u>11/1/04</u>	<sup>2</sup> THE NEWS EXAMINER THE NEWS EXAMINER	<u>\$76.50</u>	\$ _____
Purpose of Above Expenditure: <u>#344 ADVERTISING</u>			
<u>11/2/04</u>	<sup>3</sup> CARIBOU COUNTY SUN SODA SPRINGS, IDAHO	<u>\$53.50</u>	\$ _____
Purpose of Above Expenditure: <u>#345 ADVERTISING</u>			
<u>11/19/04</u>	<sup>4</sup> TETON VALLEY NEWS ORIGGS, IDAHO	<u>\$39.00</u>	\$ _____
Purpose of Above Expenditure: <u>#346 ADVERTISING</u>			
<u>11/2/04</u>	<sup>5</sup> TETON VALLEY NEWS ORIGGS, IDAHO	<u>\$45.00</u>	\$ _____
Purpose of Above Expenditure: <u>ADVERTISING</u>			
<u>11/2/04</u>	<sup>6</sup> SMITH'S FUEL CENTER LOGAN, UTAH 84301	<u>\$35.00</u>	\$ _____
Purpose of Above Expenditure: <u>TRAVEL</u>			
<u>    /    /    </u>	<sup>7</sup> _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
<u>    /    /    </u>	<sup>8</sup> _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
<u>    /    /    </u>	<sup>9</sup> _____	\$ _____	\$ _____
Purpose of Above Expenditure: _____			
Subtotals of Columns A & B		\$ _____	\$ _____
Total This Page (add columns A & B)			<u>\$367.50</u>