

C-2  
Rev. 7/97



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

#### Section I

|  |  |   |  |                                 |  |
|--|--|---|--|---------------------------------|--|
| Name of Candidate or Political Committee and Chairperson<br><b>LARRY C. BRADY</b>                    |  | Office Sought (if candidate)<br><b>STATE REPRESENTATIVE</b> |  | District (if any)<br><b>31A</b> |  |
| Mailing Address <input type="checkbox"/> Check if address change.<br><b>3208 E. CUMBER RIVER RD.</b> |  | City and Zip<br><b>FRANKLIN 83237</b>                       |  | Home Phone<br><b>696-2409</b>   |  |
| Name of Political Treasurer<br><b>ELLIOTT LARSEN</b>   |  |   |  |                                 |  |
| Mailing Address <input type="checkbox"/> Check if address change.<br><b>3204 S. STATE</b>            |  | City and Zip<br><b>FRANKLIN 83263</b>                       |  | Home Phone<br><b>852-2328</b>   |  |
|  |  |   |  | Work Phone<br><b>852-1090</b>   |  |

#### 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 \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

- 7 Day Pre-Primary Report
- 7 Day Pre-General Report
- Quarterly (April 30)  
(only filed by ballot measure committees)
- 30 Day Post-Primary Report
- 30 Day Post-General Report
- Quarterly (July 30)  
(only filed by ballot measure committees)
- October 10 Pre-General Report
- Annual Report

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<br>This Period | COLUMN II<br>Calendar Year to Date |
|---|-------------------------|------------------------------------|
| Line 1: Cash on Hand January 1, This Year*                              | \$ XXXXXX               | \$ 1,358.50                        |
| Line 2: Enter Cash Balance at Close of Last Reporting Period**          | \$ 74.51                | \$ XXXXXX                          |
| Line 3: Total Contributions (Enter amount from page 2)                  | \$ 1,850.09             | \$ 4,056.12                        |
| Line 4: Subtotal (Add lines 1, 2 and 3)                                 | \$ 1,924.60             | \$ 5,488.62                        |
| Line 5: Total Expenditures (Enter amount from page 2)                   | \$ 104.47               | \$ 3,588.49                        |
| Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** | \$ 1,820.13             | \$ 1,820.13                        |

\*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  \$ \_\_\_\_\_ (see attached Schedule C-2A)  
Incurred Expenditures during this reporting period but not yet paid:  None  \$ \_\_\_\_\_ (see attached Schedule C-2B)

#### Section VI

#### CERTIFICATION

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

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

V. Elliott Larsen  
Signature of Political Treasurer

**DETAILED SUMMARY PAGE**

|  |   |
|--|---|
| Name of Candidate or Committee<br><b>LARRY C. BRADFORD</b> | Report Covering the Period<br>From <u>    </u> / <u>    </u> / <u>    </u> to <u>10/10/02</u> |
|--|---|

**UNITEMIZED CONTRIBUTIONS**  
Contributions of Fifty Dollars (\$50.00) or Less This Period

Total Number   2   Total Amount \$   .09  

**UNITEMIZED EXPENDITURES**  
Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number   2   Total Amount \$  45.62 

|  | Total This Period  |
|--|--------------------|
| <u>  1  </u> Number of Schedule A pages Attached                           |                    |
| <b>Contributions</b>   |                    |
| Unitemized Contributions (\$50 and less) from top of page                  | \$ <u>  .09  </u>  |
| Itemized Contributions (total all Schedule A sheets)                       | \$ <u>1,850.00</u> |
| Total Contributions (also enter this figure on page 1, Section IV, line 3) | \$ <u>1,850.09</u> |
| <u>    </u> Number of Schedule B pages Attached                            |                    |
| <b>Expenditures</b>  |                    |
| Unitemized Expenditures (less than \$25) from top of page                  | \$ <u> 45.62 </u>  |
| Itemized Expenditures (total all Schedule B sheets)                        | \$ <u> 58.85 </u>  |
| Total Expenditures (also enter this figure on page 1, Section IV, line 5)  | \$ <u>104.47</u>   |

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

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

|   |   | Column A   | Column B   | Column C   |
|---|---|--|--|--|
| Date/<br>Receipt For  | Full Name, Mailing Address and Zip Code<br>of Contributor/Lender                    | Cash or<br>Check                                 | In-Kind<br>(non-monetary)                        | Loans  |
| 7/25/02   | 1. PHARMACEUTICAL RESEARCH<br>1100 FARRAGUT STREET N.W.<br>WASHINGTON, DC. 20005    | \$ 250.00  | \$ _____   | \$ _____   |
| <input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General |   | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> |
| 9/4/02  | 2. REPUBLICAN CAUCUS<br>BOISE, IDAHO P.O. BOX 1693<br>83702                         | \$ 150.00  | \$ _____   | \$ _____   |
| <input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General |   | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> |
| 9/4/02  | 3. CONNOLLY & SMYSER<br>134 S. 5TH<br>BOISE, IDAHO 83702                            | \$ 150.00  | \$ _____   | \$ _____   |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General            |   | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> |
| 9/14/02   | 4. IDAHO ASSOCIATION OF REALTORS<br>1450 W. BANNER<br>BOISE, IDAHO 83702            | \$ 250.00  | \$ _____   | \$ _____   |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General            |   | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> |
| 10/1/02   | 5. IDAHO COTTAGE ASSOCIATION<br>P.O. BOX 15397<br>BOISE, IDAHO 83715                | \$ 100.00  | \$ _____   | \$ _____   |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General            |   | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> |
| 10/1/02   | 6. IDAHO SUBURBAN PROMISES<br>OWEN PLAZA<br>1199 MAIN ST.<br>BOISE, IDAHO 83702     | \$ 250.00  | \$ _____   | \$ _____   |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General            |   | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> |
| 10/1/02   | 7. INTERMOUNTAIN<br>P.O. BOX 7608<br>BOISE, IDAHO 83707                             | \$ 100.00  | \$ _____   | \$ _____   |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General            |   | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> |
| 10/14/02  | 8. IDAHO ASSOC. OF INS. & FIN. AD<br>7684 REMOND DRIVE<br>BOISE, ID 83709           | \$ 100.00  | \$ _____   | \$ _____   |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General            |   | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> |
| 10/14/02  | 9. ANGE PAC<br>568 PARADET COURT<br>BOISE, IDAHO 83703                              | \$ 200.00  | \$ _____   | \$ _____   |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General            |   | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> |
| / /   | 10. IDAHO HEALTH CARE ASSOC.<br>802 W. BANNER, SUITE 309<br>BOISE, IDAHO 83701-2623 | \$ 300.00  | \$ _____   | \$ _____   |
| <input type="checkbox"/> Primary<br><input type="checkbox"/> General            |   | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> | \$ _____<br><small>Calendar Year To Date</small> |
| Subtotals of Columns A, B & C   |   | \$ 1,850.00                                      | \$ _____   | \$ _____   |
| Total This Page (add columns A, B & C)  |   |  |  | \$ 1,850.00                                      |

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

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Name of Candidate or Committee  
LARRY C. BRADFORD

|  |  | Column A        | Column B               |
|--|--|-----------------|------------------------|
| Date   | Full Name, Mailing Address and Zip Code of Recipient | Cash or Check   | In-Kind (non-monetary) |
| <u>2/19/02</u>                               | <u>1. SUPER &amp; MUTUAL<br/>DRIGGS, IDAHO 83402</u> | <u>\$ 58.85</u> | <u>\$ _____</u>        |
| Purpose of Above Expenditure: <u>lodging</u> |  |                 |                        |
| <u> / /</u>                                  | <u>2.</u>  | <u>\$ _____</u> | <u>\$ _____</u>        |
| Purpose of Above Expenditure:                |  |                 |                        |
| <u> / /</u>                                  | <u>3.</u>  | <u>\$ _____</u> | <u>\$ _____</u>        |
| Purpose of Above Expenditures:               |  |                 |                        |
| <u> / /</u>                                  | <u>4.</u>  | <u>\$ _____</u> | <u>\$ _____</u>        |
| Purpose of Above Expenditure:                |  |                 |                        |
| <u> / /</u>                                  | <u>5.</u>  | <u>\$ _____</u> | <u>\$ _____</u>        |
| Purpose of Above Expenditure:                |  |                 |                        |
| <u> / /</u>                                  | <u>6.</u>  | <u>\$ _____</u> | <u>\$ _____</u>        |
| Purpose of Above Expenditure:                |  |                 |                        |
| <u> / /</u>                                  | <u>7.</u>  | <u>\$ _____</u> | <u>\$ _____</u>        |
| Purpose of Above Expenditure:                |  |                 |                        |
| <u> / /</u>                                  | <u>8.</u>  | <u>\$ _____</u> | <u>\$ _____</u>        |
| Purpose of Above Expenditure:                |  |                 |                        |
| <u> / /</u>                                  | <u>9.</u>  | <u>\$ _____</u> | <u>\$ _____</u>        |
| Purpose of Above Expenditure:                |  |                 |                        |
| Subtotals of Columns A & B                   |  | <u>\$ 58.85</u> | <u>\$ _____</u>        |
| Total This Page (add columns A & B)          |  |                 | <u>\$ 58.85</u>        |