2012 FINANCIAL CAMPAIGN REPORT
FOR COUNTY CANDIDATES
(Utah County Code 2-5 & Utah State Code 17-16-6.5)

Name of Candidate or Officeholder

LARRY BALLARD

Political Party

Street Address and Apartment Number

119 WEST SALEM CANAL ROAD

City

SALEM

State

UTAH

Zip Code

84653

Office Seeking

COUNTY COMMISSION SEAT C

Area Code & Phone Number

801-423-2324

Area Code & Fax Number

84653

COUNTY CANDIDATE

Type of Report
(Check the appropriate box)

INTERIM REPORTS

☐ 30 Days after withdraw or elimination

☐ Seven days preceding the Primary Election
(Candidates on the primary ballot need to report
expenditures 10 days prior to the date of election)

☐ 30 Days after the Primary Election
(if eliminated at the Primary)

☐ Seven days preceding the General Election
(report expenditures 10 days prior to the date of election)

☐ 30 Days after the General Election

Is this report an amendment?
☐ Yes, Date of Report __8/3__
☒ No

Report Verification

I, __LARRY L. BALLARD__
Print Name of Candidate

affirm that this Report of Contributions and Expenditures
is true, accurate and correct to the best of my knowledge.

__Larry L. Ballard__
Signature of Candidate

__8/30/12__
Date

To File this Form
Mail or deliver to
Utah County Clerk's Office
100 East Center St., Rm 3100
Provo, Utah 84606
Fax (801) 851-8122
For More Information
Contact the Election's Office
(801) 851-8127

SUMMARY PAGE

(Complete this page after filling out Schedule A and Schedule B)

		Column A Total this Period	Column B Year-to-Date Total
CONTRIBUTIONS RECEIVED			
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)	0	0
EXPENDITURES MADE			
2	TOTAL EXPENDITURES MADE (See Schedule B)	0	0
BALANCE SUMMARY			
3	Balance at Beginning of Reporting Period	0	← Refer to Line 7 on your last report
4	Total Contributions Received (From Line 1 Column A)	0	
5	Subtotal (Add lines 3 and 4)	0	
6	Total Expenditures Made (From Line 2 Column A)	0	
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)	0	

SCHEDULE A
ITEMIZED CONTRIBUTIONS RECEIVED
(Attach additional pages if needed)

Page	of

Candidate or Officeholder's Last Name

Date of Report

Date	Name of Contributor	Mailing Address & Zip Code	Amount

Subtotal for this page $_____

Total Contributions Received (Sum of subtotals from all Schedule A pages) $_____0____

SCHEDULE B
ITEMIZED EXPENDITURES MADE
(Attach additional pages if needed)

Page	of
Candidate or Officeholder's Last Name	
Date of Report	

Date	Name of Contributor	Mailing Address & Zip Code	Amount

Subtotal for this page $ _____

Total Expenditures Received (Sum of subtotals from all Schedule B pages) $ _____ 0 _____