

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; text-align: center; margin: 0 auto; line-height: 30px;">4</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI Mr.      John      M. NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">BRADLEY</div>	<div style="text-align: center; border-bottom: 1px solid black; padding-bottom: 5px;"><b>OFFICE USE ONLY</b></div> Date Received <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.5em; margin: 5px 0;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em; margin: 5px 0;">JAN 10 2007</div> Date Hand-delivered or Date Postmarked By: <i>Sherry</i>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">1902 Ash St. Georgetown, TX 78626</div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (512)      943-1234		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI Leslie NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">BRADLEY</div>	Receipt #      Amount <hr/> Date Processed <hr/> Date Imaged	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">1902 Ash St. Georgetown, TX 78626</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (512)      943-1234		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
<b>10 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year 7 / 1 / 06      12 / 31 / 06		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year /    /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) District Attorney	<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name  Address / PO Box;    Apt. / Suite #;    City,    State;    Zip Code		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** John Bradley **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 290 <sup>00</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,307.84
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder: John Bradley

Sworn to and subscribed before me, by the said John Bradley, this the 9th day of January, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Nita L. Sandi And  
 Notary Public, State of Texas  
 Printed name of officer administering oath: Nita L. Sandi And  
 Title of officer administering oath: Notary  
 May 20, 2009

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

*John Bradley*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*9-25-06*

5 Payee name

*Dan Gattis*

7 Amount (\$)

*100<sup>00</sup>*

6 Payee address; City; State; Zip Code

*Po Box 2856 Georgetown, TX 78627*

8 Purpose of payment (See instructions regarding type of information required.)

*Fundraiser for re-election*

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*10-2-06*

Payee name

*Republican Club of Sun City*

Amount (\$)

*15<sup>00</sup>*

Payee address; City; State; Zip Code

*109 Bass St., Georgetown, TX 78628*

Purpose of payment (See instructions regarding type of information required.)

*Dinner*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*10-2-06*

Payee name

*Sen. Steve Ogden*

Amount (\$)

*100<sup>00</sup>*

Payee address; City; State; Zip Code

*Po Box 3126, Bryan, TX 77805*

Purpose of payment (See instructions regarding type of information required.)

*Fundraiser for re-election*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*10-23-06*

Payee name

*Williamson County Republican Women PAC*

Amount (\$)

*50<sup>00</sup>*

Payee address; City; State; Zip Code

*528 Dennis Dr., Round Rock, TX 78664*

Purpose of payment (See instructions regarding type of information required.)

*Dinner*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

*John Bradley*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*12-11-06*

5 Payee name

*Williamson County Repub. Party*

7 Amount (\$)

*25.00*

6 Payee address, City, State, Zip Code

*PO BOX 393, Round Rock, TX 78680*

8 Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED