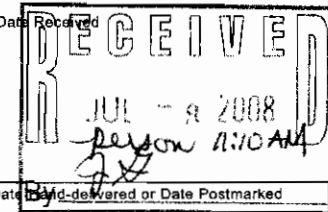


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 4						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI John M. NICKNAME LAST SUFFIX Bradley	<div style="border: 2px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY  Date Received Date Delivered or Date Postmarked </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1902 Ash St. Georgetown TX 78626								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 943-1234								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Leshie D. NICKNAME LAST SUFFIX Bradley								
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1902 Ash St. Georgetown, TX 78626								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 966-0144								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 08 6 / 30 / 08								
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 08	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any) District Attorney - 26th district	13 OFFICE SOUGHT (if known) District Attorney - 26th district							
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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	16 ACCOUNT # (Ethics Commission Filers)
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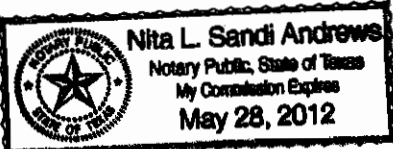
17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political contributions accepted or political expenditures made 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 TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS


18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ \emptyset
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,750 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ \emptyset
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,698.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 27,613.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \emptyset

19 AFFIDAVIT



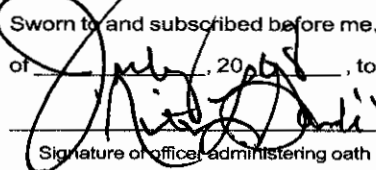
AFFIX NOTARY STAMP / SEAL ABOVE

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.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Bradley this the 8th day of July, 2008, to certify which, witness my hand and seal of office.


Signature of officer administering oath
Nita L Sandi Andrews
Printed name of officer administering oath
Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

John Bradley

3 ACCOUNT # (Ethics Commission files)

4 Date

2-9-08

5 Full name of contributor out-of-state PAC (ID# _____)

Jim Schwertner

7 Amount of contribution (\$)

1,000⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Po Box 1, Schwertner TX 76573

9 Principal occupation / Job title (See Instructions)

Cattleman

10 Employer (See Instructions)

Date

5-20-08

Full name of contributor out-of-state PAC (ID# _____)

TRETA C / Texas Assoc. of Realtors

Amount of contribution (\$)

750⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Po Box 2246, Austin, TX 78768

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME <i>John Bradley</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>1-25-08</i>	5 Payee name <i>Williamson County Republican Party</i>	7 Amount (\$) <i>15⁰⁰/₁₀₀</i>
6 Payee address: City: State: Zip Code <i>Po Box 393, Round Rock, TX 78680</i>		
8 Purpose of payment (See instructions regarding type of information required) <i>Annual dues</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1-25-08</i>	Payee name <i>Mindy Montford Campaign</i>	Amount (\$) <i>1,000⁰⁰/₁₀₀</i>
Payee address, City: State: Zip Code <i>Po Box 301839, Austin, TX 78703</i>		
Purpose of payment (See instructions regarding type of information required) <i>Campaign Contribution in RACE</i> <i>for John County JPA</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2-5-08</i>	Payee name <i>AT&T</i>	Amount (\$) <i>599.68</i>
Payee address: City: State: Zip Code <i>1103 Rivary Blvd., Georgetown, TX</i>		
Purpose of payment (See instructions regarding type of information required) <i>iPhone, charger carrying case</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>5-27-08</i>	Payee name <i>U.S. Post Office</i>	Amount (\$) <i>84⁰⁰/₁₀₀</i>
Payee address: City: State: Zip Code <i>Georgetown, TX 78626</i>		
Purpose of payment (See instructions regarding type of information required) <i>Postage Stamps</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED