

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH instruction Guide explains how to complete this form. **ACCOUNTING** (Ethics Commission form) **1.2** For signature.

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: **JOHN M.**
 FIRST: **JOHN** LAST: **BRADLEY**
 SUFFIX: **M.**

OFFICE USE ONLY
RECEIVED
JUL - 6 2009
 By **11:12 AM CH (P)**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS: **1902 Ash St. Georgetown TX 78626**
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: **(512)** PHONE NUMBER: **943-1234** EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: **Leslie**
 FIRST: **Leslie** LAST: **Bradley**
 SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (AND PO BOX IF APPLICABLE): **1902 Ash St. Georgetown TX 78626**
 CITY: STATE: ZIP CODE:

8 CAMPAIGN TREASURER PHONE
 AREA CODE: **(512)** PHONE NUMBER: ~~943-1234~~ ~~943-1234~~ **906-0144** EXTENSION:

9 REPORT TYPE
 Primary election
 General election
 Run for office
 Run for office and hold office
 Run for office and hold office (if applicable)
 Other (specify):

10 PERIOD COVERED
 Month: **1** Day: **09** THROUGH Month: **6** Day: **30** Year: **09**

11 ELECTION
 ELECTION DATE: Month: Day: Year:
 ELECTION TYPE:
 Primary General Run for office Special

12 OFFICE
 DISTRICT: **District Attorney 26th Dist.**

14 NOTICE OF DIRECT EXPENDITURE BY OTHER INDIVIDUALS
 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:
 Amount: \$: Cents: City: State: Zip: Date:

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

CANDIDATE NAME: John Brady COUNTY: Travis

**FROM
POLITICAL
COMMITTEE(S)**

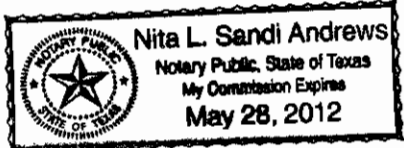
This box is for notice of political contributions accepted or political expenditures made by political committees in support of candidates / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to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

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

CONTRIBUTION TOTALS	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
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$	0
	4	TOTAL POLITICAL EXPENDITURES		5,761.89
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	21,735.14
OUTSTANDING LOAN TOTAL	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		0

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 statute and by election code.



John Brady
Signature of Candidate / Officeholder

PLACE NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Brady this the 6th day of July 2009 at Jerrybach, witness my hand and seal of office.

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

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

5 Payee name

7 Amount (\$)

1-20-09

Williamson Cty Republican Party

6 Payee address, City, State, Zip Code

Po Box 393 Round Rock TX 78680

1,250

8 Purpose of payment (See instructions regarding type of information required.)
Reagan Day Dinner (table)
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

2-14-09

VISA for Apple, Inc.

Payee address, City, State, Zip Code

*Chase Card Services Po Box 15298
Wilmington, DE 19850-5298*

4,140.56

Purpose of payment (See instructions regarding type of information required.)
Laptop Computer, backup drive, extended warranty, keyboard
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

4/11/09

Williamson County Republican Party

Payee address, City, State, Zip Code

Po Box 393 Round Rock, TX 78680

15.00

Purpose of payment (See instructions regarding type of information required.)
Party dues
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

6-14-09

VISA for AT&T

Payee address, City, State, Zip Code

*Chase Card Services, Po Box 15298
Wilmington, DE 19850-5298*

323.67

Purpose of payment (See instructions regarding type of information required.)
iPhone
(If travel outside of Texas, complete Schedule T)

**** 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 <i>John Bradley</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/30/09</i>	5 Payee name AT&T <i>VISA for AT&T</i>	7 Amount (\$) <i>32.46</i>
6 Payee address; City; State; Zip Code <i>Chase Card Services, PO Box 15298 Wilmington DE 19850</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Protective Case for iPhone</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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

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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K

2 FILER NAME

JOHN BRADLEY

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date 3/15/09</p>	<p>5 Payor name Williamson County Children's Advocacy Center</p> <p>6 Payor address; City, State, Zip Code Inner Loop, Georgetown, TX</p> <p>7 Reason for credit Donation of laptop computer/software — bought by campaign account in 2007</p>	<p>8 Amount (\$) No amount listed b/c of donation</p>
<p>Date 4/11/09</p>	<p>Payor name bought by campaign account in 2007</p> <p>Payor address; City, State, Zip Code</p> <p>Reason for credit</p>	<p>Amount (\$)</p>
<p>Date 4/11/09</p>	<p>Payor name Williamson County Republican Party</p> <p>Payor address; City, State, Zip Code PO BOX 393 Round</p> <p>Reason for credit</p>	<p>Amount (\$)</p>
<p>Date 6/30/09</p>	<p>Payor name Su Knight</p> <p>Payor address; City, State, Zip Code 405 MLK, ^{BOX 1} Georgetown, TX 78626</p> <p>Reason for credit SALE of iPhone from campaign equipment</p>	<p>Amount (\$) 50⁰⁰</p>
<p>Date</p>	<p>Payor name bought in 2008</p> <p>Payor address; City, State, Zip Code</p> <p>Reason for credit</p>	<p>Amount (\$)</p>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED