

# 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.

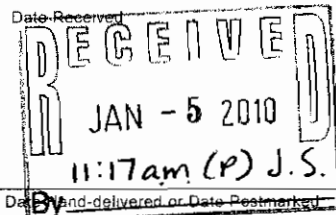
3

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mr.** FIRST **John** MI **M.**  
NICKNAME LAST SUFFIX

**Bradley**

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
**1902 Ash St., Georgetown, TX 78626**

Date Received  
Date By and delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(512) 943-1234**

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST **Leslie** MI  
NICKNAME LAST SUFFIX  
**Bradley**

Date Processed

Date Imaged

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) 943-1234**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
**7 / 1 / 09 THROUGH 12 / 31 / 09**

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
 Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
**District Attorney (26th Dist).**

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN 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

Address / PO Box, Apt / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME John Bradley 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>7/25/09</u>	5 Payee name <u>Rick Perry, Texas For (governor)</u>	7 Amount (\$) <u>100<sup>00</sup></u>
6 Payee address; City; State; Zip Code <u>Po Box 2013 Austin TX 78768</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Political Contribution</u>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>9/11/09</u>	Payee name <u>Rick Perry, Texas For (governor)</u>	Amount (\$) <u>250<sup>00</sup></u>
Payee address; City; State; Zip Code <u>Po Box 2013 Austin, TX 78768</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Political Contribution</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>10/10/09</u>	Payee name <u>Doug Arnold Campaign (County const. &amp; judge)</u>	Amount (\$) <u>1,000<sup>00</sup></u>
Payee address; City; State; Zip Code <u>139 Canyon Rd, Georgetown TX 78628</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Political Contribution</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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Date <u>11/22/09</u>	Payee name <u>Bill Fairbrother (County rep. chair)</u>	Amount (\$) <u>100<sup>00</sup></u>
Payee address; City; State; Zip Code <u>2915 Pioneer Way, Round Rock, TX 78664</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Political Contribution</u>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# 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)

additional pages

.. 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. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ $\phi$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ $\phi$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$ $\phi$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,450 <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,979.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ $\phi$

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.

*John Bradley*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Bradley, this the 5th day of January, 2010, to certify which, witness my hand and seal of office.

*Nita L. Sandi Andrews*  
Signature of officer administering oath

NITA L. SANDI ANDREWS  
Printed name of officer administering oath

Notary  
Title of officer administering oath