

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

13 C/OH NAME Bradley, John (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00000001

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

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	50.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,650.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	5,673.40
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CONTRIBUTION BALANCE

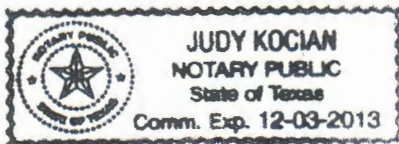
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	38,604.06
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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17 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

John Bradley
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Bradley, this the 10 day of January, 2012, to certify which, witness my hand and seal of office.

Judy Kocian
Signature of officer administering oath

Judy Kocian
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/8 Report: 4/15	
2 FILER NAME Bradley, John (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/25/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coffman, Jimmy (Mr.) 6 Contributor address; City; State; Zip Code 839 River Walk Dr. Georgetown, TX 78633	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 12/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fought, Stephen (Mr.) Contributor address; City; State; Zip Code 204 Orion Rd. Georgetown, TX 78633	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 12/22/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garey, Jack (Mr.) Contributor address; City; State; Zip Code 6450 RR 2243 Georgetown, TX 78628	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 12/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hagler, Keith (Mr.) Contributor address; City; State; Zip Code 1514 W. Lake Dr. Taylor, TX 76574	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 12/22/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Homeyer, Don (Mr.) Contributor address; City; State; Zip Code 1703 Williams Dr. Georgetown, TX 78628	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/8 Report: 5/15	
2 FILER NAME Bradley, John (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hubner, Christian (Mr.) 6 Contributor address; City; State; Zip Code 1510 Bluebonnett Lane Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacobs, Jimmy (Mr.) Contributor address; City; State; Zip Code PO Box 249 Georgetown, TX 78627	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 12/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lance, Charles (Mr.) Contributor address; City; State; Zip Code 3613 Williams Dr. Georgetown, TX 78628	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 12/25/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lander, Robert (Mr.) Contributor address; City; State; Zip Code 4331 Canoas Dr. Austin, TX 78730	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 12/25/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Joe (Mr.) Contributor address; City; State; Zip Code 30512 La Quinta Dr. Georgetown, TX 78628	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/8 Report: 6/15	
2 FILER NAME Bradley, John (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/17/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Limmer, Frankie (Mr.) 6 Contributor address; City; State; Zip Code 12510 FM 1660 Taylor, TX 76574	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McConaughey, Kay (Mrs.) Contributor address; City; State; Zip Code 236 Scissortail Trail Georgetown, TX 78633	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/22/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan, James (Mr.) Contributor address; City; State; Zip Code PO Box 151 Georgetown, TX 78627	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norman, Isaac (Mr.) Contributor address; City; State; Zip Code 12500 FM 1660 Taylor, TX 76574	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pennington, Jay (Dr.) Contributor address; City; State; Zip Code 332 River Chase Blvd. Georgetown, TX 78628	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/8 Report: 7/15	
2 FILER NAME Bradley, John (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Poole, David (Mr.) 6 Contributor address; City; State; Zip Code 4404 Burnet Austin, TX 78756	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rabb, Nancy (Mrs.) Contributor address; City; State; Zip Code 2604 Sunrise Blvd. Round Rock, TX 78665	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/08/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Troy and Mary (Mr.) Contributor address; City; State; Zip Code 800 Camp Springs Lane Georgetown, TX 78633	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/22/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rowland, Charles (Mr.) Contributor address; City; State; Zip Code 2812 Zambia Dr. Cedar Park, TX 78613	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rusk, Jeff (Mr.) Contributor address; City; State; Zip Code 520 Rusk Lane Georgetown, TX 78626	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/8 Report: 8/15	
2 FILER NAME Bradley, John (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwertner, Jim (Mr.) 6 Contributor address; City; State; Zip Code PO Box 1 Schwertner, TX 76573	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwertner, Jim (Mr.) Contributor address; City; State; Zip Code PO Box 1 Schwertner, TX 76573	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Slaughter, Brooks (Mr.) Contributor address; City; State; Zip Code 113 Marcos Dr. Georgetown, TX 78628	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, C. Ogdan (Mr.) Contributor address; City; State; Zip Code 163 Great Frontier Dr. Georgetown, TX 78633	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/03/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sommer, Rita (Mrs.) Contributor address; City; State; Zip Code 3912 Dover Houston, TX 77087	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/8 Report: 9/15	
2 FILER NAME Bradley, John (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 12/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sonnier, Jeannie (Mrs.) 6 Contributor address; City; State; Zip Code 2508 Williams Dr. Georgetown, TX 78628	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Staples, Rick (Mr.) Contributor address; City; State; Zip Code 213 Spanish Oak Georgetown, TX 78628	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Todd, Robert (Mr.) Contributor address; City; State; Zip Code PO Box 1394 Taylor, TX 76574	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torrey, Bill (Mr.) Contributor address; City; State; Zip Code PO Drawer 752 Cameron, TX 76520	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tranter, Patricia (Mrs.) Contributor address; City; State; Zip Code PO Box 398 Weir, TX 78674	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/8 Report: 10/15

2 FILER NAME Bradley, John (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
12/17/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Wolf, James (Mr.)

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

12/17/2011

6 Contributor address; City; State; Zip Code
414 Indigo Lane
Georgetown, TX 78628

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 11/15		2 FILER NAME Bradley, John (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/15/2011		5 Payee name Aerie Awards and Signs			
6 Amount (\$) \$8.31		7 Payee address City; State; Zip Code 2328 N. Austin Georgetown, TX 78626			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Name plate for advertising re-election	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/29/2011		Payee name Bank of America			
Amount (\$) \$12.00		Payee address City; State; Zip Code 624 S. Austin Ave Georgetown, TX 78626			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Charge back for donor check	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/13/2011		Payee name Carter, Charles (Mr.)			
Amount (\$) \$656.96		Payee address City; State; Zip Code 243 Old Oaks Dr. Georgetown, TX 78633			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising mailout and flowers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/08/2011		Payee name Carter, Charles (Mr.)			
Amount (\$) \$2,500.00		Payee address City; State; Zip Code 243 Old Oaks Dr. Georgetown, TX 78633			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Placement of signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 12/15		2 FILER NAME Bradley, John (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/15/2011		5 Payee name Fairbrother, Bill (Mr.)			
6 Amount (\$) \$100.00		7 Payee address City; State; Zip Code 2915 Pioneer Way Round Rock, TX 78664			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> In support of Republican Party Chair	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/02/2011		Payee name Georgetown Area Republican Women			
Amount (\$) \$23.00		Payee address City; State; Zip Code 4500 Williams Dr. Suite 212-PMB 267 Georgetown, TX 78633			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dues for associate membership	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/14/2011		Payee name Georgetown Area Republican Women			
Amount (\$) \$15.00		Payee address City; State; Zip Code 4500 Williams Dr. Suite 212-PMB 267 Georgetown, TX 78633			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GARW Luncheon	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/12/2011		Payee name Guest, Darrell			
Amount (\$) \$300.00		Payee address City; State; Zip Code 417 Southcross Georgetown, TX 78628			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment for sign location at Sun City	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 13/15		2 FILER NAME Bradley, John (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/12/2011		5 Payee name Office Depot			
6 Amount (\$) \$131.57		7 Payee address City; State; Zip Code 1013 University Georgetown, TX 78628			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies: ink cartridges, labels, paper	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/06/2011		Payee name Office Depot			
Amount (\$) \$335.56		Payee address City; State; Zip Code 1013 University Georgetown, TX 78628			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailing supplies: envelopes, labels, ink cartridges and stamps	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/02/2011		Payee name Republican Club of Sun City			
Amount (\$) \$15.00		Payee address City; State; Zip Code 1530 Sun City Blvd. Suite 120, Box 227 Georgetown, TX 78633			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dues for associate membership	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/12/2011		Payee name U.S. Postal Service			
Amount (\$) \$176.00		Payee address City; State; Zip Code 702 E. University Georgetown, TX 78626			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/5 Report: 14/15		2 FILER NAME Bradley, John (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 11/28/2011		5 Payee name Williamson County Republican Primary			
6 Amount (\$) \$1,250.00		7 Payee address City; State; Zip Code PO Box 393 Round Rock, TX 78680			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Payment of filing fee for Republican Primary	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/20/2011		Payee name Williamson County Republican Women			
Amount (\$) \$100.00		Payee address City; State; Zip Code PO Box 342 Round Rock, TX 78680			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsor of party for Republicans	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/02/2011		Payee name Williamson County Republican Women			
Amount (\$) \$15.00		Payee address City; State; Zip Code PO Box 342 Round Rock, TX 78680			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Luncheon	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/02/2011		Payee name Williamson County Republican Women			
Amount (\$) \$20.00		Payee address City; State; Zip Code PO Box 342 Round Rock, TX 78680			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dues for associate membership	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
 Accounting/Banking
 Consulting Expense
 Event Expense
 Fees

Gifts/Awards/Memorial Expense
 Legal Services
 Food/Beverage Expense
 Polling Expense
 Printing Expense

Salaries/Wages/Contract Labor
 Solicitation/Fundraising Expense
 Travel In District
 Travel Out Of District
 Office Overhead/Rental Expense

Loan Repayment/Reimbursement
 Transportation Equipment & Related Expense
 Contributions/Donations Made By
 Candidate/Officeholder/Political Committee
 OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/5 Report: 15/15		2 FILER NAME Bradley, John (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 12/07/2011		5 Payee name Williamson County Republican Women			
6 Amount (\$) \$15.00		7 Payee address City; State; Zip Code PO Box 342 Round Rock, TX 78680			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> WCRW monthly luncheon	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	