

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7257

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

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  14
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Daniel                      C. ----- NICKNAME                      LAST                      SUFFIX Bradford	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  2929A East 13th Street  Austin, Texas, 78702	Date Received  Date Hand-delivered or Date Postmarked	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION  ( 512 ) 2756773	Receipt #	Amount
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Lonny                      A. ----- NICKNAME                      LAST                      SUFFIX Stern	Date Processed  Date Imaged	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  2929A East 13th Street  Austin, Texas, 78702		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION  ( 512 ) 484-3440		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 1 / 1 / 2010                      1 / 31 / 2010		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 3 / 2 / 2010	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>  Justice of the Peace in District #Pct1	
<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**

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

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

**15 C/OH NAME** Daniel Bradford **16 ACCOUNT # (Ethics Commission Filers)**

**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"/> <b>GENERAL</b>  <input type="checkbox"/> <b>SPECIFIC</b>  <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2300.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2826.04
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3368.30
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

**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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Bradford, this the 1st day of February, 2010, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*      Sharon McKinney      Adm Asst.  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 1 of 6	
2 FILER NAME Daniel Bradford		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/5/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) erin harrell	7 Amount of contribution (\$) 25.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 2929 east 13th st unit a austin, TX 78702		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation development		10 Contributor's job title development	
11 Contributor's employer/law firm khabele school		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/5/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sommer Coutu	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 3957 Canyon Glen Circle Austin, TX 78732		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Partner	
Contributor's employer/law firm George & Brothers, LLP		Law firm of contributor's spouse (if any) DiNovo, Price, Ellwanger & Hardy, LLP	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/5/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marla Boye	Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code P. O. Box 7867 Austin, TX 78713		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Admin		Contributor's job title Admin Associate	
Contributor's employer/law firm University of Texas at Austin		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 2 of 6	
2 FILER NAME Daniel Bradford		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/6/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. Carl Morris	7 Amount of contribution (\$) 300.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 243 Concord Avenue - No. 5 Cambridge, MA 02138-8136		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation professor		10 Contributor's job title	
11 Contributor's employer/law firm Harvard University		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 1/7/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adam Loewy	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 401 Congress Avenue Suite 1540 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Lawyer		Contributor's job title Partner	
Contributor's employer/law firm Barry & Loewy LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 1/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marla Lee Boye	Amount of contribution (\$) 25.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code P. O. Box 7867 Austin, TX 78713		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Admin		Contributor's job title Admin Associate	
Contributor's employer/law firm University of Texas at Austin		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 3 of 6	
2 FILER NAME Daniel Bradford		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/16/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms. Maritza Kelley 6 Contributor address; City; State; Zip Code 1401 Sanchez Street Austin, TX 78702	7 Amount of contribution (\$) 225.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Policy Analyst		10 Contributor's job title Researcher	
11 Contributor's employer/law firm Latin American Political Caucus		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis County Sheriff's Law Enforcement Assn. Contributor address; City; State; Zip Code 8600 RR 620 N 710 Austin, TX 78726	Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)
Contributor's principal occupation Deputy Sheriff's		Contributor's job title Deputy Sheriff's	
Contributor's employer/law firm Travis County Sheriff's Office		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/24/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Eben Johnson Contributor address; City; State; Zip Code 2710 Dunbarton Dr Austin, TX 78723	Amount of contribution (\$) 10.00	In-kind contribution description(if applicable)
Contributor's principal occupation Production Coordinator		Contributor's job title Production Coordinator	
Contributor's employer/law firm UT, Texas Performing Arts		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):  
4 of 6

2 FILER NAME  
Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date: 1/26/2010  
5 Full name of contributor: John Hogg & David Garza  
 out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code:  
1404 Wildcat Hollow  
Austin, TX 78746

7 Amount of contribution (\$): 150.00  
8 In-kind contribution description(if applicable):  
  
(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: physician

10 Contributor's job title: Radiologist

11 Contributor's employer/law firm: Austin Radiological Association

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date: 1/26/2010  
Full name of contributor: Ms. Emily Steinberg  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
2806 East 22nd Street  
Austin, TX 78722

Amount of contribution (\$): 30.00  
In-kind contribution description(if applicable):  
  
(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Non-profit director

Contributor's job title: Associate Director

Contributor's employer/law firm: College Forward

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date: 1/28/2010  
Full name of contributor: Jay D Barbee  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
2600 West 35th, No. 4  
Austin, TX 78703

Amount of contribution (\$): 50.00  
In-kind contribution description(if applicable):  
  
(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: Agitator

Contributor's job title: None

Contributor's employer/law firm: Project Transitions

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 5 of 6	
2 FILER NAME Daniel Bradford		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/29/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scout Carr	7 Amount of contribution (\$) 20.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 201 East 2nd Street Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Administrative Support		10 Contributor's job title	
11 Contributor's employer/law firm Skillpoint Alliance		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick Payton	Amount of contribution (\$) 40.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1812 West 37th Street Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation real estate agent		Contributor's job title	
Contributor's employer/law firm Turnquist Partners Realtors		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ernest J. Reyes	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 10312 Alfred Austin, TX 78748		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation medical technology consultant		Contributor's job title	
Contributor's employer/law firm eReyes Consulting		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A(J): 6 of 6	
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 1/31/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Corbet Bradford	<b>7</b> Amount of contribution (\$) 500.00	<b>8</b> In-kind contribution description(if applicable)
<b>6</b> Contributor address; City; State; Zip Code 2929A E. 13th Austin, TX 78702		(If travel outside of Texas, complete Schedule T)	
<b>9</b> Contributor's principal occupation Attorney		<b>10</b> Contributor's job title	
<b>11</b> Contributor's employer/law firm Travis County Attorney		<b>12</b> Law firm of contributor's spouse (if any)	
<b>13</b> If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): 1 of 1
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		<b>\$</b> 0.00
<b>5</b> Date of loan 1/12/2010	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Corbet Bradford	<b>9</b> Loan Amount (\$) 1000.00
<b>6</b> Is lender a financial Institution?  Y <input checked="" type="radio"/> N	<b>8</b> Lender address;    City;    State;    Zip Code 2929A E. 13th Austin, TX 78702	<b>10</b> Interest rate 0.0000 %
		<b>11</b> Maturity date 12/1/2010
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm Travis County Attorney		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral  <input checked="" type="checkbox"/> none		
<b>18</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>19</b> Name of guarantor  <b>20</b> Guarantor address;    City;    State;    Zip Code	<b>21</b> Amount Guaranteed (\$)
<b>22</b> Guarantor's Principal Occupation		<b>23</b> Guarantor's Job Title
<b>24</b> Guarantor's Employer/Law Firm		<b>25</b> Law Firm of guarantor's spouse (if any)
<b>26</b> If guarantor is child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender 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:  
1 of 5

**2** FILER NAME  
Daniel Bradford

**3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/5/2010	Piryx, Inc.	
	6 Payee address; City; State; Zip Code	1.13
	401 W 15th Street Suite 520	
	Austin, TX 78701	

<p><b>8</b> Purpose of payment (See instructions regarding type of information required.)</p> <p>Transaction fee (If travel outside of Texas, complete Schedule T)</p>	<p><b>9</b> ** Complete if direct expenditure to benefit C/OH **</p> <p>Candidate / Officeholder name      Office sought      Office held</p>
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Date	Payee name	Amount (\$)
1/5/2010	Piryx, Inc.	
	6 Payee address; City; State; Zip Code	2.25
	401 W 15th Street Suite 520	
	Austin, TX 78701	

<p>Purpose of payment (See instructions regarding type of information required.)</p> <p>Transaction fee (If travel outside of Texas, complete Schedule T)</p>	<p>** Complete if direct expenditure to benefit C/OH **</p> <p>Candidate / Officeholder name      Office sought      Office held</p>
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Date	Payee name	Amount (\$)
1/5/2010	Piryx, Inc.	
	6 Payee address; City; State; Zip Code	1.13
	401 W 15th Street Suite 520	
	Austin, TX 78701	

<p>Purpose of payment (See instructions regarding type of information required.)</p> <p>Transaction fee (If travel outside of Texas, complete Schedule T)</p>	<p>** Complete if direct expenditure to benefit C/OH **</p> <p>Candidate / Officeholder name      Office sought      Office held</p>
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Date	Payee name	Amount (\$)
1/4/2010	Travis County Tax Assessor-Collector	
	6 Payee address; City; State; Zip Code	10.00
	5501 Airport Boulevard	
	Austin, TX 78751-1141	

<p>Purpose of payment (See instructions regarding type of information required.)</p> <p>notary - 2 signatures (If travel outside of Texas, complete Schedule T)</p>	<p>** Complete if direct expenditure to benefit C/OH **</p> <p>Candidate / Officeholder name      Office sought      Office held</p>
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**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 of 5

**2** FILER NAME  
Daniel Bradford

**3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/6/2010	Austin Area Heritage Council <b>6</b> Payee address; City; State; Zip Code PO Box 81807 Austin, TX 78708	40.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.)  MLK Festival booth (If travel outside of Texas, complete Schedule T)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/7/2010	Piryx, Inc. <b>6</b> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	11.25

Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/11/2010	Piryx, Inc. <b>6</b> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	1.13

Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/15/2010	Sandra Ramos Political Consulting <b>6</b> Payee address; City; State; Zip Code 1305 Rosewood Ave Austin, TX 78702	1000.00

Purpose of payment (See instructions regarding type of information required.)  political consulting and voter outreach (If travel outside of Texas, complete Schedule T)	** 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**

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
3 of 5

2 FILER NAME  
Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/15/2010	La Voz Newspapers 6 Payee address; City; State; Zip Code PO Box 19457 Austin, TX 78760	275.00

8 Purpose of payment (See instructions regarding type of information required.) 1/2 page ad (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/15/2010	Worley Printing, Co., Inc. Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722	1012.14

Purpose of payment (See instructions regarding type of information required.) yard signs (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/19/2010	Piryx, Inc. Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	22.50

Purpose of payment (See instructions regarding type of information required.) Transaction fee (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/22/2010	MailChimp Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 512 Means Street Suite 404 Atlanta, GA 30318	30.00

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
4 of 5

**2** FILER NAME  
Daniel Bradford

**3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/23/2010	NARAL Pro-Choice Texas <b>6</b> Payee address; City; State; Zip Code PO Box 684602 Austin, TX 78768	100.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.)  37th Anniversary of Roe v. Wade Reception (If travel outside of Texas, complete Schedule T)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/24/2010	Piryx, Inc. <b>6</b> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	0.45

Purpose of payment (See instructions regarding type of information required.)  Transaction fee (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/25/2010	PODER <b>6</b> Payee address; City; State; Zip Code PO Box 6237 Austin, TX 78762-2623	100.00

Purpose of payment (See instructions regarding type of information required.)  advertising - "Tank Farm" Anniversary event (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
1/26/2010	Piryx, Inc. <b>6</b> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	6.75

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
5 of 5

**2** FILER NAME  
Daniel Bradford

**3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
1/28/2010	Piryx, Inc.	
	<b>6</b> Payee address; City; State; Zip Code	
	401 W 15th Street Suite 520	2.25
	Austin, TX 78701	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Transaction fee (If travel outside of Texas, complete Schedule T)			

Date	Payee name	Amount (\$)
1/29/2010	Spec's Wine Spirits & Finer Foods	
	<b>6</b> Payee address; City; State; Zip Code	
	5775 Airport Blvd	80.06
	Austin, TX 78752	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
fundraising supplies (If travel outside of Texas, complete Schedule T)			

Date	Payee name	Amount (\$)
1/28/2010	Millennium Youth Entertainment Complex	
	<b>6</b> Payee address; City; State; Zip Code	
	1156 Hargrave Street	50.00
	Austin, TX 78702	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Democratic Forum table (If travel outside of Texas, complete Schedule T)			

Date	Payee name	Amount (\$)
1/31/2010	Jenny Panzo	
	<b>6</b> Payee address; City; State; Zip Code	
	3816 South Lamar #2402	80.00
	Austin, TX 78704	

<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
voter outreach staff (If travel outside of Texas, complete Schedule T)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**