

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 7306	2 Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Daniel	MI C.	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME	LAST Bradford	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2929A East 13th Street Austin, Texas, 78702			
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 2756773			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Lonny	MI A.	
	NICKNAME	LAST Stern	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2929A East 13th Street Austin, Texas, 78702			
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 484-3440			
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 type="checkbox"/> July 15 <input checked="" 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 2 / 1 / 2010 2 / 22 / 2010			
11 ELECTION	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	
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Justice of the Peace in District #Pct1	
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

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

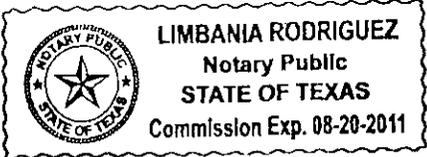
**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME Daniel Bradford	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2110.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5039.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1347.68
OUTSTANDING LOAN TOTALS	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 22 day of February, 20 10, to certify which, witness my hand and seal of office.

[Handwritten Signature] _____
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 4

2 FILER NAME

Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/1/2010

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

marjorie kaplan

6 Contributor address: City: State: Zip Code

1529 Via Boronada
Palos Verdes Est., CA 90505

7 Amount of contribution (\$)

100.00

8 In-kind contribution description(if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation
Educator

10 Contributor's job title
Administrator

11 Contributor's employer/law firm
Harold J. Kaplan, MD

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

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

Date

2/1/2010

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

Marjorie Stern

Contributor address; City; State; Zip Code

6658 Camarillo Terrace Lane
DeFray Beach, FL 33446

Amount of contribution (\$)

100.00

In-kind contribution description(if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation
na

Contributor's job title
na

Contributor's employer/law firm
na

Law firm of contributor's spouse (if any)

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

Date

2/1/2010

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

erin harrell

Contributor address; City; State; Zip Code

2929 east 13th st unit a
austin, TX 78702

Amount of contribution (\$)

500.00

In-kind contribution description(if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation
development

Contributor's job title
development

Contributor's employer/law firm
khabele school

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 4	
2 FILER NAME Daniel Bradford		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/1/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nnenna Ezekoye 6 Contributor address; City; State; Zip Code 3456 North Hills Dr. #245 Austin, TX 78731	7 Amount of contribution (\$) 100.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Policy Analyst		10 Contributor's job title Policy Analyst	
11 Contributor's employer/law firm Texas Departmnet of State Health Services		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 2/8/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah Manners Contributor address; City; State; Zip Code 1192 Greenwood Avenue Austin, TX 78721	Amount of contribution (\$) 45.00	In-kind contribution description(if applicable)
Contributor's principal occupation non-profit development		Contributor's job title Promotions Director	
Contributor's employer/law firm 91.7FM KOOP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 2/8/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Schulze Contributor address; City; State; Zip Code 1308 Ridgemont Drive Austin, TX 78723	Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)
Contributor's principal occupation Accountant		Contributor's job title Owner	
Contributor's employer/law firm Self-employed		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):
3 of 4

2 FILER NAME

Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/8/2010

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

6 Contributor address; City; State; Zip Code
PO Box 10894
Austin, TX 78766

7 Amount of contribution (\$)
40.00

8 In-kind contribution description(if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation
IT Support Analyst

10 Contributor's job title

11 Contributor's employer/law firm
Visual Click Software, Inc.

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

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

Date
2/9/2010

Full name of contributor out-of-state PAC (ID#: _____)
Marla Lee Boye

Contributor address; City; State; Zip Code
P. O. Box 7867
Austin, TX 78713

Amount of contribution (\$)
25.00

In-kind contribution description(if applicable)

(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)

Date
2/12/2010

Full name of contributor out-of-state PAC (ID#: _____)
Ms. Lou O'Hanlon

Contributor address; City; State; Zip Code
7212 Marywood Circle
Austin, TX 78723

Amount of contribution (\$)
100.00

In-kind contribution description(if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation
Paralegal

Contributor's job title
Office Manager

Contributor's employer/law firm
Germer Gertz Beaman & Brown, LLP

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 4

2 FILER NAME
Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/17/2010

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

6 Contributor address; City; State; Zip Code
2507 East 3rd Street
Austin, TX 78702

7 Amount of contribution (\$)
50.00

8 In-kind contribution description(if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation
Workforce Development

10 Contributor's job title

11 Contributor's employer/law firm
TX Workforce Commission

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

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

Date
2/15/2010

Full name of contributor out-of-state PAC (ID#: _____)
Daniel Corbet Bradford

Contributor address; City; State; Zip Code
2929A E. 13th
Austin, TX 78702

Amount of contribution (\$)
1000.00

In-kind contribution description(if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation
Attorney

Contributor's job title

Contributor's employer/law firm
Travis County Attorney

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 out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description(if applicable)

(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.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
1 of 7

2 FILER NAME

Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/1/2010

5 Payee name

Piryx, Inc.

6 Payee address; City; State; Zip Code

401 W 15th Street Suite 520
Austin, TX 78701

7 Amount (\$)

4.50

8 Purpose of payment (See instructions regarding type of information required.)

Transaction fee
(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

2/1/2010

Payee name

Piryx, Inc.

Payee address; City; State; Zip Code

401 W 15th Street Suite 520
Austin, TX 78701

Amount (\$)

4.50

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

Date

2/1/2010

Payee name

The Villager

Payee address; City; State; Zip Code

1223-A Rosewood Avenue
Austin, TX 78702

Amount (\$)

432.00

Purpose of payment (See instructions regarding type of information required.)

advertising
(If travel outside of Texas, complete Schedule T)

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

Date

2/1/2010

Payee name

Piryx, Inc.

Payee address; City; State; Zip Code

401 W 15th Street Suite 520
Austin, TX 78701

Amount (\$)

4.50

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

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 7

2 FILER NAME
Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name PRINTINGPros.com	7 Amount (\$)
2/2/2010	6 Payee address: City; State; Zip Code 1259 Park Avenue Emeryville, CA 94608	269.04

8 Purpose of payment (See instructions regarding type of information required.) rack cards printing (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 PRINTINGPros.com	Amount (\$)
2/2/2010	Payee address; City; State; Zip Code 1259 Park Avenue Emeryville, CA 94608	270.41

Purpose of payment (See instructions regarding type of information required.) rack cards printing (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 PRINTINGPros.com	Amount (\$)
2/2/2010	Payee address; City; State; Zip Code 1259 Park Avenue Emeryville, CA 94608	198.09

Purpose of payment (See instructions regarding type of information required.) post cards (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 Piryx, Inc.	Amount (\$)
2/9/2010	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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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 7

2 FILER NAME

Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/8/2010

5 Payee name

Central Texas Democratic Forum

6 Payee address: City: State: Zip Code

701 Brazos Street - Suite 650
Austin, TX 78701

7 Amount (\$)

20.00

8 Purpose of payment (See instructions regarding type of information required.)

lunch speaking event
(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

2/11/2010

Payee name

Capital Area Democratic Women

Payee address: City: State: Zip Code

PO Box 2211
Austin, TX 78768-8221

Amount (\$)

32.00

Purpose of payment (See instructions regarding type of information required.)

lunch speaking event
(If travel outside of Texas, complete Schedule T)

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

Date

2/11/2010

Payee name

Serrano's

Payee address: City: State: Zip Code

1111 Red River Street
Austin, TX 78701

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

election night party
(If travel outside of Texas, complete Schedule T)

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

Date

2/12/2010

Payee name

Rock Candy Media

Payee address: City: State: Zip Code

8306 Appalachian Dr
Austin, TX 78759

Amount (\$)

778.55

Purpose of payment (See instructions regarding type of information required.)

bulk mail prep
(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:
4 of 7

2 FILER NAME
Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/13/2010	5 Payee name Robert Segovia	7 Amount (\$) 50.00
6 Payee address; City; State; Zip Code 1192 Greenwood Avenue Austin, TX 78721		

8 Purpose of payment (See instructions regarding type of information required.) outreach staff (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 2/14/2010	Payee name Jenny Panzo	Amount (\$) 160.00
Payee address; City; State; Zip Code 3816 South Lamar #2402 Austin, TX 78704		

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

Date 2/14/2010	Payee name Diane Murray	Amount (\$) 90.00
Payee address; City; State; Zip Code NA Austin, TX 78751		

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

Date 2/12/2010	Payee name The Austin Chronicle	Amount (\$) 278.40
Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765		

Purpose of payment (See instructions regarding type of information required.) advertising (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 7

2 FILER NAME
Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/15/2010	5 Payee name Sandra Ramos Political Consulting	7 Amount (\$) 1000.00
	6 Payee address: City; State; Zip Code 1305 Rosewood Ave Austin, TX 78702	

8 Purpose of payment (See instructions regarding type of information required.) campaign consultant (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 2/17/2010	Payee name Rock Candy Media	Amount (\$) 466.93
	Payee address: City; State; Zip Code 8306 Appalachian Dr Austin, TX 78759	

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 2/21/2010	Payee name Jenny Panzo	Amount (\$) 85.00
	Payee address: City; State; Zip Code 3816 South Lamar #2402 Austin, TX 78704	

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

Date 2/21/2010	Payee name Diane Murray	Amount (\$) 120.00
	Payee address: City; State; Zip Code 2914 salado street Austin, TX 78705	

Purpose of payment (See instructions regarding type of information required.) campaign staff (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:
6 of 7

2 FILER NAME
Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
2/21/2010	Zachary Haller	40.00
	6 Payee address; City; State; Zip Code	
	900 Chicon St	
	Austin, TX 78702	

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

Date	Payee name	Amount (\$)
2/14/2010	Robert Segovia	15.00
	6 Payee address; City; State; Zip Code	
	1192 Greenwood Avenue	
	Austin, TX 78721	

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
outreach staff (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
2/15/2010	PRINTINGPros.com	393.00
	6 Payee address; City; State; Zip Code	
	1259 Park Avenue	
	Emeryville, CA 94608	

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
printing (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
2/8/2010	Office Max	221.85
	6 Payee address; City; State; Zip Code	
	5451-B North IH35	
	Austin, TX 78723	

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
office supplies (If travel outside of Texas, complete Schedule T)	

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:
7 of 7

2 FILER NAME
Daniel Bradford

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
2/1/2010	Travis County Tax Assessor-Collector	
	6 Payee address; City; State; Zip Code	5.00
	5501 Airport Boulevard	
	Austin, TX 78751-1141	

8 Purpose of payment (See instructions regarding type of information required.) notary services (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 (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (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 (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (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 (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (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