

**JUDICIAL CANDIDATE / OFFICEHOLDER** **FORM JC/OH**  
**CAMPAIGN FINANCE REPORT** **7521** **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>  18
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Daniel                      C. ----- NICKNAME                      LAST                      SUFFIX Bradford                      '11	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked  Receipt #                      Amount  Date Processed  Date Imaged	
<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	DANIEL 1 TRAVIS COUNTY JAN 19 02:08 FILED FOR REPORT	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 512 ) 2756773		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Lonny                      A. ----- NICKNAME                      LAST                      SUFFIX Stern		
<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 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 checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month    Day    Year                      THROUGH                      Month    Day    Year 2 / 1 / 2010                      12 / 19 / 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</b> (if known)  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

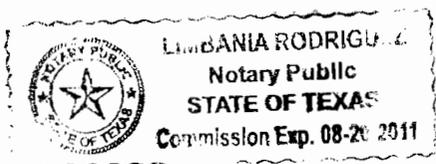
**FORM JC/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Daniel Bradford	<b>16 ACCOUNT # (Ethics Commission Filers)</b>
--	--

<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. **	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	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)	\$ 3596.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7130.01
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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 18<sup>th</sup> day of January, 20 11, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Limbania Rodriguez  
Print name of officer administering oath

Notary  
Title of officer administering oath

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

**SCHEDULE A (J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J): 1 of 6	
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 2/1/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) marjorie kaplan <b>6</b> Contributor address; City; State; Zip Code 1529 Via Boronada Palos Verdes Est., CA 90505	<b>7</b> Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	<b>8</b> In-kind contribution description(if applicable)
<b>9</b> Contributor's principal occupation Educator		<b>10</b> Contributor's job title Administrator	
<b>11</b> Contributor's employer/law firm Harold J. Kaplan, MD		<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 2/1/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marjorie Stern Contributor address; City; State; Zip Code 6658 Camarillo Terrace Lane Delray Beach, FL 33446	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description(if applicable)
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 <input type="checkbox"/> 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 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description(if applicable)
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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): <b>2 of 6</b>	
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  (If travel outside of Texas, complete Schedule T)	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 Department 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  (If travel outside of Texas, complete Schedule T)	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  (If travel outside of Texas, complete Schedule T)	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): <b>3 of 6</b>	
2 FILER NAME Daniel Bradford				3 ACCOUNT # (Ethics Commission filers)	
4 Date  2/8/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Labuda	7 Amount of contribution (\$)  40.00	8 In-kind contribution description(if applicable)	(If travel outside of Texas, complete Schedule T)	
6 Contributor address; City; State; Zip Code PO Box 10894 Austin, TX 78766					
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Marla Lee Boye	Amount of contribution (\$)  25.00	In-kind contribution description(if applicable)	(If travel outside of Texas, complete Schedule T)	
Contributor address; City; State; Zip Code P. O. Box 7867 Austin, TX 78713					
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms. Lou O'Hanlon	Amount of contribution (\$)  100.00	In-kind contribution description(if applicable)	(If travel outside of Texas, complete Schedule T)	
Contributor address; City; State; Zip Code 7212 Marywood Circle Austin, TX 78723					
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)					
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

**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): <b>4 of 6</b>	
2 FILER NAME Daniel Bradford		3 ACCOUNT # (Ethics Commission filers)	
4 Date  2/17/2010	5 Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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  2/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Corbet Bradford  Contributor address; City; State; Zip Code 2929A E. 13th 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 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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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

**SCHEDULE A (J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J): <b>5 of 6</b>	
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date  2/22/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rock Candy Media  <b>6</b> Contributor address; City; State; Zip Code 8306 Appalachian Dr Austin, TX 78759	<b>7</b> Amount of contribution (\$)  145.00  (If travel outside of Texas, complete Schedule T)	<b>8</b> In-kind contribution description(if applicable)
<b>9</b> Contributor's principal occupation		<b>10</b> Contributor's job title	
<b>11</b> Contributor's employer/law firm		<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  2/23/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Lawson  Contributor address; City; State; Zip Code 3629 Quiette Dr Austin, TX 78754	Amount of contribution (\$)  25.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable)
Contributor's principal occupation Director-Business Development & Contract COmpliance		Contributor's job title Director	
Contributor's employer/law firm City of Austin		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date  3/2/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Del Llano  Contributor address; City; State; Zip Code Capitol City Solutions Austin, TX 78762	Amount of contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description(if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Capitol City Solutions		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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

**SCHEDULE A (J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J): <b>6 of 6</b>	
<b>2</b> FILER NAME: Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date  3/2/2010	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) erin harrell  <b>6</b> Contributor address; City; State; Zip Code 2929 east 13th st unit a austin, TX 78702	<b>7</b> Amount of contribution (\$)  500.00  <i>(If travel outside of Texas, complete Schedule T)</i>	<b>8</b> In-kind contribution description(if applicable)
<b>9</b> Contributor's principal occupation development		<b>10</b> Contributor's job title development	
<b>11</b> Contributor's employer/law firm khabele school		<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  3/8/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Office Max Contributor address; City; State; Zip Code 5451-B North IH35 Austin, TX 78723	Amount of contribution (\$)  216.00  <i>(If travel outside of Texas, complete Schedule T)</i>	In-kind contribution description(if applicable)
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#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F: 1 of 10
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/1/2010	<b>5</b> Payee name Piryx, Inc. <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	<b>7</b> Amount (\$)  4.50
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Transaction fee (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
Date  2/1/2010	Payee name Piryx, Inc. <hr style="border-top: 1px dotted black;"/> <b>6</b> 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 <hr style="border-top: 1px dotted black;"/> <b>6</b> 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. <hr style="border-top: 1px dotted black;"/> <b>6</b> 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.		<b>1</b> Total pages Schedule F: 2 of 10
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/2/2010	<b>5</b> Payee name PRINTINGPros.com  <b>6</b> Payee address; City; State; Zip Code 1259 Park Avenue Emeryville, CA 94608	<b>7</b> Amount (\$)  269.04
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  rack cards printing (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
Date  2/2/2010	Payee name PRINTINGPros.com  Payee address; City; State; Zip Code 1259 Park Avenue Emeryville, CA 94608	Amount (\$)  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
Date  2/2/2010	Payee name PRINTINGPros.com  Payee address; City; State; Zip Code 1259 Park Avenue Emeryville, CA 94608	Amount (\$)  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
Date  2/9/2010	Payee name Piryx, Inc.  Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  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

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

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F: 3 of 10
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 2/8/2010	<b>5</b> Payee name Central Texas Democratic Forum <b>6</b> Payee address; City; State; Zip Code 701 Brazos Street - Suite 650 Austin, TX 78701	<b>7</b> Amount (\$) 20.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) lunch speaking event (If travel outside of Texas, complete Schedule T)		<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F: 4 of 10
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/13/2010	<b>5</b> Payee name Robert Segovia <hr/> <b>6</b> Payee address; City; State; Zip Code 1192 Greenwood Avenue Austin, TX 78721	<b>7</b> Amount (\$)  50.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  outreach staff (If travel outside of Texas, complete Schedule T)		<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date  2/14/2010	Payee name Jenny Panzo <hr/> Payee address; City; State; Zip Code 3816 South Lamar #2402 Austin, TX 78704	Amount (\$)  160.00
Purpose of payment (See instructions regarding type of information required.)  outreach staff (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date  2/14/2010	Payee name Diane Murray <hr/> Payee address; City; State; Zip Code NA Austin, TX 78751	Amount (\$)  90.00
Purpose of payment (See instructions regarding type of information required.)  outreach staff (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date  2/12/2010	Payee name The Austin Chronicle <hr/> Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765	Amount (\$)  278.40
Purpose of payment (See instructions regarding type of information required.)  advertising (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F: 5 of 10
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/15/2010	<b>5</b> Payee name Sandra Ramos Political Consulting  <b>6</b> Payee address; City; State; Zip Code 1305 Rosewood Ave Austin, TX 78702	<b>7</b> Amount (\$)  1000.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  campaign consultant (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
Date  2/17/2010	Payee name Rock Candy Media  Payee address; City; State; Zip Code 8306 Appalachian Dr Austin, TX 78759	Amount (\$)  466.93
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
Date  2/21/2010	Payee name Jenny Panzo  Payee address; City; State; Zip Code 3816 South Lamar #2402 Austin, TX 78704	Amount (\$)  85.00
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  Payee address; City; State; Zip Code 2914 salado street Austin, TX 78705	Amount (\$)  120.00
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

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

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F: 6 of 10
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/21/2010	<b>5</b> Payee name Zachary Haller <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 900 Chicon St Austin, TX 78702	<b>7</b> Amount (\$)  40.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  campaign staff (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
Date  2/14/2010	Payee name Robert Segovia <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 1192 Greenwood Avenue Austin, TX 78721	Amount (\$)  15.00
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  2/15/2010	Payee name PRINTINGPros.com <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 1259 Park Avenue Emeryville, CA 94608	Amount (\$)  393.00
Purpose of payment (See instructions regarding type of information required.)  printing (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/8/2010	Payee name Office Max <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 5451-B North IH35 Austin, TX 78723	Amount (\$)  221.85
Purpose of payment (See instructions regarding type of information required.)  office supplies (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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F: 7 of 10
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/1/2010	<b>5</b> Payee name Travis County Tax Assessor-Collector  <b>6</b> Payee address; City; State; Zip Code 5501 Airport Boulevard Austin, TX 78751-1141	<b>7</b> Amount (\$)  5.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  notary services (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
Date  2/22/2010	Payee name MailChimp  Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 512 Means Street Suite 404 Atlanta, GA 30318	Amount (\$)  30.00
Purpose of payment (See instructions regarding type of information required.)  email services (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  2/23/2010	Payee name Facebook  Payee address; City; State; Zip Code www.facebook.com Austin, TX 78701	Amount (\$)  5.47
Purpose of payment (See instructions regarding type of information required.)  online 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  2/23/2010	Payee name Piryx, Inc.  Payee address; City; State; Zip Code 401 W 15th Street Suite 520 Austin, TX 78701	Amount (\$)  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

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: 8 of 10
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  3/3/2010	<b>5</b> Payee name Robert Segovia <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 1192 Greenwood Avenue Austin, TX 78721	<b>7</b> Amount (\$)  50.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  campaign staff (If travel outside of Texas, complete Schedule T)		<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date  2/28/2010	Payee name Philip Parker <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 1108 Lavaca Street - Suite 110-276 Austin, TX 78701	Amount (\$)  45.00
Purpose of payment (See instructions regarding type of information required.)  phone banking (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date  2/28/2010	Payee name Jenny Panzo <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 3816 South Lamar #2402 Austin, TX 78704	Amount (\$)  75.00
Purpose of payment (See instructions regarding type of information required.)  campaign staff (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date  3/3/2010	Payee name ChadTomlinson.com <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 2411 East 10th Street Austin, TX 78702	Amount (\$)  1200.00
Purpose of payment (See instructions regarding type of information required.)  graphic design (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: 9 of 10
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  2/19/2010	<b>5</b> Payee name The Austin Chronicle <hr/> <b>6</b> Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765	<b>7</b> Amount (\$)  278.40
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  advertising (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
Date  3/4/2010	Payee name David Thomas <hr/> Payee address; City; State; Zip Code 2004-B East 9th Street Austin, TX 78702	Amount (\$)  70.00
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  3/22/2010	Payee name MailChimp <hr/> Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 512 Means Street Suite 404 Atlanta, GA 30318	Amount (\$)  30.00
Purpose of payment (See instructions regarding type of information required.)  e-newsletter services (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  4/22/2010	Payee name Mr. Ken Flippin <hr/> Payee address; City; State; Zip Code 6209-B Adalee Austin, TX 78723	Amount (\$)  100.00
Purpose of payment (See instructions regarding type of information required.)  campaign consultant (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F: 10 of 10
<b>2</b> FILER NAME Daniel Bradford		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 4/22/2010	<b>5</b> Payee name MailChimp <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 512 Means Street Suite 404 Atlanta, GA 30318	<b>7</b> Amount (\$)  30.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  e-newsletter services (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
Date 5/4/2010	Payee name MailChimp <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 512 Means Street Suite 404 Atlanta, GA 30318	Amount (\$)  9.00
Purpose of payment (See instructions regarding type of information required.)  e-newsletter services (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/23/2010	Payee name Schulze & Associates, Inc. <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 1308 Ridgemont Drive Austin, TX 78723	Amount (\$)  125.00
Purpose of payment (See instructions regarding type of information required.)  tax preparation (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/19/2010	Payee name Daniel Corbet Bradford <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code 2929A E. 13th Austin, TX 78702	Amount (\$)  41.11
Purpose of payment (See instructions regarding type of information required.)  loan repayment (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		