

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form		1 ACCOUNT #(Ethics Commission filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USE ONLY	
	Mr. CLARENCE O'NEAL ----- NICKNAME LAST SUFFIX BRADFORD		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE	Date Received	
	P.O. BOX 321309 HOUSTON TX 77221	10/14/2009	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
	(713) 882.0404		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Receipt #	Amount
	ALAN ROSEN ----- NICKNAME LAST SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (BUSINESS)	STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE	Date Imaged	
	6500 LONG DRIVE HOUSTON TX 77087		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(713) 807.7272		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	7/1/2009		9/24/2009
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	11/3/2009	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	N/A	City Council - At Large Position 4	
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		

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

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

15 C/OH NAME CLARENCE O'NEAL BRADFORD 16 ACCOUNT # (Ethics Commission Filers)

This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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	\$
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$103,445.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$20,153.87
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$40,792.09
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 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.

C.O. "Brad" Bradford

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT:		FORM C/OH
NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		ADDENDUM
C/OH NAME CLARENCE O'NEAL BRADFORD		ACCOUNT # (Ethics Commission filers)
<p>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.</p>		

CANDIDATE / OFFICEHOLDER REPORT:		FORM C/OH
NOTICE FROM POLITICAL COMMITTEE(S)		ADDENDUM
C/OH NAME CLARENCE O'NEAL BRADFORD		ACCOUNT # (Ethics Commission filers)
	<p>This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p>	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule A:

2 FILER NAME CLARENCE O'NEAL BRADFORD 3 ACCOUNT # (Ethics Commission filers)

4	Date	5 Full name of contributor WENDY RICHARD	out of state PAC(ID#)	7	Amount of Contributions (\$)	8. In-Kind contribution (if applicable)
	8/1/2009	6 Contributor address; HOUSTON TX 77004	City; State; Zip Code		500.00	CONSULTING/CLERICAL
(If travel outside of Texas, Complete Schedule T)						

9 Principal occupation / Job title (See Instructions) BUSINESS CONSULTANT	10 Employer (See Instructions) RICHARD MGMT GROUP, LLC
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4	Date	5 Full name of contributor T. PIPER MEDIA	out of state PAC(ID#)	7	Amount of Contributions (\$)	8. In-Kind contribution (if applicable)
	8/1/2009	6 Contributor address; HOUSTON TX 77041	City; State; Zip Code		2,000.00	SOCIAL MEDIA CAMPAIGN
(If travel outside of Texas, Complete Schedule T)						

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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4	Date	5 Full name of contributor T. PIPER MEDIA	out of state PAC(ID#)	7	Amount of Contributions (\$)	8. In-Kind contribution (if applicable)
	9/1/2009	6 Contributor address; HOUSTON TX 77041	City; State; Zip Code		2,000.00	SOCIAL MEDIA CAMPAIGN
(If travel outside of Texas, Complete Schedule T)						

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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4	Date	5 Full name of contributor WENDY RICHARD	out of state PAC(ID#)	7	Amount of Contributions (\$)	8. In-Kind contribution (if applicable)
	9/1/2009	6 Contributor address; HOUSTON TX 77004	City; State; Zip Code		500.00	CONSULTING/CLERICAL
(If travel outside of Texas, Complete Schedule T)						

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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POLITICAL CONTRIBUTIONS **SCHEDULE A**
OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule A:

2 FILER NAME CLARENCE O'NEAL BRADFORD 3 ACCOUNT # (Ethics Commission filers)

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BUSINESS CONSULTANT	RICHARD MGMT GROUP, LLC
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4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) JAMES EVANS	7	Amount of Contributions (\$)	8. In-Kind contribution (if applicable)
	9/24/2009	6 Contributor address; City; State; Zip Code HOUSTON TX 77027		2,000.00	3 MOS.[JUL, AUG, SEPT] USE OF PERSONAL VEHICLE/GAS FOR CAMPAIGN PURPOSES (If travel outside of Texas, Complete Schedule T)

9 Principal occupation / Job title (See Instructions) ATTORNEY	10 Employer (See Instructions) JAMES EVANS, III & ASSOCIATES P.C.
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4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) PETER RENE	7	Amount of Contributions (\$)	8. In-Kind contribution (if applicable)
	9/24/2009	6 Contributor address; City; State; Zip Code HOUSTON TX 77042		2,500.00	PHOTOGRAPHY & VIDEO SERVICES/WEBSITE (If travel outside of Texas, Complete Schedule T)

9 Principal occupation / Job title (See Instructions) TECHNOLOGY PROJECT MANAGER	10 Employer (See Instructions) SELF-EMPLOYED
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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 FILER NAME CLARENCE O'NEAL BRADFORD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See Instructions regarding type of information required)

(If travel outside of texas, complete schedule T)

9 ** Complete if direct expendituree to benefit C/OH **
Candidate / Officeholder name office sought office held

POLITICAL EXPENDITURES

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:

2 FILER NAME CLARENCE O'NEAL BRADFORD

3 ACCOUNT # (Ethics Commission files)

4	Date	5 Payee name	8	Amount (\$)
		6 Payee Address; City; State; Zip Code		
		7 Purpose of expenditure(See Instructions regarding type of information required) (If travel outside of Texas, complete schedule T)	<input type="checkbox"/>	Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule H:
2 FILER NAME CLARENCE O'NEAL BRADFORD		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	
8 Purpose of payment (See Instructions regarding type of information required) (If travel outside of Texas, complete schedule T)	9 ** Complete if direct expendituree to benefit C/OH **	
	Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

NON-POLITICAL EXPENDITURES **SCHEDULE I**

MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule I:

2 FILER NAME CLARENCE O'NEAL BRADFORD 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule K:

2 FILER NAME CLARENCE O'NEAL BRADFORD

3 ACCOUNT # (Ethics Commission filers)

4	Date	5 Payor name	8	Amount (\$)
	6 Payor address ; City; State; ZIP Code			
7 Reason for credit				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I

understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions.

I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder. ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form		1 ACCOUNT # (Ethics Commission filers)	
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	----- NICKNAME	----- LAST	----- SUFFIX
		OFFICE USED ONLY	
		Date Received	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT/ SUITE #; CITY;		STATE; ZIP CODE
			Date Hand-delivered or Date Postmarked
4 REPORT TYPE	<input type="checkbox"/> Annual	<input type="checkbox"/> Final Disposition	Receipt # Amount
5 PERIOD COVERED	Month Day Year		Date Processed
	THROUGH		Date Imaged
6 TOTALS	1 . TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.		\$
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.		\$
7 AFFIDAVIT			
<p>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.</p> <p style="text-align: right;">C.O. "Brad" Bradford</p> <hr style="width: 40%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right;">Signature Candidate or Officeholder</p>			
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.			
_____	_____	_____	
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath	

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME , 9 ACCOUNT # (Ethics Commission filers)

10	Date	11 Payee name	13	Amount (\$)
		12 Payee address; City; State; Zip Code;		

14 Purpose of expenditure (If travel outside of Texas, complete schedule T) (See Instruction Guide)	15 Is expenditure a contribution to a candidate, officeholder, or political committee?	<input type="checkbox"/> <input type="checkbox"/>	Yes No
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ATTACH ADDITIONAL COPIES OF THIS FORMS AS NEEDED