FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 21 MS/MRS/MR FIRST CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** PNEAL MR. Clarence NAME Date Received **NICKNAME** LAST **SUFFIX** Bradford BRAN 'C.O." ADDRESS / PO BOX; APT / SUITE #; CANDIDATE / Date Hand-delivered or Date ZIP CODE **OFFICEHOLDER** P.O. Box 321309 MAILING Receipt # **ADDRESS** Change of Address Houston, TX 77221 Date Processed Date Imaged FIRST MS/MRS/MR **CAMPAIGN** МІ **TREASURER** MR. AlAN NAME **NICKNAME** LAST **SUFFIX** ROSEN STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #; CITY; STATE: ZIP CODE **TREASURER** 6500 LONG DR. **ADDRESS** HOUSTON TX 77087 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** 713 807.7272 PHONE REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15

Day

Day

11/05/2013

OFFICE HELD (if any)

Houston City Council.

ELECTION DATE

01/01/2015

Year

Year

At-Large, Position 4 Place At-Large 4 District Citywide

Х

Month

Month

PERIOD

10 ELECTION

11 OFFICE

COVERED

8th day before election

THROUGH

Primary

χ General

Exceeded \$500 limit

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2015

12 OFFICE SOUGHT (if known)

Houston City Council.

Final Report (Attach C/OH-FR)

Year

Other

At-Large, Position 4 Place At-Large 4 District

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	14 Filer ID									
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure. These expenditures may have been made without to defice holders are required to report this information.	he candidate's or officeho	older's knowledge or						
Additional Pages	COMMITTEE TYPE									
L	***************************************									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS	TOTAL POLITIC LOANS, OR GU.	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 0.00						
	1	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	i)	\$ 0.00						
EXPENDITURE TOTALS		AL EXPENDITURES OF \$100 OR LESS, UNLESS		\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 10,242.80						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LARIOD	AST DAY OF THE	\$ 10,485.00						
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00						
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. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said AREA CE STACKED, this the Aday of August 150 certify which, witness my hand and seal of office.										
Signature of offi	Signature of officer administering Printed name of officer administering Title of officer administering oath									

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 21								
	18 FILER NAME Bradford, Clarence 20 SCHEDULE SUBTOTALS										
	JLE SUBTOTALS F SCHEDULE	SUBTOTAL AMOUNT									
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$									
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS										
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS										
4.	SCHEDULE E: LOANS		\$								
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 10,242.80								
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$								
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$								
8.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$								
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$								
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$								
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$								
-											
E											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID		
	Sch: 1/18 Rpt: 4/21		Bradford, Clarence				
4	Date	5	Payee name		1		
	01/12/2015		Comcast				
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	A		
	\$193.53		8590 Tidwell Road				
			Houston, TX 77040				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
					Campaign Phone and Internet Services		
ļ				 			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	.ght	Office held		
	Date	Π	Payee name				
	02/11/2015		Comcast				
┢	Amount (\$)	┢	Payee address; City; State; Zip Co	ode			
	\$192.51		8590 Tidwell Road				
			Houston, TX 77040	·			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
					Campaign Phone and Internet Services		
				1			
<u> </u>	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held		
	expenditure to benefit C/O	Н					
	Date	Ī	Payee name				
	03/16/2015		Comcast				
Г	Amount (\$)	T	Payee address; City; State; Zip Co	ode			
	\$193.67		8590 Tidwell Road				
			Houston, TX 77040				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.		
	EXPERIENCE				Check if Austin, TX, officeholder living expense		
Ì				ļ	Campaign Phone and Internet Services		
L		L		<u> </u>			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ıght	Office held		
<u> </u>							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID			
	Sch: 2/18 Rpt: 5/21	Bradford, Clarence			
4	Date	5 Payee name			
	04/13/2015	Comcast			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$193.57	8590 Tidwell Road			
		Hauster TV 77040			
_	D. I.D. D. O. D.	Houston, TX 77040			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Campaign Phone and Internet Services			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	Date				
	05/20/2015	Payee name Comcast			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$193.61	8590 Tidwell Road			
	+200.00				
		Houston, TX 77040			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Office Overhead/Rental Expense			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Campaign Phone and Internet Services			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	06/23/2015	Comcast			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$193.61	8590 Tidwell Road			
		Houston, TX 77040			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Campaign Phone and Internet Services			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/18 Rpt: 6/21	Bradford, Clarence
4	Date	5 Payee name
	06/18/2015	Constable May Walker Law Enforcement Scholarship Fund
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	3810 Belgrade Drive
		Houston, TX 77045
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Sponsorship - Community Outreach Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship - Community Outreach
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	01/20/2015	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.94	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Community Outreach - Email Marketing Check if travel outside of Texas. Complete Schedule T.
		Services Community Outreach - Email Marketing Services
		Community Currous II Linux Marketing Corvision
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Date	Payee name
	02/19/2015	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.94	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Campaign Outreach - Email Marketing Check if travel outside of Texas. Complete Schedule T.
		Services Campaign Outreach - Email Marketing Services
		Campaign Outleach - Emai Marketing Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID			
	Sch: 4/18 Rpt: 7/21	Bradford, Clarence			
4	Date	5 Payee name			
	03/19/2015	Constant Contact			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$63.96	1601 Trapelo Road			
	!				
		Waltham, MA 02451			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Community Outreach - Email Marketing Check if travel outside of Texas. Complete Schedule T. Services Check if Austin, TX, officeholder living expense			
	!	Services Community Outreach - Email Marketing Services			
	!	22			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Date	Payee name			
	04/20/2015	Constant Contact			
-	Amount (\$)	Payee address; City; State; Zip Code			
	\$63.96	1601 Trapelo Road			
	φοσίσο	1001 Hapelo Nodu			
		Waitham, MA 02451			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Community Outreach - Email Marketing Check if travel outside of Texas. Complete Schedule T. Services Check if Austin, TX, officeholder living expense			
		Services Community Outreach - Email Marketing Services			
		Johnson, Johnson, Lines, Markette, Johnson, Landson, Land			
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
F	Date	Payee name			
	05/20/2015	Constant Contact			
-	Amount (\$)	Payee address; City; State; Zip Code			
	\$63.96	1601 Trapelo Road			
		Waltham, MA 02451			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Community Outreach - Email Marketing Check if travel outside of Texas. Complete Schedule T. Services Check if Austin, TX, officeholder living expense			
	!	Services Community Outreach - Email Marketing Services			
	!	Sommanny Canadam Eman members 2			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:							
-	Sch: 5/18 Rpt: 8/21	Bradford, Clarence						
_								
4	Date	5 Payee name						
	06/19/2015	Constant Contact						
6	* *	7 Payee address; City; State; Zip Code						
	\$63.96	1601 Trapelo Road						
		Waltham, MA 02451						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Community Outreach - Email Marketing Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Services Check if Austin, TX, officeholder living expense						
		Community Outreach - Email Marketing Services						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	experientare to benefit or or	·						
	Date	Payee name						
	04/30/2015	Corner Bakery Cafe						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$132.28	107 Yale Street #100						
		Houston, TX 77007						
	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fond/Reverage Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Sponsor Breakfast for City Council Meeting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	06/03/2015	Corner Bakery Cafe						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$137.15	107 Yale Street #100						
		Houston, TX 77007						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense						
		Check if Austin, TX, officeholder living expense						
		Sponsored Breakfast for City Council Budget Workshops						
		L ·						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	experialitate to beliefit 0/01	1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense F	_	ense jes/Contract Labor	Travel in District Travel Out of Distri OTHER (enter a ca	ct tegory not listed above)
1	Total pages Schedule F1:	2 FILER NA	ME				3 Filer ID	
	Sch: 6/18 Rpt: 9/21	Bradford,	Clarence					
4	Date	5 Payee nar	me					
	05/28/2015	Dr. Edith	Clark Trust Fund					
6	Amount (\$)	7 Payee add	dress; City;	State;	Zip Code	;		
	\$250.00	4700 We	nda #236					
		hHoustor	n, TX 77033					
8	PURPOSE OF	(a) Category	(See Categories listed at the	top of this sched	ule) (t	Description		
	EXPENDITURE	Gift/Awar	ds/Memorials Exper	ise		<u>Ld</u>	l outside of Texas. Comple n, TX, officeholder living e	
						inned .	lemorial and Fund	
9			Officeholder name	Off	ice sough	nt	Office held	1
	expenditure to benefit C/O	4						
	Date	Payee nar	me					
	04/07/2015	Dress for	Success					
	Amount (\$)	Payee add	dress; City;	State;	Zip Code)		
	\$100.00	3310 Eas	stside Street					
		Houston,	TX 77098					
	PURPOSE OF	(a) Category	(See Categories listed at the	top of this sched	ule) (t	Description		
	EXPENDITURE		ions/Donations Made e/Officeholder/Polition		too	<u>II</u>	l outside of Texas. Comple n, TX, officeholder living e	
		Carididat	e/Oniceriolae//Foliac	ai Commit	ree	L.,,,,, l	community Outrea	
							-	
	Complete ONLY if direct		Officeholder name	Off	fice sough	nt	Office held	j
	expenditure to benefit C/OI	Η						
	Date	Payee nar	me					
	01/26/2015	Galilee M	lissionary Baptist Ch	urch				
	Amount (\$)	Payee add	dress; City;	State;	Zip Code	9		
	\$250.00	6616 D.S	. Bailey Lane					
		Houston,	TX 77091					
	PURPOSE	(a) Category	(See Categories listed at the	top of this sched	ule) (t	Description		
	OF EXPENDITURE	Sponsors	ship - Community Ou	ıtreach			l outside of Texas. Comple n, TX, officeholder living e	
							- Community Ou	
						,		
	Complete ONLY if direct		Officeholder name	Off	fice sough	nt	Office held	j
	expenditure to benefit C/OI	H			_			
	**************************************	***************************************						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID							
Sch: 7/18 Rpt: 10/21	Bradford, Clarence							
4 Date	5 Payee name							
03/27/2015	Houston Black American Democrats							
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 2252							
	Houston, TX 77252							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation - Community Outreach							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
02/25/2015	Houston Texas Fire Fighters Federal Credit Union							
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 70009							
	Houston, TX 77270							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation - FBO Dwight Bazile Memorial Services							
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
02/06/2015	KCOH Radio							
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 5011 Almeda Road							
	Houston, TX 77004							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio Time for Community Outreach							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica			ift/Awards/Memorials Exper egal Services			ise es/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
			7	he Instruction Guide	explains how to	comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	
	Sch: 8/18 Rpt: 11/21		Bradford, Cla	rence						
4	Date	5	Payee name							
	04/02/2015		KCOH Radio							
6	Amount (\$)	7	Payee address	i; City;	State; Zip (Code				
	\$1,000.00		5011 Almeda	Road						
			Houston, TX	77004						
8	PURPOSE	(a)	Category (See	Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		Advertising E	xpense			<u></u>		ide of Texas. Complete Schedule T.	
							L		, officeholder living expense Community Outreach	
							radio fille i	Ui (Sommunity Odireden	
9	Complete ONLY if direct	Ц,	Candidate/Office	eholder name	Office so	ought			Office held	w
٦	expenditure to benefit C/OI		Sandidate/Onic	cholder flame	Office St	ougiii	•		Omoo Heid	
	Date		Payee name							
	05/28/2015		KCOH Radio							
	Amount (\$)	┝	Payee address	; City;	State; Zip (Code				
	\$1,000.00		5011 Almeda	•						
	, ,									
			Houston, TX	77004						
	PURPOSE	(a)	Category (See	Categories listed at the top	of this schedule)	(b)) Description			
	OF	` ′	Advertising E		on this schedule)	``		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		3	•			Ld		, officeholder living expense	
							Radio Time f	or (Community Outreach	
		<u> </u>								
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	eholder name	Office s	ought			Office held	
	Date		Payee name							
	03/27/2015		LULAC Distri	ct VIII						
	Amount (\$)		Payee address	•	State; Zip (Code				
	\$175.00		P.O. Box 862	20						
			Houston, TX	77249						
	PURPOSE	(a)	Category (See	Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE			/Donations Made			ld		ide of Texas. Complete Schedule T.	
			Candidate/O	fficeholder/Politica	i Committee		housest .		, officeholder living expense munity Outreach	
							Donation - C	-U111	manity Oddedon	
	Complete ONLY if direct	L	Candidate/Office	eholder name	Office s	ought			Office held	
	expenditure to benefit C/OI		Januaro Onto	SHOWER HARRIE	Omice 3	Jugill	•		Since field	
i										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Travel Out of District
OTHER (enter a category not listed above) Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 9/18 Rpt: 12/21 Bradford, Clarence Date 4 Payee name 03/27/2015 Mamie Charity Club Amount (\$) Payee address; State; Zip Code City: \$120.00 3214 Southmore Blvd Houston, TX 77004 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation - Community Outreach Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/06/2015 Mount Hebron Baptist Church Amount (\$) Payee address; State; Zip Code City: \$250.00 7817 Calhoun Road Houston, TX 77033 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation - Community Outreach Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/02/2015 Office Depot Amount (\$) Payee address; City; State; Zip Code \$3.88 3443 Kirby Drive Houston, TX 77098 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.						
1	L Total pages Schedule F1:	2 FILER NAME 3 Filer ID					
	Sch: 10/18 Rpt: 13/21	Bradford, Clarence					
4	Date	5 Payee name					
	01/02/2015	Office Depot					
6	6 Amount (\$) \$139.59	7 Payee address; City; State; Zip Code 3443 Kirby Drive Houston, TX 77098					
8	B PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Office Supplies					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
l	Date	Payee name					
L	04/23/2015	Office Depot					
	Amount (\$) \$63.96	Payee address; City; State; Zip Code 3443 Kirby Drive Houston, TX 77098					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Office Supplies					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Γ	Date	Payee name					
	04/08/2015	Office Max					
	Amount (\$) \$123.35	Payee address; City; State; Zip Code 1576 W. Gray Street Houston, TX 77019					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Office Supplies					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
•							

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica				kpens Vages	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
			The Instruction Guide explains	how to co	mpl	ete this form.		
1	Total pages Schedule F1: Sch: 11/18 Rpt: 14/21	2	FILER NAME Bradford, Clarence				B Filer ID	
4	Date	5	Payee name					
	04/22/2015		Pharms Helping Arms Foundation, Inc					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
	\$100.00		4700 Wenda #236	•				
			Houston, TX 77033					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By	•			utside of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Comm	nttee		terrend .	rx, officeholder living expense mmunity Outreach	
						Donation - Co	minumity Oddeach	
9	Complete ONLY if direct		Candidate/Officeholder name (Office sou	ght		Office held	·
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	06/18/2015		Riverside United Methodist Church					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$100.00		4920 Cullen Blvd.					
			Houston, TX 77004					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By			<u></u>	utside of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Comm	nittee		Sponsorship -	TX, officeholder living expense	
		l				Sporisorsinp -	Souverili Au	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name (Office sou	ght		Office held	
	expenditure to benefit C/OI	H						
	Date	Γ	Payee name					
	04/29/2015		SEHAH Youth and Fitness Center					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$100.00		5110 MLK Blvd.					
			Houston, TX 77021					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By	•		أسيسا	utside of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Comm	nittee		h	TX, officeholder living expense	
						Donadon - CO	mmunity Outreach	
	Complete ONLY if direct	<u>L</u>	Candidate/Officeholder name (Office sou	ght		Office held	
	expenditure to benefit C/OI				J		- · · · · · · · · · · · · · · · · · · ·	
				******				Transfer to the second party of the second par

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out of District

Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 12/18 Rpt: 15/21 Bradford, Clarence Date 4 Payee name 01/09/2015 Sicola's Florist Amount (\$) Payee address; City; State; Zip Code \$70.35 5656 Westheimer Road Houston, TX 77098 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Donation - Constituent Memorial Services Floral** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/10/2015 Sicola's Florist Amount (\$) Payee address; City: State; Zip Code \$248.98 5656 Westheimer Road Houston, TX 77098 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Donation - Constituent Memorial Services Floral Candidate/Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 03/31/2015 Sicola's Florist Amount (\$) Payee address; City; State; Zip Code \$179.70 5656 Westheimer Road Houston, TX 77098 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Donation - Constituent Memorial Services Floral Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 13/18 Rpt: 16/21 Bradford, Clarence Date Payee name 04/27/2015 Sicola's Florist Pavee address: Amount (\$) City: State; Zip Code \$92.00 5656 Westheimer Road Houston, TX 77098 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Donation - Constituent Memorial Services Floral Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/16/2015 South Union Church of Christ Amount (\$) Payee address; State; Zip Code \$300.00 7427 Ardmore Street Houston, TX 77054 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Sponsorship - Community Outreach **EXPENDITURE** Check if Austin, TX, officeholder living expense Sponsorship - Community Outreach Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name South Union Church of Christ 04/24/2015 Payee address; Amount (\$) City; State; Zip Code \$300.00 7427 Ardmore Street Houston, TX 77054 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **Donation - Community Outreach** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 14/18 Rpt: 17/21	Bradford, Clarence
4	Date	5 Payee name
	04/29/2015	St. John Missionary Baptist Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	2702 Dowling Street
		Houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation - Community Outreach
		Bondaon - Community Cut Cut
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	and a second sec
	Date	Davies wares
	01/26/2015	Payee name Sure Thing Inc.
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 15855
	φ <u>2</u> 50.00	F.O. BOX 13633
		Houston, TV 77000
		Houston, TX 77220
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Sponsorship - Youth Programs Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Sponsorship - Youth Programs Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship - Youth Programs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/06/2015	TSU Debate Team
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3100 Cleburne Street
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Sponsorship - Community Outreach Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship - Community Outreach
		Sponsorship - Community Oddeach
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transl in District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 15/18 Rpt: 18/21	Bradford, Clarence
4	Date	5 Payee name
	04/13/2015	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.31	2580 Shearn Street
		Houston, TX 77007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	1	Check if Austin, TX, officeholder living expense Campaign Office Supplies
		Campaign Office Supplies
		Out the lotter half
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/28/2015	Tilford, Wendy (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.38	1302 Waugh Drive #510
		Houston, TX 77019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Re-imbursement for campaign office snacks
		The impulsement to earnpuight office shacks
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belief or of	
	Date	Payee name
	01/30/2015	Unity National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.11	P.O. Box 8277
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas, Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Account Banking Fee
		Campaign Account Banking 1 ee
	Complete ONLY if disent	Condidate/Officeholder name Office pought
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	y -	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expo Printing Exp Salaries/Wa		oor	Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide expl		•		,
L Total pages Schedule F1:	2 FILER NAME		· · · · · · · · · · · · · · · · · · ·		3	Filer ID
Sch: 16/18 Rpt: 19/21	Bradford, Cl	arence				
4 Date	5 Payee name				L.	
02/27/2015	Unity Nation	al Bank				
6 Amount (\$)	7 Payee addres	ss; City; S	State; Zip Cod	le		
\$10.67	P.O. Box 82	77				
	Houston, TX	77004				
B PURPOSE	(a) Category (Se	e Categories listed at the top of th	nis schedule)	(b) Descripti	on	
OF EXPENDITURE	Accounting/Banking					ide of Texas. Complete Schedule T.
EXPERIENCE				L		, officeholder living expense
				Campai	gn Acco	unt Banking Fee
	<u> </u>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic	ceholder name	Office soug	ht		Office held
	7					
Date	Payee name	-1 p1-				
03/31/2015	Unity Nation					
Amount (\$)	Payee addres		State; Zip Cod	le		
\$9.34	P.O. Box 82	77				
	Houston, TX	77004				
PURPOSE	(a) Category (Se	e Categories listed at the top of th	nis schedule)	(b) Descripti	on	
OF EXPENDITURE	Accounting/	Banking				ide of Texas. Complete Schedule T.
				h-mand		, officeholder living expense ount Banking Fee
				Campai	gii Acco	unit banking ree
Complete ONLY if direct	L Candidate/Offic	ceholder name	Office soug	ht		Office held
expenditure to benefit C/O			011100 00009			
Date	I Payos pamo					
04/30/2015	Payee name Unity Nation	al Rank				
			N-1 7'- 0			
Amount (\$)	Payee addres		State; Zip Cod	le		
\$10.31	P.O. Box 82	11				
	Houston, TX	(77004 				
PURPOSE		e Categories listed at the top of th	nis schedule)	(b) Descripti		
OF EXPENDITURE	Accounting/	Banking		اسسا		ide of Texas, Complete Schedule T.
				- Deresed		, officeholder living expense ount Banking Fee
				Campai	gii Accu	ant Dunking FEC
Complete ONLY if direct	Candidate/Offic	reholder name	Office soug	ht		Office held
expenditure to benefit C/O		SCHOLOGI HARRIC	Onice Soug	111		Office Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarise/Manes/Contract Lebor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District
OTHER (output a set popular pat listed above)

	Candidate/Officeholder/Politica	al Committee Legal Services Salaries/wages/Contract La The Instruction Guide explains how to complete this for			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID		
	Sch: 17/18 Rpt: 20/21	Bradford, Clarence			
4	Date	5 Payee name			
	05/29/2015	Unity National Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$10.01	P.O. Box 8277			
		Houston, TX 77004			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion		
	OF EXPENDITURE	Accounting/Banking	if travel outside of Texas. Complete Schedule T.		
	LAFLINDITORL	· · · · · · · · · · · · · · · · · · ·	if Austin, TX, officeholder living expense		
		Campa	ign Account Banking Fee		
Ļ	OIsta ONI V if disease	Oscilidate/Office helder norm	Office hold		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
<u> </u>		<u> </u>			
	Date	Payee name			
L	06/30/2015	Unity National Bank			
İ	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.36	P.O. Box 8277			
		Houston, TX 77004			
	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Accounting/Bunking	if travel outside of Texas. Complete Schedule T.		
		[Land	if Austin, TX, officeholder living expense ign Account Banking Fee		
		Junipa	gir / toodant banking r cc		
┝	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				
<u> </u>	Date	Payes name			
	03/05/2015	Payee name W. Orem Family YMCA			
L					
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 5801 W. Orem Drive			
	\$100.00	Sout W. Grent Drive			
		Haveten TV 77005			
		Houston, TX 77085			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript			
	EXPENDITURE	Oponsorship Community Catroach	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
		[orship - Community Outreach		
		·			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O				
\vdash					
l					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Sch: 18/18 Rpt: 21/21	Bradford, Clarence
	Date 01/12/2015	5 Payee name Walgreen's
6	Amount (\$) \$49.48	7 Payee address; City; State; Zip Code 5202 Almeda Road Houston, TX 77004
8	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Office Supplies and Postage
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date 03/04/2015	Payee name Walgreen's
	Amount (\$) \$86.37	Payee address; City; State; Zip Code 5202 Almeda Road Houston, TX 77004
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage and Campaign Office Supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H