

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <i>William Robert Bradley</i>		3. FEC Identification Number  <b>C</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>1672 Main Street #E-364</i>		
(c) City, State and ZIP Code <i>Ramona, CA 92065</i>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer <i>Retired</i>	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year-End Report
- 24-Hour Report
- 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

*05 20 2008*  
THROUGH  
*06 03 2008*

6. TOTAL CONTRIBUTIONS.....

*000*

7. TOTAL INDEPENDENT EXPENDITURES.....

*31,256.18*

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*William Robert Bradley*

*WR Bradley*

*5/30/08*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free: 800-424-9530. Local 202-694-1100

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**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

A. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Occupation
Name of Employer		

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Occupation
Name of Employer		

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Occupation
Name of Employer		

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Occupation
Name of Employer		

SUBTOTAL of Receipts This Page (optional) .....	000
TOTAL This Period (last page carry total to Line 6) .....	000

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SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
*William Robert Bradley*

Full Name (Last, First, Middle Initial) of Payee <i>Bieber Communications</i>		Date <i>05 20 2008</i>
Mailing Address <i>3609 W. MacArthur Blvd #812</i>		Amount <i>31256.18</i>
City <i>Santa Ana</i>	State <i>CA</i>	
Purpose of Expenditure <i>Advertising</i>		Category/Type <i>004</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Robert Watkins</i>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>197256.18</i>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>31256.18</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>31256.18</i>

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

28039741612

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER

N/A  
 DATE PREPARED