

# 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 <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <i>Mr.</i> NICKNAME	FIRST <i>Brad</i> LAST <i>LaMorgese</i>	MI <i>M.</i> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT/SUITE #, CITY, STATE, ZIP CODE <i>9404 Abbey Rd Irving TX 75063</i>		OFFICE USE ONLY Date Received <b>MAY 01 2015</b> City Secretary's Office Date Hand-delivered or Postmarked <i>mailed 5/1/15 8:45am JPP</i> Receipt # Amount Date Processed <i>Approved by JPP 5/7/15</i> Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(214)</i>	PHONE NUMBER <i>770-9336</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS/MRS/MR <i>Mr.</i> NICKNAME	FIRST <i>Brad</i> LAST <i>LaMorgese</i>	MI <i>M.</i> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT/SUITE #, CITY, STATE, ZIP CODE <i>9404 Abbey Rd Irving TX 75063</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(214)</i>	PHONE NUMBER <i>770-9336</i>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>3 31 15</i> <i>4 29 15</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 9 15</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Irving City Council Place 6</i>	13 OFFICE SOUGHT (if known) <i>Irving City Council Place 6</i>	

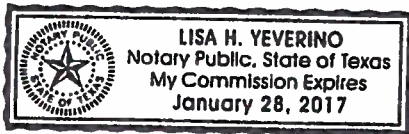
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <i>Brad M. LaMorgese</i>	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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.
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____ COMMITTEE NAME: _____  COMMITTEE ADDRESS: _____  COMMITTEE CAMPAIGN TREASURER NAME: _____  COMMITTEE CAMPAIGN TREASURER ADDRESS: _____
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ _____
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ <i>2,851.00</i>
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ _____
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ <i>3,790.59</i>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ <i>5,398.03</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ _____

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.

*Brad M. LaMorgese*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brad M. LaMorgese, this the 1st day of May, 20 15, to certify which, witness my hand and seal of office.

*Lisa H. Yeverino*  
Signature of officer administering oath

Lisa H. Yeverino  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>Brad M. LaMorgese</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/2/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Patrick Harrison</b>	7 Amount of contribution (\$) <b>100</b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>720 Rockingham Dr. Irving TX 75063</b>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/4/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Barbara Van Dyne</b>	Amount of contribution (\$) <b>200</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>7221 Summitview Dr. Irving TX 75063</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/8/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Metrotex Assn of Realtors Inc.</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>8201 N Stemmons Freeway Dallas TX 75247</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/6/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Philip Barry</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>9024 Silverdollar Trl. Irving TX 75063</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/11/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William Daly</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>2500 Briarcrest Irving TX 75063</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>Brad LaMorse</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/9/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Janet Sparks</b>	7 Amount of contribution (\$) <b>50</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City: State: Zip Code <b>201 Howley Ct Irving TX 75063</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/20/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joe Mapes</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <b>PO Box 141864 Irving TX 75014</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/17/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dorothy Raines</b>	Amount of contribution (\$) <b>1,000</b>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <b>2824 Palm Cir. E Galveston TX 77551</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>4/15/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Perry Patel</b>	Amount of contribution (\$) <b>151</b>	In-kind contribution description (if applicable)
Contributor address; City: State: Zip Code <b>2309 Dobbins Irving TX 75063</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/12/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <del>XXXXXXXXXX</del> <b>Neha Kunte</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable) <b>→ food</b>
Contributor address; City: State: Zip Code <b>7518 Windy Hollow Irving TX 75063</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>	2 FILER NAME <b>Brad M. LaMorgese</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/18/15</b>	5 Payee name <b>Piryx</b>
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6 Amount (\$) <b>8.20</b>	7 Payee address: City, State, Zip Code <b>144 2nd St San Francisco CA 94105</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fees</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>FEES</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/6/15</b>	Payee name <b>Randy Piryx</b>
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Amount (\$) <b>20.05</b>	Payee address: City, State, Zip Code <b>144 2nd St San Francisco CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>fees</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/9/15</b>	Payee name <b>Stephen Smith</b>
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Amount (\$) <b>947.84</b>	Payee address: City, State, Zip Code <b>571 Austin Ct. Coppell TX 75019</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>web</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/11/15</b>	Payee name <b>Piryx</b>
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Amount (\$) <b>8.20</b>	Payee address: City, State, Zip Code <b>144 2nd St San Francisco CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>fees</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>	2 FILER NAME <b>Brad M. LaMorgese</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/24/15</b>	5 Payee name <b>Booker Industries</b>
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6 Amount (\$) <b>1,371.13</b>	7 Payee address, City, State, Zip Code <b>2344 Farrington, Dallas TX 75207</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Exp.</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Ad</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/24/15</b>	Payee name <b>Ash Wright</b>
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Amount (\$) <b>500</b>	Payee address, City, State, Zip Code <b>1900 Little Elm Trail unit 85 Cedar Park TX 78613</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting Exp</b>	Description (If travel outside of Texas, complete Schedule T) <b>Consulting</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G <i>1</i>	<b>2</b> FILER NAME <i>Brad M Lamong SE</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>4/10/15</i>	<b>5</b> Payee name <i>Irving Ambucs</i>	
<b>6</b> Amount (\$) <i>500</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>PO Box 157425 Irving TX 75015</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See categories listed at the top of this schedule) <i>Advertising</i>	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <i>Signs</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Date</b> <i>4/21/15</i>	<b>Payee name</b> <i>Primary Colors</i>	
<b>Amount (\$)</b> <i>435.17</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <i>Dallas TX 75247</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Adv Expense</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>Signs</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED