

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: **5**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **Mr.** NICKNAME

FIRST: **Brad** LAST: **LaMorgese**

MI: **M** SUFFIX:

RECEIVED

JUL 14 2015

City Secretary's Office

Emailed 7-14-15 EV 2:50 p.m.

Receipt #

Amount

Date Processed: **Avd by EJ 7/15/15**

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: **9404 Abbey Road** APT / SUITE #: **Irving TX** CITY: **Irving TX** STATE: **TX** ZIP CODE: **75063**

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(214)** PHONE NUMBER: **770-9336** EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **Mr.** NICKNAME

FIRST: **Brad** LAST: **LaMorgese**

MI: **M** SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): **9404 Abbey Rd** APT / SUITE #: **Irving TX** CITY: **Irving TX** STATE: **TX** ZIP CODE: **75063**

8 CAMPAIGN TREASURER PHONE

AREA CODE: **(214)** PHONE NUMBER: **770-9336** EXTENSION:

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: **4 / 30 / 15** THROUGH Month Day Year: **6 / 30 / 2015**

11 ELECTION

Month Day Year: **5 / 9 / 15**

ELECTION DATE

ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any): **Irving City Council Place 6**

13 OFFICE SOUGHT (if known): **Irving City Council Place 6**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Brad M. LaMorgese

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

COMMITTEE TYPE

- GENERAL
- SPECIFIC

COMMITTEE NAME

Irving VOICES

COMMITTEE ADDRESS

408 W 6th St Irving TX 75060

COMMITTEE CAMPAIGN TREASURER NAME

Kristi M Peña

COMMITTEE CAMPAIGN TREASURER ADDRESS

408 W. 6th St, Irving TX 75060

additional pages

17 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) \$ *2,015.95*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ *4,502.07*

CONTRIBUTION
BALANCE

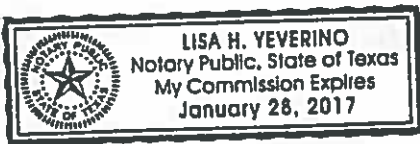
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ *895.96*

OUTSTANDING
LOAN TOTALS

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



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Brad M. LaMorgese* this the *14* day of *July*, 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: <u>1</u>	
2 FILER NAME <u>Brad M. Lambrose</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5/17/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Irving Voices PAC</u>	7 Amount of contribution (\$) <u>1515.95</u>	8 In-kind contribution description (if applicable) <u>Ads</u>
6 Contributor address; City; State; Zip Code <u>408 W. 6th St Irving TX 75060</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>5/8/15</u> <u>5/19/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Bruce Burns</u>	Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable) <u>Signs</u>
Contributor address; City; State; Zip Code <u>421 W. Pioneer Dr. Irving TX</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Commercial Realtor</u>		Employer (See Instructions) <u>Bruce Burns & Assn.</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 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:	2 FILER NAME <i>Brad M. LaMorgese</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/4/15</i>	5 Payee name <i>Booker Industries</i>
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6 Amount (\$) <i>558.09</i>	7 Payee address: City: State: Zip Code <i>2344 Farrington Dallas TX 75207</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Ad</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Ad</i> <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 <i>5/14/15</i>	Payee name <i>Booker Industries</i>
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Amount (\$) <i>196.56</i>	Payee address: City: State: Zip Code <i>2344 Farrington Dallas TX 75207</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Ad</i>	Description (If travel outside of Texas, complete Schedule T) <i>Ad</i> <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 <i>5/17/15</i>	Payee name <i>Booker Industries</i>
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Amount (\$) <i>1,486.35</i>	Payee address: City: State: Zip Code <i>2344 Farrington Dallas TX 75207</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Ad</i>	Description (If travel outside of Texas, complete Schedule T) <i>Ad</i> <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 <i>5/12/15</i>	Payee name <i>Campaign Shortcuts</i>
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Amount (\$) <i>469.60</i>	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Ads-phone</i> <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Brad M. Lamosgese</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/12/15</i>	5 Payee name <i>Booker Indus.</i>
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6 Amount (\$) <i>811.41</i>	7 Payee address; City; State; Zip Code <i>2344 Farrington Dallas Texas 75207</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Ads</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Ads mail?</i> <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 <i>5/12/15</i>	Payee name <i>Booker Indus.</i>
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Amount (\$) <i>460.06</i>	Payee address; City; State; Zip Code <i>2344 Farrington, Dallas TX 75207</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Ads</i>	Description (If travel outside of Texas, complete Schedule T) <i>Ads - door</i> <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 <i>5/29/15</i>	Payee name <i>Ash Wright</i>
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Amount (\$) <i>500</i>	Payee address; City; State; Zip Code <i>1900 Little Elm Trail Unit 85 Cedar Park TX 78613</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting</i>	Description (If travel outside of Texas, complete Schedule T) <i>Consulting</i> <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 <i>5/27/15</i>	Payee name <i>Chase Bank</i>
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Amount (\$) <i>20</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fees</i> <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

