

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 / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.2em;">KENSLEY</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">STEWART</div>	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED OFFICE USE ONLY Date Received <div style="font-size: 1.5em; color: red; font-weight: bold;">JUL 20 2011</div> </div> <div style="border: 1px solid blue; padding: 5px; margin-top: 5px;"> City Secretary's Office Date Hand-delivered or Postmarked <div style="font-size: 1.2em; color: blue;">AD JOP 7/20/11</div> Receipt # Amount <div style="font-size: 1.2em; color: blue;">4:35pm</div> </div> <div style="margin-top: 5px;"> Date Processed <div style="font-size: 1.2em; color: blue;">Reviewed by Jg Halen</div> </div> <div style="margin-top: 5px;"> Date Imaged </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <div style="font-size: 1.2em;">3916 TACOMA STREET</div> <div style="font-size: 1.2em;">IRVING, TX 75062</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(972) 768-0767 (CELL)</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.2em;">DOUGLAS J</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">HARPER</div>										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <div style="font-size: 1.2em;">1117 S. DELAWARE ST. IRVING, TX 75060</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(972) 438-3786 (H) 214-923-6864 (CELL)</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.2em;">5 / 5 / 2011 7 / 15 / 2011</div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">5 / 14 / 2011</div>	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)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">CITY COUNCIL PLACE 3</div>									
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 KENSLEY STEWART **16 ACCOUNT # (Ethics Commission Filers)**

17 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.

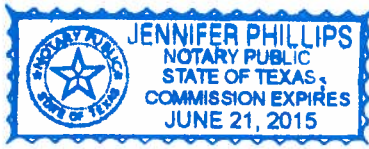
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 130 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1865 ¹⁸
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 1655 ¹⁴
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6 ⁷⁹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 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.

Kensley Stewart
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kensley Stewart, this the 20th day of July, 20 11, to certify which, witness my hand and seal of office.

Jennifer Phillips
Signature of officer administering oath

Jennifer Phillips
Printed name of officer administering oath

notary
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: 1/3	
2 FILER NAME KENSLEY STEWART		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-2-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) RONALD R. & JACKIE AMBERSOLD 6 Contributor address; City; State; Zip Code 1405 COLONY DR. IRVING, TX 75061	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-6-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROY A. & HOLLY J. GETTING Contributor address; City; State; Zip Code 2208 RITA CT. IRVING, TX 75060	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-7-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEVEN JONES Contributor address; City; State; Zip Code 3213 SALINAS CT. IRVING, TX 75062	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-9-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) IRVING REPUBLICAN WOMEN'S CLUB Contributor address; City; State; Zip Code 1616 CAMINO LAGO IRVING, TX 75039	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-9-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROBERT & AMY BRIDGES Contributor address; City; State; Zip Code 101 NONE SUCH PL. IRVING, TX 75061	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2/3	
2 FILER NAME KENSLEY STEWART		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-14-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOYCE HOWARD PITTMAN	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable) COST OF BUTTONS MILEAGE GROF FLYERS <small>(If travel outside of Texas, complete Schedule T)</small>
6 Contributor address: City: State: Zip Code 1401 COLONY IRVING, TX 75061			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-7-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DOUG & SUE HARPER	Amount of contribution (\$) 53.25	In-kind contribution description (if applicable) MAY 7th BIRTH ICE & ICE CREAM <small>(If travel outside of Texas, complete Schedule T)</small>
Contributor address: City: State: Zip Code 1117 S. DELAWARE ST. IRVING TX 75060			
Principal occupation / Job title (See Instructions) ENGINEER / MANAGER		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		<small>(If travel outside of Texas, complete Schedule T)</small>
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		<small>(If travel outside of Texas, complete Schedule T)</small>
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		<small>(If travel outside of Texas, complete Schedule T)</small>
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: 3/3	
2 FILER NAME KENSLEY STEWART		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-17-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WILLIAM BROWN III	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 100 DECKER COURT STE 100 IRVING, TX 75062		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ACCOUNTANT		10 Employer (See Instructions)	
Date 5-24-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JAMES EMBRY	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4027 N. BELTLINE RD. APT 2314 IRVING, TX 75038		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-24-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KENNETH J & DIANE G. EWING	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2524 CRESTVIEW CIR. IRVING, TX 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-24-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) NANCY TRESLER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3310 RIDGEMONT IRVING, TX 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-25-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEPHEN HILLIER (STEPHEN)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code PO BOX 154228 IRVING, TX 75015		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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:	2 FILER NAME KENSLEY STEWART	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-20-11	5 Payee name DALLAS COUNTY ELECTIONS COMMISSION	
6 Amount (\$) 1300.⁰⁰	7 Payee address; City; State; Zip Code 509 MAIN ST. (RECORDS BLDG.) DALLAS, TX 75202	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POLLING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) RECOUNT PLACE 3
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-14-11	Payee name DOUG HARPER	
Amount (\$) 355.¹⁴	Payee address; City; State; Zip Code 1117 S. DELAWARE ST. IRVING, TX 75060	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / ETC. EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) PICNIC SUPPLIES 7 MAY 11
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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