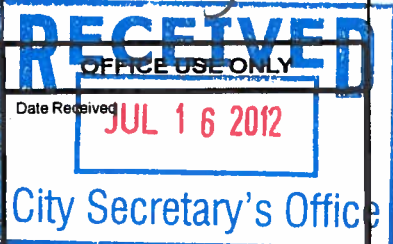


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 La Morgese	FIRST Brad LAST	MI M SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / POBOX; 9404 Abbey Rd Irving TX 75063	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 770-9336	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Kensley LAST Stewart	MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3916 Tacoma Irving TX 75062		
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 768-0767	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 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 5 / 3 / 12 6 / 30 / 12		
11 ELECTION	ELECTION DATE Month Day Year 5 / 12 / 12		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) Irving City Council Place 6		13 OFFICE SOUGHT (if known)



Date Hand-delivered or Postmarked
HD 9:40am 7/16/12 KH

Receipt # Amount

Date Processed
Hand by [Signature] 7/17/12

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2


14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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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.	
	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Irving Voices
		COMMITTEE ADDRESS 16 Fair Green Trophy Club R 76262
		COMMITTEE CAMPAIGN TREASURER NAME Doug Harper
	COMMITTEE CAMPAIGN TREASURER ADDRESS Same as above	

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)	\$ 745.92
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,461.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 874.99
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 16 day of July, 20 12, to certify which, witness my hand and seal of office.

Kristin Irene Harrison
Signature of officer administering oath

Kristin Irene Harrison
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	
2 FILER NAME Brad M. Lamorgest		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/9/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lon Loveless	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7425 Cliffbrook Dr. Dallas TX 75254		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Cordell firm	
Date 5/3/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Frassinelli	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 809 Mcloy Dr Irving TX 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irving Voices	Amount of contribution (\$) 595.92	In-kind contribution description (if applicable) In Kind Signs / Ads
Contributor address; City; State; Zip Code 16 Fair Green Dr Trophy Club TX 76262		(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 LaMorse</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/29/12</i>		5 Payee name <i>Chace Bank</i>			
6 Amount (\$) <i>30.00</i>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Bank fees</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Bank fees</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5/21/12</i>		Payee name <i>Rally/Pinyx</i>			
Amount (\$) <i>\$ 36.00</i>		Payee address; City; State; Zip Code <i>144 2nd St. San Francisco CA 94105</i>			
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>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/1/12</i>		Payee name <i>Valentine Direct Marketing</i>			
Amount (\$) <i>927.97</i>		Payee address; City; State; Zip Code <i>3415 Maple Ave, Ste. 230 Dallas TX 75235</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/5/12</i>		Payee name <i>Matt Dowling</i>			
Amount (\$) <i>\$ 2,370</i>		Payee address; City; State; Zip Code <i>12501 Tech Ridge Blvd # 422 Austin TX 78753</i>			
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>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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.

1 Total pages Schedule G:	2 FILER NAME <i>Brad LaMorgese</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>5/11/12</i>	5 Payee name <i>Data Ecology LLC</i>	
6 Amount (\$) <i>49</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>16 Dudley St. Fitchburg Mass 01420</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Adv. Exp.</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>website</i>
Date <i>6/11/12</i>	Payee name <i>Data Ecology LLC</i>	
Amount (\$) <i>49</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>16 Dudley St. Fitchburg MASS 01420</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Adv. Exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>website</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED