

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Zachary	MI T
	NICKNAME Zack	LAST Maxwell	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE # CITY STATE ZIP CODE 5904 S Cooper Ste 104-104 Arlington, TX 76017		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (972) 546 7301		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Zachary	MI T
	NICKNAME Zack	LAST Maxwell	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 316 Tubor Dr. Arlington, TX 76002		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (972) 546 7301		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 03 / 08 / 11 THROUGH 04 / 04 / 11		
11 ELECTION	ELECTION DATE Month Day Year 05 / 14 / 2011		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) District 3 City Council member	
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		

OFFICE USE ONLY
 RECEIVED - CSO
 APR 14 PM 2:52
 Date Received
 Date Hand-delivered or Postmark
 Receipt # Amount
 Date Processed
 Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Zachary Maxwell

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

\$ 60⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1110⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 185³⁹

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 149⁰⁰

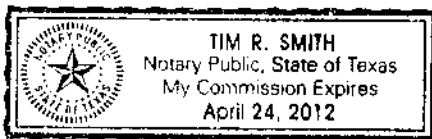
OUTSTANDING LOAN TOTALS

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Zach Maxwell, this the 12th day of April, 20 11, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Tim R. Smith
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: **2**

2 FILER NAME

Zachary Maxwell

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/24/11

5 Full name of contributor

Richard Pell

6 Contributor address; City; State; Zip Code

3703 Dustin Trl Arlington, TX 76016

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/25/11

Full name of contributor

Joe Barnett

Contributor address; City; State; Zip Code

12770 Colt Rd Dallas, TX 75251

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

NCPA

Date

3/17/11

Full name of contributor

Tim Smith

Contributor address; City; State; Zip Code

5904 S Cooper Ste 104 Arlington, TX 76017

Amount of contribution (\$)

\$40.00

In-kind contribution description (if applicable)

Business Cards

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Packing & Shipping Specialists

Date

3/27/11

Full name of contributor

Manny Escamilla

Contributor address; City; State; Zip Code

3027 Routh St. Ste 103 Dallas, TX 75201

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Real Estate

Blake Real Estate

Date

3/28/11

Full name of contributor

Buddy Saunders

Contributor address; City; State; Zip Code

1304 Hillary Ln Arlington, TX 76012

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner

Home-Star Comics

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: 2	
2 FILER NAME Zachary Maxwell		3 ACCOUNT # (Ethics Commission File#)	
4 Date 03/28/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Manny Escamilla	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
	6 Contributor address: City; State; Zip Code 3027 Routh St Ste 103 Dallas, TX 76012	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions) Blake Real Estate	
Date 04/03/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karen Hembrece	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 415 Darlene Ln Arlington, TX 76010	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matt McGinn	Amount of contribution (\$) \$20⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5904 S Cooper Ste 104 Arlington, TX 76017	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Packing Clerk		Employer (See Instructions) Packing & Shipping Specialists	
Date 04/04/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Maxwell	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 316 Taber Dr Arlington, TX 76002	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Software Demonstration		Employer (See Instructions) Computer Associates	
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: <u>2</u>		2 FILER NAME <u>Zachary Maxwell</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>03/26/11</u>		5 Payee name <u>Quiltstrip</u>			
6 Amount (\$) <u>\$40.01</u>		7 Payee address, City, State, Zip Code <u>3532 Matlock Rd Arlington TX, 76014</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Transportation</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Gas</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>03/28/11</u>		Payee name <u>Walmart</u>			
Amount (\$) <u>\$2.70</u>		Payee address; City; State; Zip Code <u>915 E Randol Mill Rd, Arlington, TX 76011</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Other</u>		Description (If travel outside of Texas, complete Schedule T) <u>Thank You Cards</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>03/29/11</u>		Payee name <u>Magic Jack YMAX Communication Corp</u>			
Amount (\$) <u>\$20.91</u>		Payee address; City; State; Zip Code <u>223 Sunset Ave, Ste 233 Palm Beach, FL 33480</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Office Overhead</u>		Description (If travel outside of Texas, complete Schedule T) <u>Phone line</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>03/31/11</u>		Payee name <u>Bank of America</u>			
Amount (\$) <u>\$16.00</u>		Payee address; City; State; Zip Code <u>100 N Tyron St, Charlotte, NC 28255</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Fees</u>		Description (If travel outside of Texas, complete Schedule T) <u>Monthly Acct Fee</u>	
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

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: <u>2</u>		2 FILER NAME <u>Zachary Maxwell</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>04/01/11</u>		5 Payee name <u>PayPal</u>			
6 Amount (\$) <u>\$755</u>		7 Payee address; City; State; Zip Code <u>2211 N 1st St San Jose, CA 95131</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Fee</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Fee for donation deposit</u>		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>04/01/11</u>		Payee name <u>Packing & Shipping Specialists</u>			
Amount (\$) <u>\$51.83</u>		Payee address; City; State; Zip Code <u>5904 S Cooper Ste 104 Arlington, TX 76017</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising</u>		Description (If travel outside of Texas, complete Schedule T) <u>Corrugated Sign</u>		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>04/04/11</u>		Payee name <u>Murphy USA</u>			
Amount (\$) <u>\$10.00</u>		Payee address; City; State; Zip Code <u>701 W Sublett Rd Arlington TX 76002</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Transportation</u>		Description (If travel outside of Texas, complete Schedule T) <u>Gas</u>		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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)		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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 1	2 FILER NAME Zachary Maxwell	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------------	--	--

4 Date 03/21/11	5 Payee name Quicktrip
---------------------------	----------------------------------

6 Amount (\$) \$30⁰⁰	7 Payee address; City; State; Zip Code 701 W Harris Rd Arlington, TX 76001
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation	(b) Description (If travel outside of Texas, complete Schedule T) Gas
--------------------------	---	---

Date 03/17/11	Payee name Godaddy
Amount (\$) \$6³⁹	Payee address; City; State; Zip Code 14455 N Hayden Rd Ste 219 Scottsdale, AZ 85260

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) zackmaxwell.com domain
------------------------	--	--

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	Category (See categories listed at the top of this schedule)
PURPOSE OF EXPENDITURE	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	Category (See categories listed at the top of this schedule)
PURPOSE OF EXPENDITURE	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED