

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:

8

3 CANDIDATE / OFFICEHOLDER NAME

TITLE	FIRST	MI
Mr.	Zachary	T
NICKNAME	LAST	SUFFIX
Zach	Maxwell	

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

RECEIVED - CSD
11 MAY - 6 PM 1:24

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5904 S. Cooper Ste 104-104 Arlington, TX 76017

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
Mr.	Zachary	T
NICKNAME	LAST	SUFFIX
Zach	Maxwell	

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

316 Tabor Dr. Arlington, TX 76002

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 546-7301

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year

04 / 05 / 11 THROUGH 05 / 04 / 11

10 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

05 / 14 / 11

11 OFFICE

OFFICE HELD (if any)

None

12 OFFICE SOUGHT (if known)

City Council Place 3

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Zachary Maxwell

15 ACCOUNT # (Ethics Commission file #)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 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)

\$ 180.50

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 864.74

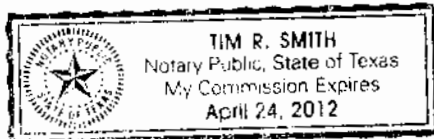
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ ^{ZM} ~~290.37~~ 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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Zack Maxwell, this the 6th day of May, 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 EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule F:

5

2 FILER NAME

Zachary Maxwell

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

04/06/11

Godaddy

6 Payee address: City: State: Zip Code

14455 N Hayden Rd Ste 219 Scottsdale, AZ 85260

\$7.67

8 Purpose of payment (See instructions regarding type of information required.)

Other Hosting website

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

04/07/11

Build-a-Sign LLC

Payee address: City: State: Zip Code

11525B Stonehollow Dr Ste 220 Austin, TX 78758

\$374.55

Purpose of payment (See instructions regarding type of information required.)

Yard Signs Advertising Expense

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

04/07/11

Club Texting.com

Payee address: City: State: Zip Code

244 5th Ave, Ste A224 New York, NY 10001

\$49.00

Purpose of payment (See instructions regarding type of information required.)

Text-Service (Advertising Expense)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

04/07/11

C & M Chevron

Payee address: City: State: Zip Code

6200 Matlock Arlington TX

\$40.00

Purpose of payment (See instructions regarding type of information required.)

Transportation Expense (Gas)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule F:
5

2 **FILER NAME** *Zachary Maxwell* 3 **ACCOUNT #** (Ethics Commission filers):

4 Date <i>04/08/11</i>	5 Payee name <i>PASS</i> 6 Payee address; City; State; Zip Code <i>5404 S Cooper Ste 104, Arlington, TX 76012</i>	7 Amount (\$) <i>\$48.50</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Advertising Expense (Business Cards)</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>04/07/11</i>	Payee name <i>Chase Bank</i> Payee address; City; State; Zip Code <i>501 E. 2nd St Arlington, TX</i>	Amount (\$) <i>\$2.00</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Fee (Bank Fee)</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>04/08/11</i>	Payee name <i>Airways Hamburgers</i> Payee address; City; State; Zip Code <i>1106 N Collins St. Arlington, TX 76011</i>	Amount (\$) <i>\$13.81</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Food Expense</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>04/12/11</i>	Payee name <i>Dry Clean Supercenter</i> Payee address; City; State; Zip Code <i>8120 Matlock Rd Arlington, TX 76002</i>	Amount (\$) <i>\$18.67</i>
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Purpose of payment (See instructions regarding type of information required.) <i>Other (Suit Cleaning)</i>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule F: **5**

2 FILER NAME: **Zachary Maxwell** **3** ACCOUNT # (Ethics Commission files):

4 Date 04/15/11	5 Payee name Jack In the Box 6 Payee address; City; State; Zip Code 700 W Division Arlington, TX 76012	7 Amount (\$) \$10.32
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8 Purpose of payment (See instructions regarding type of information required.)
Food Expense

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

Date 04/15/11	Payee name Wingstop Payee address; City; State; Zip Code 5415 S Cooper St #11 Arlington, TX 76017	Amount (\$) \$7.55
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Purpose of payment (See instructions regarding type of information required.)
Food Expense

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

Date 04/18/11	Payee name Godaddy Payee address; City; State; Zip Code 14455 N. Hayden Rd Ste 219 Scottsdale, AZ 85260	Amount (\$) \$6.49
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Purpose of payment (See instructions regarding type of information required.)
Advertising (Web hosting)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

Date 04/18/11	Payee name McDonalds Payee address; City; State; Zip Code 6230 Matlock Rd, Arlington, TX 76002	Amount (\$) \$6.15
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Purpose of payment (See instructions regarding type of information required.)
Food Expense

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME Zachary Maxwell		3 ACCOUNT # (Ethics Commission files)
4 Date 04/21/11	5 Payee name Mochalux	7 Amount (\$) \$25.00
6 Payee address: City State Zip Code 1101 E. Bardin Rd #101 Arlington, TX 76018		
8 Purpose of payment (See instructions regarding type of information required.) Event Expense (Coffee Fundraiser)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/21/11	Payee name Office Max	Amount (\$) \$14.03
Payee address: City State Zip Code 4619 S Cooper Arlington TX		
Purpose of payment (See instructions regarding type of information required.) Advertising Expense / Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/25/11	Payee name PASS	Amount (\$) \$4.75
Payee address: City State Zip Code 5904 S Cooper Ste 104 Arlington, TX 76017		
Purpose of payment (See instructions regarding type of information required.) Printing Expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/25/11	Payee name Kroger	Amount (\$) \$14.70
Payee address: City State Zip Code 5330 S Cooper St. Arlington, TX 76017		
Purpose of payment (See instructions regarding type of information required.) Food Expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES SCHEDULE F

The instruction Guide explains how to complete this form. 1 Total pages Schedule F: 5

2 FILER NAME: Zachary Maxwell 3 ACCOUNT # (Ethics Commission file):

4 Date	5 Payee name	7 Amount (\$)
<u>04/27/11</u>	<u>Colors Pit BBQ</u>	<u>\$10.01</u>
	6 Payee address: City: State: Zip Code <u>2612 W Pioneer Pkwy Pantego, TX 76013</u>	

8 Purpose of payment (See instructions regarding type of information required.) <u>Food Expense AARG Forum</u>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
<u>04/28/11</u>	<u>Next-Day Hiers</u>	<u>\$69.91</u>
	Payee address: City: State: Zip Code <u>18711 S Broadwale St, Rancho Dominguez CA 90220</u>	

Purpose of payment (See instructions regarding type of information required.) <u>Event Expense (Postcards)</u>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
<u>05/02/11</u>	<u>Office Max</u>	<u>\$116.13</u>
	Payee address: City: State: Zip Code <u>4619 S. Cooper Arlington, TX</u>	

Purpose of payment (See instructions regarding type of information required.) <u>Printing Expense (Postcards)</u>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
<u>05/02/11</u>	<u>QT Gas</u>	<u>\$25.00</u>
	Payee address: City: State: Zip Code <u>701 W Harris Rd Arlington, TX 76017</u>	

Purpose of payment (See instructions regarding type of information required.)	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name: Office sought: Office held:
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME

Zachary Maxwell

3 ACCOUNT # (Ethics Commission files)

4 Date

04/11/11

5 Full name of contributor

Paul Evans

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

4617 Wooded Acres Arlington, TX 76016

7 Amount of contribution (\$)

\$20⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/18/11

Full name of contributor

Mike Suvce

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

317 W Division St. Arlington TX 76011

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Business Owner

Employer (Optional)

Sportscar Performance

Date

04/21/11

Full name of contributor

Buddy Saunders

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1309 Hillary Ln. Arlington, TX 76012

Amount of contribution (\$)

\$10.50

In-kind contribution description (if applicable)

In-kind pushcards

Principal occupation (Optional)

Employer (Optional)

Date

04/26/11

Full name of contributor

Manny Escamilla

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

3027 Route St. Dallas, TX 75201
2M

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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