

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 <input checked="" type="radio"/>	FIRST Zachary	MI T	OFFICE USE ONLY			
	NICKNAME Zack	LAST Maxwell	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE:	Date Received Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged	
	5904 S Cooper St 104-104 Arlington, TX 76017						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(972) 546-7301						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST Zachary	MI T	RECEIVED - CSO 11 JUL 18 AM 10:44			
	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 Tabor Dr. Arlington, TX 76017						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(972) 546-7301						
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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
05 / 05 / 11 THROUGH 06 / 30 / 11							
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
05 / 14 / 11							
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
None				City Council District 3			
14 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						
<input type="checkbox"/> additional pages							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Zachary T. Maxwell

16 ACCOUNT # (Ethics Commission Filer)

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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

additional pages

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 \$ 40⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 285⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 378⁰⁶

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6.²¹

OUTSTANDING LOAN TOTALS

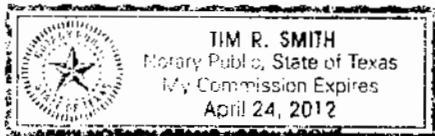
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

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



Sworn to and subscribed before me, by the said *Zachary Maxwell* this the 14th day of July 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:

1

2 FILER NAME

Zachary T Maxwell

3 ACCOUNT # (Ethics Commission files)

4 Date

05/07/11

5 Full name of contributor

David Lambertson

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$25⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

700 Leisure Dr. Ft Worth TX 76120

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Unknown

Date

05/07/11

Full name of contributor

Georgia Stapleton

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$75⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4712 Flat Rock Rd Ft. Worth, TX 76182

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Political Activist

Employer (See Instructions)

Unknown

Date

05/07/11

Full name of contributor

Manny Escamilla

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3027 Roath St Ste 103 Dallas, TX 75201

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Blake Realty

Date

05/07/11

Full name of contributor

Jolie Douglas

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$25⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 14100 Arlington, TX 76094

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Candidate

Employer (See Instructions)

Unknown

Date

Full name of contributor

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 FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

- 1 Total pages Schedule F:
3
- 3 ACCOUNT # (Ethics Commission file)

2 FILER NAME

Zachary T Maxwell

4 Date	5 Payee name	7 Amount (\$)
5/17/11	Dry Clean Supercenter	\$25.95

8 Payee address; City; State; Zip Code
8120 Matlock Rd, Arlington TX 76001

8 Purpose of payment (See instructions regarding type of information required.)
Dry Cleaning
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name	Amount (\$)
05/24/11	Albertsons	\$26.72

Payee address; City; State; Zip Code
5950 S Cooper St. Arlington, TX 76017

Purpose of payment (See instructions regarding type of information required.)
Refreshments for poll workers
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name	Amount (\$)
06/04/11	ClubTexting.com	\$49.00

Payee address; City; State; Zip Code
244 5th Ave Ste A224 New York, NY 10001

Purpose of payment (See instructions regarding type of information required.)
Advertising
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name	Amount (\$)
06/16/11	Godaddy.com	\$7.99

Payee address; City; State; Zip Code
14455 N Hayden Rd Ste 219, Scottsdale, AZ 85260

Purpose of payment (See instructions regarding type of information required.)
Website Hosting
(If travel outside of Texas, complete Schedule T)

9 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:

3

2 FILER NAME

Zachary T Maxwell

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
5/16/2011	Facebook Ads	\$37 ⁵⁴
6 Payee address: City: State: Zip Code		
1601 S California Ave, Palo Alto, CA 94304		

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Online Advertising (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
05/16/11	Facebook Ads	\$36 ³⁴
Payee address: City: State: Zip Code		
1601 S California Ave, Palo Alto, CA 94304		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Online Advertising (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
05/16/11	Godaddy.com	\$7 ⁹⁹
Payee address: City: State: Zip Code		
14455 W Hayden Rd, Ste 219, Scottsdale AZ 85260		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Website Hosting (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
05/17/11	Facebook Ads	\$28 ²⁴
Payee address: City: State: Zip Code		
1601 S. California Ave, Palo Alto CA 94304		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Online Advertising (If travel outside of Texas, complete Schedule T)	

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:

3

2 FILER NAME

Zachary T Maxwell

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
5/9/11	Clubtexting.com	\$49.00
6 Payee address: City: State: Zip Code		
244 5th Ave, Ste A224 New York, NY 10001		

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
Advertising (If travel outside of Texas, complete Schedule T)	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
5/9/11	Mochalux Coffee & Tea	\$41.00
Payee address: City: State: Zip Code		
1101 E Bardin Rd, Arlington, TX 76018		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
Fundraising Event (If travel outside of Texas, complete Schedule T)	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
5/13/11	Office Max	\$30.22
Payee address: City: State: Zip Code		
4619 S Cooper, Arlington, TX 76017		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
Handouts for election Day (If travel outside of Texas, complete Schedule T)	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
5/16/11	Facebook Ads	\$38.97
Payee address: City: State: Zip Code		
1601 S California Ave, Palo Alto, CA 94304		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
Online Advertising (If travel outside of Texas, complete Schedule T)	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH

RECEIVED - CSO
11 JUL 18 AM 10:44

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Zachary T. Maxwell

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

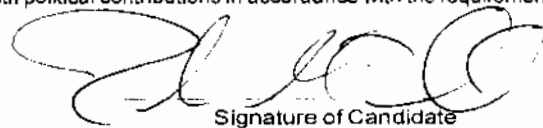
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder