

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed: **3**

3 COMMITTEE NAME

*Citizens for Arlington*

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

14 OCT - 6 AM 9:40

RECEIVED - CSO

4 COMMITTEE ADDRESS

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

*505 E Border Street*

change of address

*Arlington, TX 76010*

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

*Mr. Stephen R*

NICKNAME LAST SUFFIX

*Steve Zimmer*

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)

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

*407 E Beady Road  
Arlington, TX 76006*

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

*407 E Beady Road  
Arlington, TX 76006*

change of address

8 CAMPAIGN TREASURER PHONE

AREA CODE / PHONE NUMBER EXTENSION

*(817) 366-1352*

9 REPORT TYPE

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Exceeded \$500 limit                          |
| <input type="checkbox"/> July 15    | <input type="checkbox"/> 8th day before election             | <input type="checkbox"/> Dissolution (attach PAC-DR)                   |
|                                     | <input type="checkbox"/> Runoff                              | <input type="checkbox"/> 10th day after campaign treasurer termination |

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

*9 / 14 / 2014 THROUGH 9 / 25 / 2014*

11 ELECTION

ELECTION DATE  
Month Day Year

ELECTION TYPE

*11 / 4 / 2014*

- Primary  Runoff  General  Special

**GO TO PAGE 2**

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

**12 COMMITTEE NAME** *Citizens for Arlington* ACCOUNT # (Ethics Commission Filers)

**13 COMMITTEE PURPOSE**  
(Attach lists on plain paper to complete this report if necessary.)

**SUPPORT** (Candidate or Measure)

**OPPOSE** (Candidate or Measure)

**ASSIST** (Officeholder)

**CANDIDATE**

**OFFICEHOLDER**

**MEASURE**

**CANDIDATE / OFFICEHOLDER NAME**

**OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)**

**BALLOT IDENTIFICATION / #** **ELECTION DATE**  
Month Day Year  
*City of Arlington Special 11 / 4 / 2014*

**DESCRIPTION**  
*City Bond Proposition*

<b>14 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>200</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>200</i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

**15 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.

*Stephen L Zimmer*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Steve Zimmer*, this the *6* day of *Oct.*, 20 *14*, to certify which, witness my hand and seal of office.

*Martha Garcia*  
Signature of officer administering oath

*MARTHA GARCIA*  
Printed name of officer administering oath

*Notary Public*  
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 FILER NAME <i>Citizens for Arlington</i>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/23/14</i>	5 Full name of contributor <i>Sue Phillips</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <i>415 Joyce St, Arlington, TX 76010</i>		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <i>9/23/14</i>	Full name of contributor <i>Stephen R Zinner</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>407 E Beady Road Arlington, TX</i>		(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)		
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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.