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: 7

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

RECEIVED - CSO 15 JAN 15 PM 1:52

3 COMMITTEE NAME: Citizens for Arlington

4 COMMITTEE ADDRESS ☐ change of address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
505 E Border Street
Arlington, TX 76010

5 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr FIRST: Stephen MI: R
NICKNAME: Steve LAST: Zimmer SUFFIX:

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 ☐ change of address
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
407 E Beady Road
Arlington, TX 76006

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(817) 366-1532

9 REPORT TYPE
- [x] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] Dissolution (attach PAC-DR)
- [ ] 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year: 10/26/2014 THROUGH Month Day Year: 12/31/2014

11 ELECTION
ELECTION DATE Month Day Year: 11/4/2014
ELECTION TYPE
- [ ] Primary
- [ ] Runoff
- [ ] General
- [x] Special

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 / # City of Arlington

ELECTION DATE Month 11 Day 4 Year 2014

DESCRIPTION City Bond Proposition

14 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)	$ 13650—
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 10—
	4. **TOTAL POLITICAL EXPENDITURES**	$ 4384.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 11564.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 15000.00

15 AFFIDAVIT

JEAN KENYON
Notary Public, State of Texas
My Commission Expires
January 30, 2018

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 R. Zimmer
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stephen R. Zimmer, this the 15th day, of January, 20 15, to certify which, witness my hand and seal of office.

Jean Kenyon	Jean Kenyon	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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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: Citizens for Arlington

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/2/2014	☐ out-of-state PAC (ID#:) Val G. and Linda Gibson	2414 Wimbleton Drive Arlington, TX 76017-3730	$250 — (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/6/2014	☐ out-of-state PAC (ID#:) LARRY FOWLER	4900 Morris Heights Dr Arlington, TX 76016	$350 — (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/11/14	☐ out-of-state PAC (ID#:) Ronald & Jennifer Price	1404 Riverview Drive Arlington, TX 76012	$1000 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/19/14	☐ out-of-state PAC (ID#:) Stephen R Zimmel	407 E Beady Road Arlington, TX 76006	$500 — (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/30/14	☐ out-of-state PAC (ID#:) Scott Howell	3900 Willow Ste 200 Dallas, TX 75226	$1000 (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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C: 3

2 FILER NAME: Citizens for Arlington

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/27/14	Lunsford Assoc LC Rick Lunsford 4025 Woodland Park Blvd Ste 370, Arlington, TX 76013-8056	200 —	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/14	DFL Group LLC 1201 Shirley Way Bedford, TX 76022	500 —	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/14	Hamilton Duffy PC Keith Hamilton 8241 Mid Cities Blvd Ste 100 North Richland Hills, TX 76182-4759	500 —	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/14	Yaggi Engineering Inc Elizabeth Yaggi 5840 W Hwy 20 Ste 270 Arlington, TX 76017	300 —	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/14	Atallon Investments, Inc Bob Johnson - The Pinnacle Corp 201 A East Abram St Arlington, TX 76010	500 —	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/4/14	Schrickel, Rollins and Associates 1151 Corporate Drive, Ste 200 Arlington, TX 76006	500 —	

(If travel outside of Texas, complete Schedule T)

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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C: 3

2 FILER NAME: Citizens for Arlington

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/4/14	CHS Architects, Inc (Moy Haddad) 2500 NE Green Oaks Blvd, Ste 200, Arlington, TX 76006	$ 200-	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/4/14	LandTec Engineers, LLC 1700 Robert Road, Suite 101 Mansfield, TX 76063	250-	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/4/14	TEAM Consultants, Inc 2970 S Walton Walker, Suite 101, Dallas, TX 75211	500-	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/6/14	BSL Inc 2012 E Randol Mill Rd #208, Arlington TX 76011	500-	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/7/14	LEE Engineering LLC 3610 N 44th St, Suite 100 Phoenix, AZ 85018	100-	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/7/14	Arlington Chamber (Texas Health Resources) 500 East Border St Arlington, TX 76010	1000-	

(If travel outside of Texas, complete Schedule T)

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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C: 3

2 FILER NAME: Citizens for Arlington

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/17/14	WIL-CPT Arlington Highlands I, LP 180 N Michigan Ave, Suite 200 Chicago, Illinois 60601	$3000	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/17/14	Halff Associates, Inc (Stephen Crawford) 1201 North Bowser Road Richardson, TX 75081-2275	$1000	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/3/14	Arlington Chamber (ATMOS) 500 East Border Street Arlington, TX 76010	$500	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/19/14	RP Arvel, LP (Rick Merritt) 3004 Iron Stone Ct Arlington, TX 76006	$500	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/26/14	Arlington Chamber Pac (Jim Maibach) 500 East Border Street Arlington, TX 76010	$500	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/31/14			

(If travel outside of Texas, complete Schedule T)

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees
Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense
Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: Citizens for Arlington

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 10/29/2014

5 Payee name: Mayes Media Group

6 Amount ($): $2584.20

7 Payee address; City; State; Zip Code: 312 Creekwood Drive Sunnyvale TEXAS 75182

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Other (Robo-calls)

(b) Description (If travel outside of Texas, complete Schedule T)

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date: 11/4/2014

Payee name: Dan Fernandez

Amount ($): $1800.00

Payee address; City; State; Zip Code: 2823 Quail Lane Arlington, TEXAS 76016

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Salaries/Contract Labor

Description (If travel outside of Texas, complete Schedule T)

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date: 10/31/2014

Payee name: Frost Bank

Amount ($): $5.00

Payee address; City; State; Zip Code: PO Box 16509 Fort Worth, TX 76162

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date: 11/30/2014

Payee name: Frost Bank

Amount ($): $5.00

Payee address; City; State; Zip Code: PO Box 16509 Fort Worth, TX 76162

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED