	CANDBE	CORDA MATHA	FICEH NCE F	HOLDER REPORT			ORM C/OI SHEET PG
	The CONTRACTOR	Guide explai	s how to co	mplete this form.	1 ACCOUNT # (Ethics Commission File	ers) 2 Total page	s filed:
-3	CANDIDATE / OFFICEHOLDER	MS/MRS/MR		FIRST	Mi	OFFI	CE USE ONLY
	NAME	mR.	1	VICHOLAS	W.		9 4 4 4 T
ļ		NICKNAME		LAST	SUFF	Date Receive	A
				ZEBRUN		, and defined	2
_	CANDIDATE /	ADDRESS / PO 6					CELVED
1	OFFICEHOLDER			NIFRED DK.	STATE; ZIP CO	AP AP	R 1 4 2011
	MAILING ADDRESS	1		•			ered or Date Rostmarke
Г	Change of Address	FOR	T Wor	TH, TX 76	133	CII	YELL THIN
5	CANDIDATE/	AREA CODE	PHONE	NUMBER	EVIENCION	Receipt #	Amazzat
-	OFFICEHOLDER	(817)			EXTENSION	Necespt #	Amount
	PHONE		0~	1-7642		Date Processed	
6	CAMPAIGN TREASURER	MS/MRS/MR		FIRST	MI	Date Imaged	
	NAME	mrs.		COLLEEN		Date imaged	
		NICKNAME		LAST	SUFFIX	×	
				soupen			
7	CAMPAIGN TREASURER ADDRESS (Residence or Business)		KENWAY	EASE); APT/SUITE#; COURT TX 76132	CITY; STATE	ZIP CODE	
	CAMPAIGN TREASURER PHONE	AREA CODE (お7)	PHONE I	NUMBER - 4048	EXTENSION		
9	REPORTTYPE	January 15	30	Oth day before election	Runoff	15th day after appointment	er campaign treasurer (officeholder only)
		July 15	8t	h day before election	Exceeded \$500 lim	it Final report (	(Attach C/OH - FR)
10	PERIOD	Month Da	y Year		Month	Day Year	
	COVERED	2/28	/2011	THROUGH	4 /	4 /2011	
11	ELECTION	ELECTIC Month Da		ELECTION TYPE			
		5 / 14		Primary	Runoff	General	Special
12	OFFICE	OFFICE HELD (if a	ny)	•	13 OFFICE SOUGHT (	· · · · · · · · · · · · · · · · · · ·	
(	NOTICE OF DIRECT CAMPAIGN EXPENDITURE	CANDIDATES AR	EXPENDITURES A	ARE CAMPAIGN EXPENDITU	RES MADE BY OTHERS WITHO N ONLY IF THEY RECEIVE NOT	OUT THE CANDIDATE'S PRIOR	: CONSENT OR APPROV
	BY OTHER NDIVIDUALS	Name					
		Address / PO Box.	Apt / Suite #	City. State. Zip Cod	e		
	additional pages						

## CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

## FORM C/OH

		_	COVER SHEET PG 2
15 C/OH NAME	IHOLAS Z	ZEBRUN	16 ACCOUNT # (Ethics Commission Filers
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M. EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY II	IDIDATE'S OR OFFICEUOI DED'S KNOW FOR SE
OCIVINATI PEE(G)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ 57.40
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 207.40
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMI	ZED \$ 6
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 6
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D RTING PERIOD	\$ 264.80
OUTSTANDING LOAN TOTALS	6. TOTAL PF	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI ( OF THE REPORTING PERIOD	HE \$
19 AFFIDAVIT			
Not	ONALD P. GONZA ary Public, State of 1 1y Commission Expi May 17, 2012	is true and correct and includes all is me under Title 15, Election Code.  LES Texas Tes	perjury, that the accompanying report information required to be reported by indicated and indicated are officeholder.
Sworn to and subsc	ribed before m		, this the
MALAP (m. Signature of officer administrations)	of FMI	. 20 11 , to certify which, witness my Rohall P. (Tonzales Printed name of officer administering oath	y hand and seal of office.  Title of officer administering path

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	The instruction Guide explains how to complete	this form.	1 Total pages Sci	hedule A:
2 FII	NICHOLAS ZEBRUN		3 ACCOUNT # (E	Ethics Commission Filers)
<b>4</b> Da	DAVIA SOWO EN  6 Contributor address; City; State; Zip Co		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)  Shut dedited
	4604 KENVAY COURT			2 campaign video
<b>9</b> Prir	FORT WORTH, TX 76132  ncipal occupation / Job title (See Instructions)	10 Employer (See	(If travel outside	of Texas, complete Schedule T)
	VIDEOGRAPHER	SELF	instructions)	
Dat	Full name of contributor Out-of-state PAC(III)  MINDY YOU'LL CROS  Contributor address; City; State; Zip Co	WHL	Amount of contribution (\$)	In-kind contribution description (if applicable) Purchase of
	6632 Castle Creek Fort Worth, TX 7613	Dr.	16.29	businest Cards
Prin	ncipal occupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Dat	Full name of contributor Out-of-state PAC (III  MINDY YOU'LL CROWL		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Co	Sr.	41.11	Turchase of ink for business
Prin	cipal occupation / Job title (See Instructions)			of Texas, complete Schedule T)
	opar occupation / Job file (See Instructions)	Employer (See I	nstructions)	
Date	e Full name of contributor out-of-state PAC (ID	)#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Cod	de		
			(If travel outside of	f Texas, complete Schedule T)
Princ	cipal occupation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State: Zip Coo	de		
Princ	cipal occupation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
		Limployer (dec in	isti delloris)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	The Instruction Cuids and in the		1 Total pages Sch	edule B
	The Instruction Guide explains how to complete	this form.	Total pages con	edale b.
! FILER NA	ME		3 ACCOUNT # (E	thics Commission Filers)
T	OTAL OF UNITEMIZED PLEDGES:	⇒ ⇔ ⇔	\$ \$	\$
Date	6 Full name of pledgor ☐ out-of-state PAC (ID#	<b>#</b> )	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip C	ode		
<b>)</b> Principal o	ccupation / Job title (See Instructions)	11 Employer (See		of Texas, complete Schedule 1
				T-10
Date	Full name of pledgor  out-of-state PAC (ID#	·	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co	ode		
			(If travel outside of	f Texas, complete Schedule T
Principal o	ccupation / Job title (See Instructions)	Employer (See I		rexas, complete confedure 1
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co	ode		
Principal or	cupation / Job title (See Instructions)			Texas, complete Schedule T
Tilleparoc	acupation 7 Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#_		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co	de		
			(If travel outside of	Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Cod	de		
			(If travel outside of	Texas. complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In		.ss. complete delledule 1)

LOANS				SCHEDULE <b>E</b>	
Th	e Instruction Guide explains how to con	nplete this form.	1 Total p	ages Schedule E:	
2 FILER NAME	FILER NAME 3 ACCOL				
4 TOT	AL OF UNITEMIZED LOANS:			\$	
5 Date of loan	7 Name of lender	out-of-state PAC (ID#	<del></del>	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate	
Y N				11 Maturity date	
12 Principal occupa	tion / Job title (See Instructions)	13 Employer (See Instructions)			
<b>14</b> Description of Co	llateral				
15 GUARANTOR INFORMATION	16 Name of guarantor	100		18 Amount Guaranteed (\$)	
not applicable	17 Guarantor address; City;	State; Zip Code			
19 Principal Occupat	ion (See Instructions)	20 Employer (See Instructions)			
Date of loan	News				
Date of Ball	Name of lender	out-of-state PAC (ID#:	)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interestrate	
			-	Maturity date	
	on / Job title (See Instructions)			7	
r melpar occupati	on 7 Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	iteral	1111			
none					
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State: Zip Code			
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
If lend	ATTACH ADDITIONAL COPII er is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEEDE uction guide for additional reporti	D ng requ	irements.	

## POLITICAL EXPENDITURES

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Function Food/Beverage Expense Travel In Distriction Polling Expense Travel Out of D Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor traising Expense t istrict //Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME NICHULAS ZEBRUN		3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/04/2011	5 Payee name THE UPS STORE		
6 Amount (\$)	7 Payee address; City; State; Zip Code 6080 5. HULEN ST. FURT WORTH, TY 76132		
B PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)  for Personal Financial Staten
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address: City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule)	Description (If	travel outside of Texas. complete Schedule T)
EXPENDITURE	I		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

#### **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)

e name  address; City; State; Zip Code  Dry (See categories listed at the top of this schedule)	3 ACCOUNT # (Ethics Commission Filers
address; City; State; Zip Code	
OTV (See categories listed at the top of this schodulo)	
(Constant of the top of this scriedule)	(b) Description (If travel outside of Texas, complete Schedule T)
name	
address; City; State; Zip Code	
ry (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
name	
address; City; State; Zip Code	
y (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
ame	
nddress; City: State; Zip Code	
y (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	name  address; City; State; Zip Code

## PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

	EXPENDITUR	E CATEGORIE	S FOR BOX 8(a		
Advertising Expense	Gift/Awards/Memorials Expense				
Accounting/Banking	Legal Services	Salaries/Wages/			ent/Reimbursement
Consulting Expense	•				n Equipment & Related Expense
	Food/Beverage Expense	Travel In Distric		Contributions/	Donations Made By
Event Expense	Polling Expense	Travel Out Of D		Candidate/	Officeholder/Political Committee
Fees	Printing Expense	Office Overhead	/Rental Expense	OTHER (enter	r a category not listed above)
	The Instruction Guid	le explains how t	o complete this fo		,
1 Total pages Schedule H:	2 FILER NAME				NINT # (Ethina Commission Ethin)
, 3	- 1 1021 ( 17/11)2			3 ACCC	DUNT # (Ethics Commission Filers)
4 Date	5 Business name				
			with toward and the second		
6 Amount (\$)	7 Business address; City; S	state; Zip Code			
8 PURPOSE	(a) Category (See categories listed at the to	on of this schodule)	(h) Description	((1)	
OF	(a) Category (occ categories listed at the ti	op of this schedule)	(b) Description	(If travel outside of	f Texas, complete Schedule T)
EXPENDITURE					
9 Complete ONLY if direct	Candidate / Officeholder name	<del>)</del>	Office sough	nt	Office held
expenditure to benefit C/C	)H				
Date	Business name				
Amount (\$)	Business address; City; St	tate; Zip Code			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE					
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sough	+	Office held
expenditure to benefit C/O			Office sough	•	Office field
Date	Business name				
Date	Dusiness name				
Amount (\$)	Business address; City: St	ate; Zip Code			
(4)	Duomicoo Ludress, Chy, Gi	ate, Zip Code			
PURPOSE	Category (See categories listed at the top	p of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
OF		,		in traver eaterace or	rexas, complete ochequie 1)
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	i	Office held
expenditure to benefit C/OI	4				
Date	Business name				
Amount (\$)	Business address; City: Sta	ate: Zip Code			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of T	exas, complete Schedule T)
OF			1		I
EXPENDITURE					ľ
Complete ONLY if disast	Candidate / Officeholder name		Office		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Office sought		Office held
	ATTACH ADDITIONAL O	ODIES OF THE	COLIEBIUS		
	ATTACH ADDITIONAL CO	JEIES OF THIS	OCHEDULE AS N	FEDED	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

### **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.

	The most defined explaine non-	- complete the form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
- Date	5 rayee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	(See Instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	I .
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required )
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NA	AME	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Payor name  6 Payor address; City; State; Zip Code	8 Amount (\$)
	7 Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address, City: State; Zip Code	Amount (\$)
	Reason for credit	

IN-KIND CO FOR TRAVE	TRIBUTION OR I	POLITICAL EXE	PENDITURE	SCHEDULE T
The Instru	tion Guide explains how to	complete this form.	1 Total pages Sched	dule T:
2 FILER NAME			3 ACCOUNT # (Ethi	cs Commission Filers)
4 Name of Contributor /	Corporation or Labor Organization	on / Pledgor / Payee		
	ure reported on:  dule A Schedule B		Schedule D Schedule	F Schedule G
6 Dates of travel	7 Name of person(s) traveling		PAC-C	FAC-E
	B Departure city or name of dep  Destination city or name of de			
10 Means of transportatio			ence, seminar, or other event)	,
Name of Contributor / Co	rporation or Labor Organization	/ Pledgor / Payee		
Contribution / Expenditu	reported on:			144
	ule A Schedule B		chedule D Schedule	
Dates of travel	Name of person(s) traveling	COH-UC C	OH-T PAC-C	PAC-E
	Departure city or name of depar	ture location		w
	Destination city or name of desti	nation location		
Means of transportation	Purpose of travel (i	ncluding name of conference	ce, seminar, or other event)	
Name of Contributor / Co	poration or Labor Organization	Pledgor / Payee		
Contribution / Expenditure	reported on:			
Sched			chedule D Schedule F	Schedule G
	lame of person(s) traveling		DH-1 PAC-C	PAC-E
	eparture city or name of departu	ire location		
	estination city or name of destin	ation location		
Means of transportation	Purpose of travel (in	cluding name of conference	e, seminar, or other event)	
	ATTACH ADDITIONAL	COPIES OF THIS SCHE	DULE AS NEEDED	