CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

						
The C/OH Instruction G	uide explains how to co		Filer ID (Ethics Co	ommission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME Don	FIRST Donald LAST Zimmerman		MI S. SUFFIX	OFFICE Date Received	AUSTI F 2016 JUL
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	10901 Enchanted R Austin, Texas 7872 AREA CODE PE		STATE:	ZIP CODE	Date Hand-delivered	N CITY CE POSITION R
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	First Timothy LAST Kelly		MI (NMI) SUFFIX	Receipt # Date Processed Date Imaged	Smount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO	BOX PLEASE); APT / SUITE		STATE;	zip code s 78613	
8 CAMPAIGN TREASURER PHONE	AREA CODE PH	919-9772	EXTENSIO	N		
9 REPORT TYPE	January 15 X July 15	30th day before election		off eded \$500 limit	15th day at campaign to appointmen (Officeholder	reasurer nt
10 PERIOD COVERED		2 Year 2016	THROUGH	Month 06	Day Yea 30 20	
11 ELECTION	ELECTION DATE Month Day 11 / 08 /20	Year Primary 16 X Generat	Runoff Special	Other Description		
12 OFFICE City Of Austin City Council District 6	OFFICE HELD (if any) City Of Austin City Council District 6		City Of Austi	DUGHT (if known in ncil District 6		
		GO TO PA	AGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

<u> </u>					
14 C/OH NAME		15 File	r ID (Ethics Commission Filers)		
Don Zimmerman		·			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDE KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOT OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL		i		
	Detterior	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Bases					
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
			1		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1000.00		
		POLITICAL CONTRIBUTIONS	\$ 35,707.00		
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	4 00,101.00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ itemized		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4754.03		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 30,952.97				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 18,000.00				
18 AFFIDAVIT	L				
THE THE PARTY OF T	CASTRO	I swear, or affirm, under penalty of perjury, true and correct and includes all information under Title 15, Election Code. Signature of Candidate	on required to be reported by me		
AFFIX NOTATY SPAM	EXPIRE STORE	Xan Zinananana a 10			
Sworn to and subsc	. 1		, this the $\frac{\int u du}{\int u}$		
day of 12^{-1}	, 20 <u>//</u> ,	to certify which, witness my hand and seal of office.			
Sompland by	lyh fi Caso	4 Smia Dilega-Kryh + Pleft Sonia Catzo	Notary		
Signature of officer a	idministering oath	Printed name of officer administering oath Ti	tle of officer administering-oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con					
οп	Zimmerman					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE 41: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,707.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.0				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.0				
4.	SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Don Zimmerman 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ William Wilson \$350.00 5/18/2016 6 Contributor address; City; State; Zip Code Austin, Tx 78703 1407 Ethridge Ave 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Full_name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Joe Petronis 5/18/2016 \$350.00 Contributor address; State; Zip Code 14602 Sandy Side St. Austin, Tx 78728 Principal occupation / Job title (See Instructions) Employer (See Instructions) Staff COA Full_name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Mary Petronis 5/18/2016 \$350.00 Zip Code Contributor address: City: State: 14602 Sandy Side St. Austin, Tx 78728 Employer (See Instructions) Principal occupation / Job title (See Instructions) P-ISD Educator Full_name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Mr. & Mrs Thomas L. McKay 5/20/2016 \$700.00 Contributor address: City: State; Zip Code Austin, Tx 78720 PO Box 201990 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Businessman/Spouse ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Don Zimmerman Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ Lou Scalpati' 5/20/2016 \$100.00 6 Contributor address; City; State; Zip Code 4008 River Place Blvd Austin, Tx 78730 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ___ out-of-state PAC (ID#:__ Date Amount of contribution (\$) Matthew Lawrence 5/20/2016 Contributor address: City; State; Zip Code \$50.00 1205 Gemini Dr. Austin, Tx 78758 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Mr. & Mrs James B Skaggs 5/24/2016 \$700.00 Contributor address; City; State; Zip Code 4700 Toreador Dr. Austin, Tx 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Investors Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:______ John R. Wood 5/24/2016 \$350.00 Contributor address; State; Zip Code City; 4511 Island Cv. Austin, Tx 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions) TrainATech Engineer ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman 7 Amount of contribution (\$) out-of-state PAC (ID#:____ 4 Date 5 Full name of contributor Cornelia Adams Foster 5/24/2016 6 Contributor address; City; State; Zip Code \$350.00 Austin , Tx 78731 4511 Island Cove g Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Attorney ut-of-state PAC (ID#:_ Full_name of contributor Amount of contribution (\$) Date David Warden \$100.00 City; State; Zip Code 6/1/2016 Contributor address; Leander, Tx 78641 1010 La Cantera Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:__ Full name of contributor Date Mr. & Mrs. William Worsham \$700.00 6/2/2016 City; State; Zip Code Contributor address; Austin, Tx 78703 1105 Norwalk Lane Employer (See Instructions) Principal occupation / Job title (See Instructions) LJA Engineering Inc. Engineer/HomeMaker Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#: Date Mr. & Mrs Ronald Henricksen 6/2/2016 \$700.00 City; State; Zip Code Contributor address; Houston, Tx 77024 8813 Stable Lane Employer (See Instructions) Principal occupation / Job title (See Instructions) Logix CEO/Spouse ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 4/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Paul Martin \$350.00 6/3/2016 6 Contributor address; City; State: Zip Code 8905 Marybank Dr. Austin, Tx 78750 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Director NAMIC Full name of contributor ut-of-state PAC (ID#:___ Date Amount of contribution (\$) Billie A. Zimmerman 6/6/2016 Contributor address; State; Zip Code \$350.00 San Antonio, Tx 78210 4018 Skylark Ave. Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Broker Full_name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Becky Luna 6/6/2016 \$350.00 Contributor address; City; State; Zip Code San Antonio, Tx 78263 8612 Quail Rodge, Employer (See Instructions) Principal occupation / Job title (See Instructions) Exec Admin Zimm Real Estate Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) 6/6/2016 Keith Buchanan \$350.00 Contributor address; City; State; Zip Code 515 Congress, Suite 1515 Austin, Tx 78701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Barton Creek Cap. LLC Investment Advisor ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 5/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Oon Zimmerman Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Lloyd Brinkman 6/6/2016 \$350.00 6 Contributor address; Zip Code City; State: 2501 Tydings Cove Austin, Tx 78730 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Restaurant Owner Full_name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Justin Metcalf 6/6/2016 \$350.00 Contributor address; City; State; Zip Code 1905 Sharon Lane Austin, Tx 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) **Barton Creek Capital Equity Agent** Full_name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Mr. & Mrs. Darren Spohn 6/8/2016 Contributor address; City; State; Zip Code \$700.00 9605 Corbe Dr. Austin, Tx 78726 Employer (See Instructions) Principal occupation / Job title (See Instructions) Self Investors Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Mr. & Mrs. Timothy Kelly 6/10/2016 \$700.00 Contributor address; City; State; Zip Code 1727 Warwick. Cedar Park, Tx 78613 Employer (See Instructions) Principal occupation / Job title (See Instructions) USArmy/CH2M Retired/Admin Asst ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 6/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Don Zimmerman Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) Mr. & Mrs. Bob Gregory 6/10/2016 \$700.00 6 Contributor address; City; State; Zip Code 2939 Westlake Cove Austin, Tx 78746 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) CEO/Retired TX Disp Svc / Retired out-of-state PAC (ID#:____ Full_name of contributor Date Amount of contribution (\$) Kari Engle 6/10/2016 \$350.00 Contributor address; City; State; Zip Code 11501 Randy Road Austin, Tx 78726 Principal occupation / Job title (See Instructions) Employer (See Instructions) Silvey Motor Co. Inc. Owner Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Mr. & Mrs. Michael Young 6/10/2016 \$700.00 Contributor address; City; State; Zip Code Austin, Tx 78746 200 Buckeye Trail Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired / Retired Retired Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Patrick & Michelle Carlson 6/30/2016 \$700.00 Contributor address; State: Zip Code City; Austin, Tx 78703 1609 Mohle Dr. Principal occupation / Job title (See Instructions) Employer (See Instructions) Armbrust & Brown Attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 7/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman 4 Date out-of-state PAC (ID#:_____ 7 Amount of contribution (\$) 5 Full name of contributor Stephen Burton 6/14/2016 \$200.00 6 Contributor address; City; State; Zip Code 78726 10602 Beckwood Dr. Austin, Tx Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Financier Broadway Tech ut-of-state PAC (ID#:_ Full_name of contributor Date Amount of contribution (\$) Pauline Voss 6/14/2016 \$50.00 Contributor address; City; State; Zip Code San Antonio, Tx 78217 8806 Sagebrush Ln Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) David Nisbett 6/14/2016 \$250.00 Contributor address; City; State; Zip Code 10805 Chestnut Ridge Rd. Austin, Tx 78726 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Businessman Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Mr. & Mrs Robert Mayfield 6/14/2016 \$700.00 Contributor address; City; State; Zip Code Austin, Tx 78750 11309 Pickfair Dr. Principal occupation / Job title (See Instructions) Employer (See Instructions) Businessman/ Retired DQ / Retired ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 8/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_____ James Shive 6/14/2016 \$350.00 6 Contributor address; State; Zip Code City; Austin, Tx 78723 6505 Auburndale St. 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) **Archivist** State of Texas Full name of contributor ut-of-state PAC (ID#:____ Date · Amount of contribution (\$) Mr. & Mrs Michael Wilson 6/15/2016 \$700.00 City: State: Zip Code Contributor address: 10810 Spicewood Pkwy Austin, Tx 78750 Employer (See Instructions) Principal occupation / Job title (See Instructions) Gice. Inc/Retired Developer/Retired Full_name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Jaakko Talvitie 6/15/2016 \$100.00 Zip Code Contributor address; City; State; 10601 Bradel Cove Austin, Tx 78726 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Austin, Tx 78759

City;

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

out-of-state PAC (ID#:_____

State; Zip Code

Employer (See Instructions)

Full name of contributor

Contributor address;

11902 Buckingham Rd.

J. Scott Prevratil

Principal occupation / Job title (See Instructions)

Date

6/15/2016

Amount of contribution (\$)

\$75.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 9/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_____ Warren Walters \$350.00 6/15/2016 6 Contributor address; City; State; Zip Code 1518 Barton Springs Lot# 68 Austin, Tx 78734 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate W2 RE Partners out-of-state PAC (ID#:____ Date Full_name of contributor Amount of contribution (\$) 6/16/2016 Ken Smith \$25.00 Contributor address; Zip Code City; State; 7054 Camanche Trl Austin, Tx 78732 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full_name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Philip Sterzing 6/17/2016 \$100.00 Contributor address: City: State; Zip Code 1407 W. 51st St Austin, Tx 78756 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full_name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Andrew Zimmerman 6/17/2016 \$300.00 Contributor address; City; State; Zip Code 3454 Sierra Dr. Honolulu, HI 96816 Employer (See Instructions) Principal occupation / Job title (See Instructions) Dick Pacific Construction Engineer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1: 10/30
2 FILER NAME Don Zimmerman			3 Filer ID (Ethics Commission Filers)
4 Date 6/17/2016 8 Principal occur	7713 Basil Dr. Austin, Tx 78750	Code	7 Amount of contribution (\$) \$100.00 ions)
Date 6/17/2016	Full name of contributor out-of-state PAC (ID#:_ Stephen Carnes Contributor address; City; State; Zi 600 W Odell Austin, Tx 78752	p Code	Amount of contribution (\$) \$250.00
Principal occup Manager	,	mployer (See Instructi hunderCloud	ons)
Date 6/17/2016	11529 Spicewood Pkwy Austin, Tx 78750) Code	Amount of contribution (\$) \$150.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instructi	ons)
Date 6/17/2016	Full name of contributor out-of-state PAC (ID#:_ Sonny Rhodes Contributor address; City; State; Zip 6508 Mesa Dr. Austin, Tx 78731		Amount of contribution (\$) \$100.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF THE		
	If contributor is out-of-state PAC, please see instruction	n guide for additional	reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 11/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Don Zimmerman 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:___ 5 Full name of contributor **Timothy Mattox** 6/17/2015 \$350.00 6 Contributor address; State: Zip Code City; Cc/pp Austin, Tx 78730 8001 Big View Dr. Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) CEO/President Upland Software Full name of contributor ut-of-state PAC (ID#:___ Date Amount of contribution (\$) Ray Lester 6/17/2016 \$25.00 Contributor address; City; State; Zip Code 12014 Black Angus Dr. Austin, Tx 78727 Cc/pp Principal occupation / Job title (See Instructions) Employer (See Instructions) Full_name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Jason Pratt 6/17/2016 \$100.00 Contributor address; City; State; Zip Code 4904 Woodview Ave Austin, Tx 78756 Cc/pp Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_____ Amount of contribution (\$) David Butler 6/17/2016 \$350.00 Contributor address; City: State; Zip Code 11940 Jollyville Rd Austin, Tx 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self MD ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 12/30
2 FILER NAME Don Zimmerman				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Nathan Kleffman	Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
6/14/2016	6 Contributor address;	City; State	; Zip Code	\$350.00
	1141 Nickols Ave	Austin, Tx 78	9721	
8 Principal occu IT Consultant	pation / Job title (See Instructions)		9 Employer (See Instru Accenture	ctions)
Date	Full name of contributor	out-of-state PA	O (ID#:)	Amount of contribution (\$)
6/14/2016	Tyrenes Kleffman		•	
	Contributor address;	City; State	e; Zip Code	\$350.00
	1141 Nickols Ave	Austin, Tx 787	21	
Principal occup Requested	etion / Job title (See Instructions)		Employer (See Instruc Requested	ctions)
Date	Full_name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
6/19/2016	Edward Fudmann			2400.00
0/19/2010	Contributor address;			\$100.00
	5910 Doone Valley Ct.	Austin, Tx 7	78731	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
6/19/2016	Kent Grusendorf			\$200.00
	Contributor address;	City; State	e; Zip Code	\$255.55
	2401 Westlake Pass	Austin, Tx 7	8746	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc Self	ctions)
·				
	ATTACH ADDIT		OF THIS SCHEDULE AS N	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 13/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman 7 Amount of contribution (\$) ut-of-state PAC (ID#:___ Date 5 Full name of contributor Jacob Kelly \$25.00 City; State; Zip Code 6/19/2016 6 Contributor address; Cedar Park, Tx 78613 1727 Warwick Way Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) Date Elaine Hawkins State; Zip Code \$50.00 6/19/2016 Contributor address; San Antonio, Tx 78259 19 Grassmarket Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:___ Full name of contributor Date Donald & Dorothy Erminger \$100.00 6/19/2016 City; State; Zip Code Contributor address; 11751 D K Ranch Rd Austin, Tx 78759 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:___ Date Austin Firefighter Association (PAC) \$350.00 6/22/2016 State; Zip Code Contributor address: Austin, Tx 78752-2013 7537 Cameron Rd Employer (See Instructions) Principal occupation / Job title (See Instructions) N/A PAC ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 14/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#:___ Date Henry & Emily Green 6/22/2016 \$200.00 6 Contributor address; City; State; Zip Code Austin, Tx 78726-1407 11004 Centennial Tri Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 N/A Retired ut-of-state PAC (ID#: Full name of contributor Amount of contribution (\$) Date Pamela Fowler \$350.00 6/22/2016 City; State; Zip Code Contributor address; Llano, TX 78643 PO Box 610 Employer (See Instructions) Principal occupation / Job title (See Instructions) Engineer Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date Texans For Accountable Government PAC 6/22/2016 \$350.00 City; State; Zip Code Contributor address; New Braunsfels, Tx 78712 2052 Club Crossing Employer (See Instructions) Principal occupation / Job title (See Instructions) PAC Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Stephen Schoppe \$250.00 6/22/2016 State; Zip Code Contributor address; Leander, Tx 78641 14804 Brown Bluff Circle Employer (See Instructions) Principal occupation / Job title (See Instructions) Process Sciences President ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 15/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Don Zimmerman Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ John Fowler 6/24/2016 \$350.00 6 Contributor address; City; State: Zip Code PO BOX 610 Llano, Tx 78643 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Self out-of-state PAC (ID#:_ Full_name of contributor Date Amount of contribution (\$) Shaun Ireland 6/26/2016 \$350.00 Contributor address; City; State; Zip Code 1006 Banister Ln Austin, Tx 78704 Employer (See Instructions) Principal occupation / Job title (See Instructions) Director Full name of contributor ___ out-of-state PAC (ID#:____ Date Amount of contribution (\$) Timothy & Gail Hess 6/27/2016 \$100.00 Zip Code Contributor address; City; State; 9115 Old Lampasas Trl Austin, Tx 78750 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full_name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Gretchen Munday 6/27/2016 \$20.00 Contributor address; City; State; Zip Code

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Employer (See Instructions)

6820 Cypress Pt. N, At 12

Principal occupation / Job title (See Instructions)

Austin, Tx 78746

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 16/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman 7 Amount of contribution (\$) Date out-of-state PAC (ID#:_____ 5 Full name of contributor V Bruce Evans 6/27/2016 \$100.00 6 Contributor address; City; State; Zip Code Austin, Tx 78759 11406 Toledo Dr. 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:_ Full name of contributor Date Amount of contribution (\$) Cayce Weems 6/27/2016 Contributor address; City; State; Zip Code \$27.00 1518 Barton Springs Rd Trlr #6 Austin, Tx 78704 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Charles Madere 6/27/2016 \$25.00 Contributor address; City; State; Zip Code 4207 Bennedict Lane Austin, Tx 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Pam Madere 6/27/2016 \$25.00 Contributor address; State; Zip Code 4207 Bennedict Lane Austin, Tx 78746 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 17/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Don Zimmerman Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ Gail Whitfield 6/27/2016 \$350.00 Zip Code 6 Contributor address; City; State 1520 Ben Crenshaw #221 Austin, Tx 78746 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Commercial Realton Whitfield Company Full_name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Tyson Eberly 6/27/2016 \$100.00 Contributor address; City; State; Zip Code 1705 Citation Dr. Del Valle, Tx 78617 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full_name of contributor ___ out-of-state PAC (ID#:___ Date Amount of contribution (\$) Ted Gaunt 6/28/2016 \$175.00 Contributor address; City; State; Zip Code Austin, Tx 78730 10219 Milky Way Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Glen Chalemin 6/28/2016 \$100.00 Contributor address; State; Zip Code City; Austin, Tx 78726 9600 Indigo Brush Dr. 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 18/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman 7 Amount of contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#:_____ Kevin Countie 6/28/2016 \$350.00 City; State; Zip Code 6 Contributor address; 10300 Ember Glen Dr. Austin, Tx 78726 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Analyst Full_name of contributor ___ out-of-state PAC (ID#:__ Date Amount of contribution (\$) Jonathan Payne 6/29/2016 \$350.00 Contributor address; City; State; Zip Code 10713 RR 620 N, #301 Austin , Tx 78726 Employer (See Instructions) Principal occupation / Job title (See Instructions) Investor Full_name of contributor ut-of-state PAC (ID#:___ Amount of contribution (\$) Date Sam Payne 6/29/2016 \$350.00 City; State; Zip Code Contributor address; 10713 RR 620 N, #301 Austin , Tx 78726 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired Date Full_name of contributor out-of-state PAC (ID#._____ Amount of contribution (\$) Laurel Farrel 6/29/2016 \$75.00 City; Contributor address; State: Zip Code 8706 Balcones Club Dr. Austin, Tx 78750 Employer (See Instructions) Principal occupation / Job title (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 19/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_____ Jerri Ward \$100.00 6/29/2016 City; State; Zip Code 6 Contributor address; 900 Ranch Road 620 South Austin, Tx 78734 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:____ Full name of contributor Date Amount of contribution (\$) Tom Gleinser \$40.00 6/29/2016 Contributor address; City; State; Zip Code Dripping Springs, Tx 78620 32635 RR 12 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full_name of contributor ut-of-state PAC (ID#:___ Date Amount of contribution (\$) Jim Lodwick 6/29/2016 \$150.00 Contributor address; City; State; Zip Code 7710 Shadayrock Dr. Austin, Tx 78731 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full_name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Rodney Canion 6/29/2016 \$50.00 Contributor address; City; State; Zip Code 3204 Lating Stream Ln Austin, Tx 78746 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 20/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Don Zimmerman 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ **Edward Burke** 6/29/2016 \$200.00 6 Contributor address; Zip Code City; State; 11311 Pickfair Dr. Austin, Tx 78750 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Retired Retired Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Keith Yarbrough 6/29/2016 \$100.00 Contributor address; City; State; Zip Code 10804 Broken Brook Cv Austin, Tx 78726 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full_name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) Berverly Holcomb 6/30/2016 \$150.00 Contributor address; City; State; Zip Code 3110 Eaneswood Dr. Ausitn, Tx 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date 1 Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) McClain Law Firm PLLC 6/30/2016 \$400.00 Contributor address; City; State; Zip Code San Antonio, Tx 78229 8116 Datapoint Dr. Employer (See Instructions) Principal occupation / Job title (See Instructions) PLLC Law Firm

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 21/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Don Zimmerman Date out-of-state PAC (ID#:____ 7 Amount of contribution (\$) 5 Full name of contributor Jay Tassin & Brent Danninger \$100.00 6/30/2016 6 Contributor address; State: Zip Code City; 1001 W. 17th St Austin, Tx 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:_____ Full_name of contributor Date Amount of contribution (\$) Jim & Patti Schwertner 6/30/2016 \$500.00 Contributor address; City; State; Zip Code Austin, Tx 76573 PO BOX 1 Schwertner Employer (See Instructions) Principal occupation / Job title (See Instructions) Real Estate Agent Self ut-of-state PAC (ID#:____ Full name of contributor Date Amount of contribution (\$) Walter Peterson II 6/30/2017 \$100.00 Contributor address; City; State; Zip Code 9432 Spring Hollow Dr. Austin, Tx 78759 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Jason & Dana Salch 6/30/2017 \$700.00 Contributor address; City; State: Zip Code 18900 Canyon Sage Pflugerville, Tx 78660 Employer (See Instructions) Principal occupation / Job title (See Instructions) Requested Requested

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 22/30 FILER NAME 3 Filer ID (Ethics Commission Filers) Don Zimmerman Date 5 Full name of contributor out-of-state PAC (ID#:___ 7 Amount of contribution (\$) Cecilia & Adrian Gutierrez 6/30/2016 \$700.00 6 Contributor address; City; State; Zip Code 7805 Watson St. Austin, Tx 78757 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Requested Requested ut-of-state PAC (ID#:_ Full_name of contributor Date Amount of contribution (\$) Eric Shufford 6/30/2016 \$350.00 Contributor address; City; State; Zip Code 2892 Northeast Dr. Austin, Tx 78723 Principal occupation / Job title (See Instructions) Employer (See Instructions) Requested Requested Full_name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Mike & Deb Benaglio 6/30/2016 \$350.00 Zip Code Contributor address; City; State: 11419 Sierra Blanca Austin, Tx 78726 Employer (See Instructions) Principal occupation / Job title (See Instructions) Mediator Benaglio Group Date Full_name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Sharon Blythe 6/30/2016 \$100.00 Contributor address; City; State; Zip Code Austin, Tx 78750 9206 Brigadoon Cv Employer (See Instructions) Principal occupation / Job title (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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 23/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Don Zimmerman Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:______ Charles & Sandra Evans 6/30/2016 \$200.00 State; Zip Code 6 Contributor address; City; 10604 Glass Mountain Trl Austin, Tx 78750 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Engineer Retired out-of-state PAC (ID#:__ Full name of contributor Date Amount of contribution (\$) Chris & Cindy Freeman 6/30/2016 \$100.00 Contributor address; City; State; Zip Code 11004 Bitterroot Crl Austin, Tx 78726 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full_name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Patrick & Celeste McGuinness 6/30/2016 \$700.00 Contributor address; City; State; Zip Code 9310 Old Lampasas Tri Austin, Tx 78750 Employer (See Instructions) Principal occupation / Job title (See Instructions) CEO Freestar Tech Full_name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) John & Margaret Murray 6/30/2016 \$700.00 Contributor address; City; State; Zip Code 9616 Grand Oak Dr. Austin, tx 78750 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 24/30
2 FILER NAME Don Zimmerman			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (IDI	#:)	7 Amount of contribution (\$)
6/30/2016	Dale & Kathleen Webster		\$100.00
	6 Contributor address; City; State;	Zip Code	,
	10720 Bay Laurel Trl Austin, Tx 76750		
8 Principal occur	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full_name of contributor out-of-state_PAC (ID:	#:)	Amount of contribution (\$)
	Jim Van Dyke		Amount of contribution (#)
6/30/2016	Contributor address; City; State;	Zip Code	\$120.00
	10608 Glass Mountain Trl Austin, Tx 78750		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full_name of contributor out-of-state_PAC (ID	# :)	Amount of contribution (\$)
6/30/2016	Mr. & Mrs John Lambert		2700 00
010072010	Contributor address; City; State;	Zip Code	\$700.00
	11001 Bear Road Austin, Tx 78726		
	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Contractor		LNO	
Date	Full name of contributor ul-of-state PAC (ID	¥:)	Amount of contribution (\$)
6/30/2016	Dan Calistrate		150.00
3/23/22/3	Contributor address; City; State;	Zip Code	130.00
	10617 Spicewood Pkwy Austin, Tx 78750		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
			THE STREET STREET
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED
	If contributor is out-of-state PAC, please see instruct	tion guide for additional i	reporting requirements.

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 25/30
2 FILER NAME Don Zimmerman		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)
6/30/2016	Dave Reynolds	
3,23,23,13	6 Contributor address; City; State; Zip Code	\$100,00
	10208 Lundie Cv Austin, Tx 78726	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Inst	tructions)
Date	Full_name of contributor out-of-state_PAC (ID#:	_) Amount of contribution (\$)
	Mr. & Mrs. Kimberly Beckham	,
6/30/2016	Contributor address; City; State; Zip Code	\$700.00
	11205 Limonoillo Ct. Austin , Tx 78750	
Principal occup Attorney	Dation / Job title (See Instructions) Employer (See Instructions) Armbrust & Brown	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
6/30/2016	Paul Snow	\$100.00
	Contributor address; City; State; Zip Code	0.00.00
	10906 Opal Trl Austin, tx 78750	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date	Full_name of contributor out-of-state_PAC (ID#:	_) Amount of contribution (\$)
6/30/2016	James Barnes	\$200.00
0,00,2010	Contributor address; City; State; Zip Code	\$200.00
	3831 Miho San Antonio, Tx 78223	
Principal occup Consultant	pation / Job title (See Instructions) Employer (See Instructions) LVS	ructions)
·		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for addition	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 26/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_____ Jim Von Wolske 6/30/2016 \$350.00 6 Contributor address; State; Zip Code City; Austin, Tx 78746 2107 Lakeshore Dr. 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Engineer Retired Full name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) Timothy Miller 6/30/2016 \$350.00 Contributor address; City; State; Zip Code 10222 Prism Dr. Austin, Tx 78726 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired ut-of-state PAC (ID#: Full name of contributor Date Amount of contribution (\$) Peter Von Wupperfeld 6/30/2016 \$200.00 Contributor address; City; State: Zip Code 11633 Sweet Basil Crt Austin, Tx 78726 Employer (See Instructions) Principal occupation / Job title (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Shannon Flahive 6/30/2016 \$25.00 Contributor address; City; State; Zip Code 5010 Finley Dr. Austin, Tx 78731 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.

SCHEDULE A1

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1: 27/30
2 FILER NAME Don Zimmerman				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
212012012	Kevin Flahive			
6/30/2016	6 Contributor address;	City; State	e; Zip Code	\$25.00
	5010 Finley Dr.	Austin, Tx 787		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full_name of contributor	out-of-state PA	\C (1D#:)	Amount of contribution (\$)
	Mr. & Mrs Mark Hawkins			Amount of Continuation (4)
6/30/2016	Contributor address;	Clty; Stat	e; Zip Code	\$700.00
	5805 Carry Back	Austin, Tx 78		
		·		
Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instruct Armbrust & Brown	tions)
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Mr. & Mrs. Gregg Krumme			
6/30/2016	Contributor address;	City; State	e; Zip Code	\$700.00
	10702 Hastings Ln	Austin, Tx 78	B750	
				
Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instruct Armbrust & Brown	tions)
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
6/30/2016	Mr. & Mrs. Samuel Byars			2700.00
0/00/2010	Contributor address;	City; State	e; Zip Code	\$700.00
	2103 Schulle Ave	Austin, Tx 787	03	
Principal occup	bation / Job title (See Instructions)		Employer (See Instruc	tions)
Attorney			Armbrust & Brown	
* · · · · · · · · · · · · · · · · · · ·				
<u> </u>				
	ATTACH ADDITI If contributor is out-of-state PA		OF THIS SCHEDULE AS Ni truction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1: 28/30
2 FILER NAME Don Zimmerman			3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2016	5 Full name of contributor		7 Amount of contribution (\$) \$700.00
8 Principal occu Attorney	` '	Employer (See Instructi brust & Brown	ions)
Date 6/30/2016	Ronald Williams	Zip Code	Amount of contribution (\$)
	11035 Crossland Dr. Austin, Tx 78726	ip code	\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 6/30/2016	Mr. & Mrs David Armbrust	lip Code	Amount of contribution (\$)
Si-single accura	100 Congress Ave Suite 300 Austin, Tx 78701	Frankrier (See Instruction	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 6/30/2016	Full name of contributor	ip Code	Amount of contribution (\$) \$700.00
Principal occup Attorney		Employer (See Instructions & Brown	ons)
	ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see instruction		

SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 29/30
2 FILER NAME Don Zimmerman				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Sue Littlefield	Dut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
6/30/2017	6 Contributor address; 204 Westhaven Dr.	City; State		\$350.00
8 Principal occu Attorney	pation / Job title (See Instructions)		9 Employer (See Instruc Armbrust & Brown	tions)
Date	Full name of contributor	ut-of-state PAG	C (ID#:)	Amount of contribution (\$)
6/30/2017	Mrs. & Mr. Alison Suttle Contributor address; 100 Congress	City; State		\$50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
6/30/2016	Roger Borgelt Contributor address; 614 S. Capital of Texas Hwy	City; State Austin, Tx 787		\$350.00
Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instruct Borgelt Law	ions)
Date	Full name of contributor	out-of-state PA(C (IO#;)	Amount of contribution (\$)
6/30/2016	Robert Rouder Contributor address; 11132 Brista Way	City; State	` '	\$350.00
Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instruct NortonRoseFulbright	ions)
	ATTACH ADDITI		OF THIS SCHEDULE AS N	

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 30/30 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Don Zimmerman Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ **Damon Fogley** 6/30/2016 \$50.00 City; State; Zip Code 6 Contributor address; Kyle, Tx 78640 232 Evening Star 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full_name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Randy Denzer 6/30/2016 \$100.00 Contributor address: City; State; Zip Code 9621 Copper Creek Dr. Austin, Tx 78729 Employer (See Instructions) Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:____ Full name of contributor -Qate Amount of contribution (\$) Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundreising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Don Zimmerman 5 Payee name 4 Date 27 June 2018 Office Depot/Max City: State: Zip Code 7 Payee address; 6 Amount (\$) Cedar Park, Tx 78613 850 North Bell Blvd \$37.87 (b) Description Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check if Austin, TX, officeholder living expense **EXPENDITURE** Solicitation/Fundraising Expense Envelopes/file folders/ files Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Williamson County 27 June 2016 State: Zip Code City; Amount (\$) Payee address; 301 SE Inner Loop Suite 104 Georgetown, Tx 76628 \$10.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Printing Expense Check if Austin, TX, officeholder living expense EXPENDITURE 2 Dist Maps Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6/30/2016 McClain Law Firm Zip Code City; State; Payee address: Amount (\$) San Antonio, Tx 78229 8118 Datapoint Dr. \$50.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Refund Over \$350 Max Contribution Check if Austin, TX, officeholder living expense EXPENDITURE Entity contributed \$50 over max contribution of \$350 Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (emter a category not listed above)

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salanes vvv The Instruction Guide explains how to c	omplete this form.
Total pages Schedule F1:	2 FILER NAME Don Zimmerman	3 Filer ID (Ethics Commission Filers)
l Data	5 Payee name	
I Date 7 June 2016	Timothy Kelly	
Amount (\$)	7 Payee address; City: State: Zip Code	
5462.82	1727 Warwick Way Cedar Park, Tx 78613	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Contract Labor Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
22 June 2016	The Bumper Sticker	
22 3016 2010		
Amount (\$)	Payee address; City; State; Zip Code	
\$124.49	612 W. 34 th St. Austin, Tx 78705	
	Category (See Categories listed at the top of this achedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Advertising Expense	Check if Austin; TX; officeholder living expense
		Window Decal
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 22 June 2016	Payee name HEB®	
Amount (\$)	Payee address; City; State; Zip Code	
\$54.21	11521 N. FM 620 Austin, Tx 78750	(D6)
	Category (See Categories listed at the top of this schedule)	Description Complete School to T
PURPOSE OF	Solicitation Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Envelopes/paper case
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidato/Officaholder/Political Committee
Codd Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Don Zimmerman	3 Filer ID (Ethics Commission Filers)
4 Date 17 June 2016	5 Payee name U.S. Postal Service	
6 Amount (\$)	7 Payee address; City; State; 2ip Code	
\$141.38	500 E. Whitestone Blvd Cedar Park, Tx 78613	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Stamps
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date 17 June 2016	Payee name Goodwill Industries	
Amount (\$)	Payee address; City; State; Zip Code	·
\$27.05	13776 N. Hwy 183 Austin, Tx 78750	(D6)
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Furniture	Description Check if travel outside of Texes. Complete Schedule T. Check: if Austin: TX, officeholder living expense Furniture
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 17 June 2016	Payee name Office Depot/Max	
Amount (\$)	Payee address: City: State; Zip Code	
\$69.30	11066 Pecan Park Blvd, Cedar Park, Tx 78613	
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedule) Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Envelopes/ink cart/pens
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gifl/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Don Zimmerman 5 Payee name 4 Date 16 June 2016 **Austin Crossing Limited** City: State: Zip Code 7 Payee address; 6 Amount (\$) \$500.00 Austin, TX 78703 907 W 5th St (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Office Overhead/Rental Expense Check if Austin, TX, officeholder living expense EXPENDITURE Rent Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **Austin Crossing Limited** 16 June 2016 City: State: Zip Code Amount (\$) Payee address; \$500.00 Austin, TX 78703 907 W 5th St Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Office Overhead/Rental Expense Check if Austin, TX, officeholder living expense EXPENDITURE Rental Deposit Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 17 June 2016 Goodwill Industries Payee address: City; State; Zip Code Amount (\$) Cedar Park, Tx 78613 \$10.81 75 Brushy Creek Rd Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Office Overhead Furniture **EXPENDITURE** Check if Austin, TX, officeholder living expense Furniture Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Don Zimmerman 5 Payee name 4 Date 8 June 2016 HEB® Zip Code City: State: 6 Amount (\$) 7 Payee address; (D6) Austin, Tx 78750 \$122.20 11521 N. FM 620 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check if Austin, TX, officeholder living expense EXPENDITURE Solicitation/Fundraising Expense Envelopes/stamps Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 13 June 2016 AAFES Camp Mabry Payee address: City; State; Zip Code Amount (\$) 2200 W. 35th St Austin, Tx 78731 \$24.21 Category (See Categories listed at the top of this achedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Office Overhead Check if Austin, TX, officeholder living expense EXPENDITURE Administrative supplies Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 13 June 2016 Home Depot® City; State; Zip Code Amount (\$) Pavee address: (D6) Austin, Tx 78717 11031 Lakeline Blvd \$18.33 Category (See Categories listed at the top of this schedule) **Description** Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Office Overhead EXPENDITURE Check if Austin, TX, officeholder living expense Electrical parts Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Cendidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense States (Allense/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)

Contributions/Donations Made 8: Cendidate/Officeholder/Politica	y Gift/Awards/Memorials Expense Prin	hting Expense Travel Out Of District aries/Weges/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.
	T	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	2 FILER NAME Don Zimmerman	C VIIIC ASSISTANCE OF THE ASSI
4 Date	5 Payee name	
5 June 2016	HEB®	
6 Amount (\$)	7 Payee address: City; State; Zip Co	ode
\$124.80	11521 N. FM 620 Austin, Tx 78750	(D6)
8	(a) Category (See Categories listed at the top of this sche	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Solicitation/Fundraising Expense	Check if Austin, TX, officeholder living expense
		Envelopes/Stamps
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	-	
Date	Payee name	
6 June 2016	183 Signs	
Amount (\$)	Payee address; City; State; Zip C	ode
4550 75	And Alabama Bell Library Mill To 700	42
\$ 596.75	126 Holmes Rd Liberty Hill, Tx 786	42
	Category (See Categories listed at the top of this sched	ule) Description
	Category (ood onlegation intotal at the state of	Check if travel culside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
EXPENDITORE		
		Van Signs and wrap
		Office sought Office held
Complete ONLY if direct	Candidate / Officeholder name	Office sought
expenditure to benefit C/O	••	
	The second second	
Date	Payee name	
8 June 2016	Anderson Mill Lock & Key	
Amount (\$)	Payee address; City; State; Zip C	Code
\$89.30	13201 RR 620 Austin, Tx 78717	(D6)
-		· ·
	Category (See Categories listed at the top of this sched	dule) Description
		Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
	·	Re-Key Office
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	e H	
		TWO COURSE AS AFFERD
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: 8 Don Zimmerman 5 Payee name 4 Date 27 May 2016 Coleman Insurance Agency City; State; Zip Code 7 Payee address; 6 Amount (\$) \$693.00 PO Box 500048 Austin, Texas 78750-0048 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1 June 2016 Facebook Inc City; State; Zip Code Amount (\$) Payee address: 1601 S. California Ave Palo Alto, Ca 94304 \$134.40 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Facebook Advertising Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6 June 2016 Home Depot ® City: State; Zip Code Amount (\$) Payee address; (D6) 11301 Lakeline Blvd Austin, Tx 78717 \$62.88 TDescription Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Office Overhead Check if Austin, TX, officeholder living expense **EXPENDITURE** Lighting/restroom repair Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Fifer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Don Zimmerman 5 Payee name 4 Date 5/14/16-6/30/16 PIRYX INC. City; State; Zip Code 7 Payee address; 6 Amount (\$) 995 Market Street 2nd Floor San Francisco, CA 94103. \$385.38 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if Iravel outside of Texas. Complete Schedule T. **PURPOSE OF** Credit/Debit Card Processing Fee's Check if Austin, TX, officeholder living expense **EXPENDITURE** ses charged for processing from 12May through 30June Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date PayPal Inc. 5/14/16-6/30/16 City: State: Zip Code Payee address: Amount (\$) 2211 North First Street San Jose, California 95131 \$304.57 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Credit/Debit Card Processing Fee's Check if Austin, TX, officeholder living expense EXPENDITURE Fees charged for processing from 12May through 30June Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Austin Java 5/24/2016 City: State; Zip Code Payee address: Amount (\$) 301 West 2nd St Austin, Tx 78701 \$10.28 Category (See Categories listed at the top of this schedule) **Description** Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Food/Beverage Expense Check if Austin, TX, officeholder living expense EXPENDITURE Meet with Staff Office held Office sought Candidate / Officeholder name Complete ONLY if direct Council Member Don S. Zimmerman expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE !

	The Instruction Guide explains how to com	
Total pages Schedule I	2 FILER NAME Don Zimmerman	3 Filer ID (Ethics Commission Filers
Date //30/2016	5 Payee name Austin Disaster Relief Network	
	7 Payee address; City; State; Zip Code	
Amount (\$)	P.O. Box 3817 Cedar Park, Tx 78630	
PURPOSEOF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Support for D6 constituents helped by Organization.
Date	Payee name	
6/30/2016	The Salvation Army	
Amount (\$) \$100.00	Payee address; City: State; Zip Code 10711 Burnet Rd. Suite 231, Austin, Texas 78758-4455	
PURPOSEOF EXPENDITURE	Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officaholder/Political Committee	Description (See instructions regarding type of information required.) Support for D6 constituents helped by Organization.
Qate	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSEOF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSEOF EXPENDITURE	Category. (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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