

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000090	2 PAGE # 1 of 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Donald		OFFICE USE ONLY Date Received 2016 JUL 15 PM 8 00 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Don Zimmerman		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 13492 Research Blvd #120-141 Austin, TX 78750		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Don		
	NICKNAME LAST SUFFIX Zimmerman		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10901 Enchanted Rock Cv. Austin, TX 78726		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 577-8842		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2016 06/30/2016		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Council OFFICEHOLDER Account District 6		12 OFFICE SOUGHT (if known) Council OFFICEHOLDER Account District 6
GO TO PAGE 2			

AUSTIN CITY CLERK
RECEIVED

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****13 C/OH NAME:** Zimmerman, Donald (Mr.)**14 ACCOUNT #** (Ethics Commission filers)
00000090**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**16 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 0.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

**CONTRIBUTION
BALANCE**

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

\$ 966.94

**OUTSTANDING
LOAN TOTALS**

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

\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald Zimmerman, this the 14 day of July, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Chelsea Kachurak

Print name of officer administering oath

Notary public

Title of officer administering oath

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 1/2 Report: 3/4		2 FILER NAME Zimmerman, Donald (Mr.)		3 ACCOUNT # (TEC filers) 00000090	
4 Date 01/04/2016	5 Payee name Facebook				
6 Amount (\$) \$21.30	7 Payee address City: State: Zip Code 1601 S. California Ave Palo Alto, CA 94304				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (See instructions regarding type of information required.) FB ads for officeholder page		
Date 02/01/2016	Payee name Facebook				
Amount (\$) \$50.00	Payee address City: State: Zip Code 1601 S. California Ave Palo Alto, CA 94304				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (See instructions regarding type of information required.) FB officeholder article distribution		
Date 03/09/2016	Payee name Facebook				
Amount (\$) \$131.47	Payee address City: State: Zip Code 1601 S. California Ave Palo Alto, CA 94304				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (See instructions regarding type of information required.) FB officeholder article distribution		
Date 05/02/2016	Payee name Facebook				
Amount (\$) \$113.05	Payee address City: State: Zip Code 1601 S. California Ave Palo Alto, CA 94304				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (See instructions regarding type of information required.) Officeholder FB page boost		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
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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 PAGE # Schedule: 2/2 Report: 4/4		2 FILER NAME Zimmerman, Donald (Mr.)		3 ACCOUNT # (TEC filers) 00000090	
4 Date 01/25/2016	5 Payee name Sarpino's Pizza				
6 Amount (\$) \$20.45	7 Payee address City: State: Zip Code 10401 Anderson Mill Austin, TX 78750				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (See instructions regarding type of information required.) Office Art setup		
Date 03/14/2016	Payee name UpSideOut				
Amount (\$) \$20.00	Payee address City: State: Zip Code 1333A North Avenue New Rochelle, NY 10804-2120				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Internet expense		Description (See instructions regarding type of information required.) Web research		
Date 04/14/2016	Payee name UpSideOut				
Amount (\$) \$20.00	Payee address City: State: Zip Code 1333A North Avenue New Rochelle, NY 10804-2120				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Internet expense		Description (See instructions regarding type of information required.) Web research		
Date 06/28/2016	Payee name Wells Fargo				
Amount (\$) \$38.20	Payee address City: State: Zip Code 10401 Anderson Mill Rd Austin, TX 78750				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (See instructions regarding type of information required.) checks		