CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1		
The C/OH Instruction G	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Mr. Donald	S.	Date Received	
	NICKNAME LAST	SUFFIX	54.6 1.656.105	
	Don Zimmerman			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #. 10901 Enchanted Rock Cove Austin, Texas 78726	CITY; STATE; ZIP CODE	AUSTIN C RECI 2016 OCT 11	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(512) 577-8842		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt # Amount \$ m	
TREASURER NAME	Mr. Don	SUFFIX	Date Processed	
	Zimmerman		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 10901 Enchanted Rock Cv. Austin, Texas 78726			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 577-88	EXTENSION 42		
9 REPORT TYPE	January 15 X 30th day before July 15 8th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 07 01 2016	Month 09 THROUGH	Day Year 2016	
11 ELECTION	Month Day Year Primary 11 / 08 / 2016 X General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if eny) Council Office Holder Account District 6, COA	13 OFFICE SOUGHT (if known Council Office Holder Acc District 6, COA		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Zimmerman, Donald Mr. 15 File 00000090			5 Filer ID (Ethics Commission Filers) 3000090		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Bases					
Additional Pages		COMMITTEE CAMPAIGN TREACHDED ADDRESS			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION	4	POLITICAL CONTRIBUTIONS OF SECOND SECOND	AL .		
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	2 7072	DOLLTICAL CONTRIBUTIONS			
	_	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE					
TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ itemized			
	4. TOTAL				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 923.3		DAY \$ 923.33		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		HE \$ 0.00		
18 AFFIDAVIT					
	, we see	, , , , , , , , , , , , , , , , , , ,	erjury, that the accompanying report is ormation required to be reported by me		
CHESE	A KACHURAK				
NOTARY PUBL	CVD 06/119/2018	رئے کے ا	mnen		
NOTAR	ID 12984528-4	Signature of Cano	didate or Officeholder		
AFFIX NOTARY STAMP / SEALABOVE					
Devald 2 mess stress					
Sworn to and subscribed before me, by the said Donald 2 immumm , this the //					
day of [IC+v) (20] 10, to certify which, witness my hand and seal of office.					
Cheller Enelsea Kachurak Notany public					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID	(Ethics Commission Filers)			
Don	Don Zimmerman				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.0			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.0			
4.	SCHEDULE E: LOANS	\$ 0.0			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	us \$43.61			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.0			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	HONS \$ 0.0			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.0			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.0			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$ 0.0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS \$ 0.00			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.0			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 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 complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Zimmerman, Don (MR.)	3 Filer ID (Ethics Commission Filers) 00000090			
4 Date 8/9/2016	5 Payee name Harland Clarke Check/ACC				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$43.61	15955 La Cantera Parkway • San Antonio TX 78256				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services Printing Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense New Checks			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Events	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Town Hall Adv			
Complete ONLY if direct expenditure to benefit C/OH	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					