

# 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 3

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

 MS / MRS / MR FIRST MI  
Mr. Donald

 NICKNAME LAST SUFFIX  
OFFICEHOLD- Zimmerman  
ER ACCOUNT
**OFFICE USE ONLY**

Date Received

2017 JUL 12

AUSTIN CITY CLERK  
RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # Amount

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

 13492 Research Blvd #120-141  
Austin, TX 78750

☐ Change of Address

**5 CAMPAIGN  
TREASURER  
NAME**

 MS / MRS / MR FIRST MI  
Mr. Don

 NICKNAME LAST SUFFIX  
Zimmerman

Date Processed

Date Imaged

**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**
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

**9 PERIOD  
COVERED**

Month Day Year Month Day Year

01/01/2017

THROUGH

06/30/2017

**10 ELECTION**

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary ☐ Runoff ☐ General ☐ Special
**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE SOUGHT (if known)****GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Zimmerman, Donald (Mr.)

14 ACCOUNT # (Ethics Commission filers)  
0000009015 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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS1. 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

\$

30.00

CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

687.69

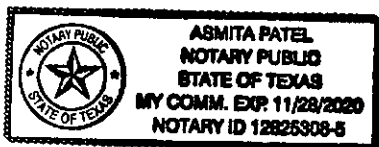
OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

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 11 day  
of July, 2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan 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.

<b>1 PAGE #</b> Schedule: 1/1 Report: 3/3		<b>2 FILER NAME</b> Zimmerman, Donald (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000090	
<b>4 Date</b> 04/21/2017		<b>5 Payee name</b> Wells Fargo			
<b>6 Amount (\$)</b> \$30.00		<b>7 Payee address</b> City: State: Zip Code 10401 Anderson Mill Rd Austin, TX 78750			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held: