

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)
00000006

2 PAGE #
1 of 18

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

Mr.

FIRST

Donald

MI

NICKNAME

Don

LAST

Zimmerman

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

 10401 Anderson Mill Rd
#101
Austin, TX 78750

☐ Change of Address

**5 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

Stephen

MI

NICKNAME

LAST

Casey

SUFFIX

**6 CAMPAIGN
TREASURER
ADDRESS**
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

 595 Round Rock West Drive, Suite 102
Round Rock, TX 78681

**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512) 257-1324

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

THROUGH

09/29/2014

10/25/2014

10 ELECTION

ELECTION DATE

Month

Day

Year

11/04/2014

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Austin City Council District 6

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)
0000000615 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

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages16 CONTRIBUTION
TOTALS

| | | |
|---|----|-------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 40.00 |
|---|----|-------|

| | | |
|--|----|----------|
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 1,675.00 |
|--|----|----------|

EXPENDITURE
TOTALS

| | | |
|---|----|-------|
| 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ | 60.00 |
|---|----|-------|

| | | |
|---------------------------------|----|----------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ | 4,716.65 |
|---------------------------------|----|----------|

CONTRIBUTION
BALANCE

| | | |
|--|----|-----------|
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 10,026.39 |
|--|----|-----------|

OUTSTANDING
LOAN TOTALS

| | | |
|---|----|-----------|
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 26,000.00 |
|---|----|-----------|

17 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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

Sworn to and subscribed before me, by the said Don Zimmerman, this the 27 day of October, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Andrew Kelly

Print name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/3 Report: 3/18 | |
| 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000006 | |
| 4 Date 09/30/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Mary (Mrs.) 6 Contributor address; City; State; Zip Code 5019 Placid Pl. Austin, TX 78731 | 7 Amount of contribution (\$) \$40.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) Accountant | | 10 Employer (See Instructions) Self | |
| Date 10/11/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Mary (Mrs.) Contributor address; City; State; Zip Code 5019 Placid Pl. Austin, TX 78731 | Amount of contribution (\$) \$60.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) Self | |
| Date 10/07/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, Harrell Glenn (Mr.) Contributor address; City; State; Zip Code 4901 Pony Chase Austin, TX 78727 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Info Requested | | Employer (See Instructions) Info Requested | |
| Date 10/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hey, Paul M. (Mr.) Contributor address; City; State; Zip Code 3804 Holt Dr. Austin, TX 78749 | Amount of contribution (\$) \$60.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) State Employee | | Employer (See Instructions) Retired | |
| Date 10/15/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCants, Stephen (Mr.) Contributor address; City; State; Zip Code 4400 Cumbria Ln Austin, TX 78727 | Amount of contribution (\$) \$350.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Software Engineer | | Employer (See Instructions) HCS | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/3 Report: 4/18 | |
| 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000006 | |
| 4 Date 10/11/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramsay, Michael (Dr.) 6 Contributor address; City; State; Zip Code 2322 Shady Ave. Pittsburgh, PA 15217 | 7 Amount of contribution (\$) \$350.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) Physician | | 10 Employer (See Instructions) Self | |
| Date 10/04/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ravet, Steve (Mr.) Contributor address; City; State; Zip Code 1081 Hidden Hills Dripping Springs, TX 78620 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Info requested | | Employer (See Instructions) Info requested | |
| Date 10/11/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Russell, Michael (Mr.) Contributor address; City; State; Zip Code 10406 Loring Dr. Austin, TX 78750 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Info Requested | | Employer (See Instructions) Info Requested | |
| Date 09/29/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schoppe, Stephen (Mr.) Contributor address; City; State; Zip Code 14804 Brown Bluff Leander, TX 78641 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Process Sciences | |
| Date 10/21/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shive, James (Mr.) Contributor address; City; State; Zip Code 6505 Aubumdale St. Austin, TX 78723 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions) Archivist | | Employer (See Instructions) Texas Military Department | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

| | | | |
|--|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/3 Report: 5/18 | |
| 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000006 | |
| 4 Date 10/23/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Dyke, James (Mr.) 6 Contributor address; City; State; Zip Code 10608 Glass Mountain Austin, TX 78750 | 7 Amount of contribution (\$) \$75.00 | 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions) Engineer | | 10 Employer (See Instructions) Nvidia | |

LOANS**SCHEDULE E**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 1/1 Report: 6/18

2 FILER NAME Zimmerman, Donald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000006

4

TOTAL OF UNITEMIZED LOANS:

⇒⇒⇒⇒⇒

\$

5 Date of loan

10/24/2014

7 Name of lender

Zimmerman, Don (Mr.)

☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)

\$6,000.00

6 Is lender a
financial institution?

No

8 Lender address; City; State; Zip Code10901 Enchanted Rock Cv
Austin, TX 78726**10** Interest rate

0

11 Maturity date

12/31/2014

12 Principal occupation / Job title (See Instructions)

Engineer

13 Employer (See Instructions)

Self

14 Description of Collateral☒ none**15** Check if personal funds were deposited into political account☐**16** GUARANTOR
INFORMATION☒ not applicable**17** Name of guarantor**18** Guarantor address; City; State; Zip Code**19** Amount Guaranteed (\$)**20** Principal Occupation**21** Employer

POLITICAL EXPENDITURES**SCHEDULE F****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: 1/12 Report: 7/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 | |
| 4 Date 10/25/2014 | | 5 Payee name Aguirre, Gavin (Mr.) | | | |
| 6 Amount (\$) \$170.00 | | 7 Payee address City: State: Zip Code 10713 Stonewall Blvd Corpus Christi, TX 78410 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Help <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/16/2014 | | Payee name AnyPromo.com | | | |
| Amount (\$) \$295.41 | | Payee address City: State: Zip Code 13437 Benson Ave Chino, CA 91710 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LED Buttons <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/10/2014 | | Payee name AT&T | | | |
| Amount (\$) \$136.90 | | Payee address City: State: Zip Code 10001 Research Blvd #130 Austin, TX 78759 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 10/14/2014 | | Payee name AT&T | | | |
| Amount (\$) \$37.55 | | Payee address City: State: Zip Code 10001 Research Blvd #130 Austin, TX 78759 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES**SCHEDULE F****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: 2/12 Report: 8/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 | |
| 4 Date 10/25/2014 | 5 Payee name AT&T | | | | |
| 6 Amount (\$) \$35.77 | 7 Payee address City; State; Zip Code 10001 Research Blvd #130 Austin, TX 78759 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Internet | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/06/2014 | Payee name Austin Crossing LTD. | | | | |
| Amount (\$) \$500.00 | Payee address City; State; Zip Code 405 N. Lamar Ste. 200 Austin, TX 78703 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/07/2014 | Payee name City of Austin | | | | |
| Amount (\$) \$25.00 | Payee address City; State; Zip Code 700 E 7th St Austin, TX 78701 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Downtown Parking | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 09/29/2014 | Payee name Costco | | | | |
| Amount (\$) \$109.83 | Payee address City; State; Zip Code 10401 Research Blvd Austin, TX 78750 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Party | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****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: 3/12 Report: 9/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 | |
| 4 Date 09/29/2014 | 5 Payee name Costco | | | | |
| 6 Amount (\$) \$33.85 | 7 Payee address City: State: Zip Code 10401 Research Blvd Austin, TX 78750 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for Block Walking | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/10/2014 | Payee name Costco | | | | |
| Amount (\$) \$30.83 | Payee address City: State: Zip Code 10401 Research Blvd Austin, TX 78750 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for block walking | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/17/2014 | Payee name Costco | | | | |
| Amount (\$) \$136.12 | Payee address City: State: Zip Code 10401 Research Blvd Austin, TX 78750 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Party supply | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 09/29/2014 | Payee name Dollar Tree | | | | |
| Amount (\$) \$19.56 | Payee address City: State: Zip Code 13729 Research Blvd #160 Austin, TX 78750 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailout Supply | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****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: 4/12 Report: 10/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 | |
| 4 Date 10/06/2014 | 5 Payee name Fry's Electronics | | | | |
| 6 Amount (\$) \$74.68 | 7 Payee address City: State: Zip Code 12707 N Mopac Expy Austin, TX 78727 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printer Cartridge | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/16/2014 | Payee name Fry's Electronics | | | | |
| Amount (\$) \$128.80 | Payee address City: State: Zip Code 12707 N Mopac Expy Austin, TX 78727 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printer cartridges | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/14/2014 | Payee name Goodwin Management | | | | |
| Amount (\$) \$100.00 | Payee address City: State: Zip Code 11149 Research Blvd Austin, TX 78759 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Sponsoring | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/07/2014 | Payee name HEB | | | | |
| Amount (\$) \$33.83 | Payee address City: State: Zip Code 11521 North FM 620 Austin, TX 78726 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gas for Block Walking | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****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: 5/12 Report: 11/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 | |
| 4 Date 10/10/2014 | 5 Payee name HEB | | | | |
| 6 Amount (\$) \$19.39 | 7 Payee address City: State: Zip Code 11521 North FM 620 Austin, TX 78726 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailout supply | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/14/2014 | Payee name HEB | | | | |
| Amount (\$) \$13.42 | Payee address City: State: Zip Code 11521 North FM 620 Austin, TX 78726 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailout supply | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/17/2014 | Payee name HEB | | | | |
| Amount (\$) \$8.67 | Payee address City: State: Zip Code 11521 North FM 620 Austin, TX 78726 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paper | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/20/2014 | Payee name HEB | | | | |
| Amount (\$) \$15.66 | Payee address City: State: Zip Code 11521 North FM 620 Austin, TX 78726 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailout supply | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****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: 6/12 Report: 12/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 | |
| 4 Date 10/21/2014 | 5 Payee name La Tapati Taqueria | | | | |
| 6 Amount (\$) \$9.46 | 7 Payee address City: State: Zip Code 13450 Research Blvd Austin, TX 78750 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff/Volunteer | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 09/29/2014 | Payee name Mesa Rosa | | | | |
| Amount (\$) \$24.32 | Payee address City: State: Zip Code 10700 Anderson Mill Rd. Austin, TX 78750 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer & Staff Meals | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/03/2014 | Payee name Mesa Rosa | | | | |
| Amount (\$) \$24.32 | Payee address City: State: Zip Code 10700 Anderson Mill Rd. Austin, TX 78750 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff / Volunteer meals | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/08/2014 | Payee name Mesa Rosa | | | | |
| Amount (\$) \$218.01 | Payee address City: State: Zip Code 10700 Anderson Mill Rd. Austin, TX 78750 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Party & Lettef Stuffing | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****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: 7/12 Report: 13/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 | |
| 4 Date 09/29/2014 | 5 Payee name Office Max | | | | |
| 6 Amount (\$) \$7.24 | 7 Payee address City; State; Zip Code 11066 Pecan Park Blvd Ste. 7 Cedar Park, TX 78613 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Envelopes | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 09/29/2014 | Payee name Office Max | | | | |
| Amount (\$) \$34.56 | Payee address City; State; Zip Code 11066 Pecan Park Blvd Ste. 7 Cedar Park, TX 78613 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copying | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/06/2014 | Payee name Office Max | | | | |
| Amount (\$) \$48.88 | Payee address City; State; Zip Code 11066 Pecan Park Blvd Ste. 7 Cedar Park, TX 78613 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailout | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/09/2014 | Payee name Office Max | | | | |
| Amount (\$) \$25.96 | Payee address City; State; Zip Code 11066 Pecan Park Blvd Ste. 7 Cedar Park, TX 78613 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailout | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****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: 8/12 Report: 14/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 | |
| 4 Date 10/09/2014 | 5 Payee name Office Max | | | | |
| 6 Amount (\$) \$12.98 | 7 Payee address City; State; Zip Code 11066 Pecan Park Blvd Ste. 7 Cedar Park, TX 78613 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailout supplies | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/20/2014 | Payee name Pacific Star | | | | |
| Amount (\$) \$23.98 | Payee address City; State; Zip Code 13507 Research Blvd Austin, TX 78750 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer/Staff meals | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/25/2014 | Payee name Piryx | | | | |
| Amount (\$) \$58.48 | Payee address City; State; Zip Code 144 2nd St., First Floor San Francisco, CA 94105 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online CC fees | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 09/30/2014 | Payee name Pool, Trent (Mr.) | | | | |
| Amount (\$) \$452.75 | Payee address City; State; Zip Code 3800 Creek Rd Dripping Springs, TX 78620 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office work | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****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: 9/12 Report: 15/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 | |
| 4 Date 10/23/2014 | 5 Payee name Reale's Pizza | | | | |
| 6 Amount (\$) \$36.93 | 7 Payee address City: State: Zip Code 13450 N Hwy 183 Austin, TX 78750 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer/Staff | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/20/2014 | Payee name Republican Club of Austin | | | | |
| Amount (\$) \$40.00 | Payee address City: State: Zip Code 811 W. Live Oak Austin, TX 78704 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Forum | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 09/29/2014 | Payee name Rudino's Pizza | | | | |
| Amount (\$) \$28.02 | Payee address City: State: Zip Code 11521 Farm to Market 620 N Austin, TX 78726 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer Meals | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/22/2014 | Payee name Rudino's Pizza | | | | |
| Amount (\$) \$27.02 | Payee address City: State: Zip Code 11521 Farm to Market 620 N Austin, TX 78726 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff/Volunteer | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****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: 10/12 Report: 16/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 | |
| 4 Date 10/17/2014 | 5 Payee name Shandeez Grill Inc | | | | |
| 6 Amount (\$) \$29.51 | 7 Payee address City: State: Zip Code 8863 Anderson Mill Rd Austin, TX 78729 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff/Volunteers | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/07/2014 | Payee name US Postal Service | | | | |
| Amount (\$) \$98.00 | Payee address City: State: Zip Code 13376 N HIGHWAY 183 STE 128 Austin, TX 78750 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/14/2014 | Payee name US Postal Service | | | | |
| Amount (\$) \$882.00 | Payee address City: State: Zip Code 13376 N HIGHWAY 183 STE 128 Austin, TX 78750 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/21/2014 | Payee name US Postal Service | | | | |
| Amount (\$) \$44.10 | Payee address City: State: Zip Code 13376 N HIGHWAY 183 STE 128 Austin, TX 78750 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****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: 11/12 Report: 17/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 | |
| 4 Date 10/14/2014 | 5 Payee name Walmart Superstore | | | | |
| 6 Amount (\$) \$32.15 | 7 Payee address City: State: Zip Code 8201 N Fm 620 Austin, TX 78726 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailout supply | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/02/2014 | Payee name Watson, Greg (Mr.) | | | | |
| Amount (\$) \$115.00 | Payee address City: State: Zip Code 1916 Miles Ave Austin, TX 78745 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office work | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/14/2014 | Payee name Watson, Greg (Mr.) | | | | |
| Amount (\$) \$140.00 | Payee address City: State: Zip Code 1916 Miles Ave Austin, TX 78745 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Help | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 10/24/2014 | Payee name Watson, Greg (Mr.) | | | | |
| Amount (\$) \$175.00 | Payee address City: State: Zip Code 1916 Miles Ave Austin, TX 78745 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Help | | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****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: 12/12 Report: 18/18 | | 2 FILER NAME Zimmerman, Donald (Mr.) | | 3 ACCOUNT # (TEC filers) 00000006 |
| 4 Date 10/07/2014 | 5 Payee name Wells Fargo Bank | | | |
| 6 Amount (\$) \$12.71 | 7 Payee address City: State: Zip Code 10401 Anderson Mill Rd. Austin, TX 78750 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check Fees | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought: Office held: | | | |
| Date 10/03/2014 | Payee name Wilson, Peggy (Ms.) | | | |
| Amount (\$) \$130.00 | Payee address City: State: Zip Code 4812 Rustown Austin, TX 78727 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Help | |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought: Office held: | | | |