

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

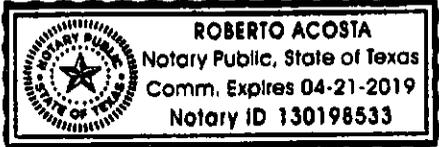
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)	\$19,842.75
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$132.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$14,998.32
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



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.

DS Zimmerman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DONALD ZIMMERMAN, this the JANUARY day of 12TH, 2016, to certify which, witness my hand and seal of office.

R. Acosta
Signature of officer administering oath

ROBERTO ACOSTA
Printed name of officer administering oath

NOTARY
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS (11)	\$ 19,625
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS (2)	\$ 217.75
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS (1)	\$ 2,500
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS (1)	\$ 132.33
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS (2)	\$ 9,582.64
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

COR (2)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/11

2 FILER NAME

Don Zimmerman

3 Filer ID (Ethics Commission Filers)

4 Date

7/3/
2015

5 Full name of contributor

out-of-state PAC (ID#: _____)

Elaine Hawkins

6 Contributor address;

City; State; Zip Code

19 Grassmarket San Antonio, TX 78259

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Homemaker

9 Employer (See Instructions)

None

Date

7/3/
2015

Full name of contributor

out-of-state PAC (ID#: _____)

Pauline Voss

Contributor address;

City; State; Zip Code

8806 Sagebrush Ln. San Antonio TX 78217

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

7/8/
2015

Full name of contributor

out-of-state PAC (ID#: _____)

Robert Mayfield

Contributor address;

City; State; Zip Code

11309 Pickfair Dr, Austin, TX 78750

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Self-Dir Business Owner

Employer (See Instructions)

Self

Date

7/8/
2015

Full name of contributor

out-of-state PAC (ID#: _____)

Pafat, LP

Contributor address;

City; State; Zip Code

10713 RR 620 N, Ste 301, Austin, TX 78726

Amount of contribution (\$)

\$2,500.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/11

2 FILER NAME

Don Zimmerman

3 Filer ID (Ethics Commission Filers)

4 Date

7/8/2015

5 Full name of contributor

James Van Dyke

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100

6 Contributor address;

10608 Glass Mountain Trl. Austin, TX

City; State; Zip Code

78750

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

nVidia

Date

7/8/2015

Full name of contributor

Henry Green

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200

Contributor address;

11004 Centennial Trl., Austin, TX

City; State; Zip Code

78750

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

IBM

Date

7/8/2015

Full name of contributor

Edward Burke

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

11311 Pickfair Dr., Austin, TX

City; State; Zip Code

78750

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

IBM

Date

7/27/2015

Full name of contributor

Pam Madere

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

4207 Benedict Ln., Austin, TX

City; State; Zip Code

78746

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Coats Rose

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/11

2 FILER NAME

Don Zimmerman

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/
2015

5 Full name of contributor

Kenneth Smith

out-of-state PAC (ID#: _____)

6 Contributor address;

7054 Comanche Trl., Austin, TX

City; State; Zip Code

78732

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Hotelier

9 Employer (See Instructions)

Self

Date

7/27/
2015

Full name of contributor

Billie Zimmerman

out-of-state PAC (ID#: _____)

Contributor address;

4018 Skylark Dr., San Antonio, TX 78210

City; State; Zip Code

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Broker

Employer (See Instructions)

Self

Date

8/10/
2015

Full name of contributor

James Ross

out-of-state PAC (ID#: _____)

Contributor address;

8947 Bee Caves Rd, #101, Austin, TX

City; State; Zip Code

78746

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Self

Date

8/31/
2015

Full name of contributor

Joanna Clardy

out-of-state PAC (ID#: _____)

Contributor address;

6723 Beauford Dr., Austin, TX

City; State; Zip Code

78750

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

None

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/11

2 FILER NAME

Don Zimmerman

3 Filer ID (Ethics Commission Filers)

4 Date

9/15/
2015

5 Full name of contributor

Kathleen Webster

out-of-state PAC (ID#: _____)

6 Contributor address;

10720 Bay Laurel Trl., Austin, TX

City; State; Zip Code 78750

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

11/2/
2015

Full name of contributor

Cornelia Foster

out-of-state PAC (ID#: _____)

Contributor address;

4511 Island Cv., Austin, TX 78731

City; State; Zip Code

Amount of contribution (\$)

\$5,000

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Retired

Date

11/20/
2015

Full name of contributor

Milton Lukins

out-of-state PAC (ID#: _____)

Contributor address;

610 Browns Ln, Louisville, KY 40207

City; State; Zip Code

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/04/
2015

Full name of contributor

Bruce Evans

out-of-state PAC (ID#: _____)

Contributor address;

11406 Toledo Dr., Austin, TX 78759

City; State; Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Broker

Employer (See Instructions)

Self

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/11
2 FILER NAME Don Zimmerman		3 Filer ID (Ethics Commission Filers)
4 Date 12/7/ 2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Holcomb 6 Contributor address; City; State; Zip Code 3110 Eaneswood Dr., Austin, TX 78746	7 Amount of contribution (\$) \$150
8 Principal occupation / Job title (See Instructions) Info Reg		9 Employer (See Instructions) Info Reg
Date 12/7/ 2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billie Zimmerman Contributor address; City; State; Zip Code 4018 Skylark Dr., San Antonio, TX 78210	Amount of contribution (\$) \$600
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Self
Date 12/7/ 2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Archer Contributor address; City; State; Zip Code 9518 Topridge Dr. #37, Austin, TX 78750	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 12/11/ 2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry Green Contributor address; City; State; Zip Code 11004 Centennial Trl., Austin, TX 78726	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) IBM

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/11

2 FILER NAME

Don Zimmerman

3 Filer ID (Ethics Commission Filers)

4 Date

12/11/
2015

5 Full name of contributor

James Shive

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200

6 Contributor address;

6505 Auburndale St., Austin, TX 78723

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Archivist

9 Employer (See Instructions)

State of TX

Date

12/12/
2015

Full name of contributor

James Ross

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

8947 Bee Caves Rd, #101, Austin, TX 78746

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Broker

Employer (See Instructions)

Self

Date

12/12/
2015

Full name of contributor

Lynn Foster

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

12008 Saxony Ln., Austin, TX 78727

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Legal Advisor

Employer (See Instructions)

Concentrix

Date

12/12
2015

Full name of contributor

David Butler

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

11904 Jollyville Rd, #115 S., Austin, TX

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/11
2 FILER NAME Don Zimmerman		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pafat, LP	7 Amount of contribution (\$) \$6,000
6 Contributor address; City; State; Zip Code 10713 RR 620 N., Ste. 301, Austin, TX 78726		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Engineer		LJA Engineering
Date 12/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Worsham	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 1105 Norwalk Ln., Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Engineer		LJA Engineering
Date 12/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Dettman	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 9113 Old Lampasas Trl., Austin, TX 78750		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Bus. Owner		Self
Date 12/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Hess	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 9115 Old Lampasas Trl., Austin, TX 78750		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Engineer		Retired

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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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8/11

2 FILER NAME

Don Zimmerman

3 Filer ID (Ethics Commission Filers)

4 Date

12/12/
2015

5 Full name of contributor

Peter Hines

out-of-state PAC (ID#: _____)

6 Contributor address;

13820 Flat Top Ranch Rd., Austin, TX

City; State; Zip Code 78732

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Info Req.

9 Employer (See Instructions)

Info Req.

Date

12/12/
2015

Full name of contributor

Jack Murray

out-of-state PAC (ID#: _____)

Contributor address;

9616 Grand Oak, Austin, TX 78750

City; State; Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Info Req.

Employer (See Instructions)

Info Req.

Date

12/12/
2015

Full name of contributor

George Hindman

out-of-state PAC (ID#: _____)

Contributor address;

2100 Greenwood Ave., Austin, TX 78723

City; State; Zip Code

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Self

Date

12/12/
2015

Full name of contributor

Diane Archer

out-of-state PAC (ID#: _____)

Contributor address;

9518 Topridge Dr. #37, Austin, TX

City; State; Zip Code 78750

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

None

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

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 9/11
2 FILER NAME Don Zimmerman		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Zimmerman	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 15400 Cotton Tail, San Antonio, TX 78255		
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Self
Date 12/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Easter	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 7103 W. Rim Dr., Austin, TX 78731		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 12/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver Ban	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 4708 Peace Pipe Path, Austin, TX 78746		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Self
Date 12/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Webster	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 10720 Bay Laurel Trl., Austin, TX 78750		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>10/11</i>
2 FILER NAME <i>Don Zimmerman</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/18/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Sullivan</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>10601 Cranford Ct., Austin, TX 78726</i>		
8 Principal occupation / Job title (See Instructions) <i>Engineer</i>		9 Employer (See Instructions) <i>BMC</i>
Date <i>12/18/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roger Millar</i>	Amount of contribution (\$) <i>\$1,000</i>
Contributor address; City; State; Zip Code <i>12703 Cedar St., Austin, TX 78732</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date <i>12/19/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Lowry</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>10311 Kariba Cv., Austin, TX 78726</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>HNTB</i>
Date <i>12/21/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David George</i>	Amount of contribution (\$) <i>\$4,000</i>
Contributor address; City; State; Zip Code <i>12402 Cedar St., Austin, TX 78732</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Self</i>

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

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 11/11
2 FILER NAME Don Zimmerman		3 Filer ID (Ethics Commission Filers)
4 Date 12/24/ 2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Van Dyke	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 10608 Glass Mountain Trl, Austin, TX 78750		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) nVidia
Date 10/18/ 2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Burton	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 2113 Zach Scott Str, Austin, TX 78723		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Jones Lang LaSalle
Date 10/19/ 2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ann Teel	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 12008 Acorn Creek Trl, Austin, TX 78750		
Principal occupation / Job title (See Instructions) Admin Assist.		Employer (See Instructions) Parker & Assoc.
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1/2</i>	
2 FILER NAME <i>Don Zimmerman</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>0</i>	
5 Date <i>11/27/2015</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Zimmerman</i>	8 Amount of Contribution \$ <i>68.00</i>	9 In-kind contribution description <i>Printing Toner</i>
7 Contributor address; City; State; Zip Code <i>10901 Enchanted Rock, Austin, TX 78726</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>D6 Council Member</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>City of Austin</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2/2

2 FILER NAME
Don Zimmerman

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ ~~134.75~~ \$0

5 Date 11/27/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Zimmerman	8 Amount of Contribution \$ 15.00	9 In-kind contribution description Envelopes & Paper - Fundraising
7 Contributor address; City; State; Zip Code 10901 Enchanted Rock, Austin, TX 78726		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) D6 Council Member	11 Employer (FOR NON-JUDICIAL) (See Instructions) City of Austin
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date 11/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON Zimmerman	Amount of Contribution \$ 134.75	In-kind contribution description Postage for Fundraising
Contributor address; City; State; Zip Code 10901 Enchanted Rock, Austin, TX 78726		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) D6 Council Member	Employer (FOR NON-JUDICIAL) (See Instructions) City of Austin
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

Don Zimmerman

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

12/23/
2015

6 Full name of pledgor out-of-state PAC (ID#: _____)

James Skaggs

7 Pledgor address; City; State; Zip Code

4700 Toreador Dr., Austin, TX 78746

8 Amount of Pledge \$

2,500

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

Investor

11 Employer (See Instructions)

Self

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Pledgor address; City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Pledgor address; City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Pledgor address; City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1</i>	2 FILER NAME <i>Don Zimmerman</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31/2015</i>	5 Payee name <i>Wells Fargo Bank</i>	
6 Amount (\$) <i>15.00</i>	7 Payee address; City; State; Zip Code <i>10401 Anderson Mill Rd #120 Austin TX 78750</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i> <i>Banking</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/02/2015</i>	Payee name <i>Facebook, Inc</i>		
Amount (\$)	Payee address; City; State; Zip Code <i>Facebook way, Menlo Park, CA 94025</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising exp.</i> <i>officeholder Page</i> <i>Promotion</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/01/2015</i>	Payee name <i>Facebook, Inc.</i>		
Amount (\$)	Payee address; City; State; Zip Code <i>Facebook way, Menlo Park, CA 94025</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp.</i> <i>officeholder Page</i> <i>Promotion</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1/2		2 FILER NAME Don Zimmerman		3 Filer ID (Ethics Commission Filers)	
4 Date 11/27/2015		5 Payee name Don Zimmerman			
6 Amount (\$) 134.75		7 Payee address; City; State; Zip Code 10901 Enchanted Rock Cv. Austin, TX 78726			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) Fundraising		(b) Description (See instructions regarding type of information required.) Postage	
Date 11/27/2015		Payee name Don Zimmerman			
Amount (\$) 15.00		Payee address; City; State; Zip Code 10901 Enchanted Rock Cv., Austin, TX 78726			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Fundraising		Description (See instructions regarding type of information required.) Envelopes: paper	
Date 11/27/2015		Payee name Don Zimmerman			
Amount (\$) 68.00		Payee address; City; State; Zip Code 10901 Enchanted Rock, Austin, TX 78726			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Fundraising		Description (See instructions regarding type of information required.) Printing Toner	
Date		Payee name Pirya.com			
Amount (\$) 30.83		Payee address; City; State; Zip Code 649 Mission St., San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Fundraising		Description (See instructions regarding type of information required.) on line Credit Card Fees	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>2/2</i>	2 FILER NAME <i>Don Zimmerman</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/5/2015</i>	5 Payee name <i>Jerad Najvar</i>		
6 Amount (\$) <i>2,000</i>	7 Payee address; City; State; Zip Code <i>4151 Southwest Freeway, Ste. 625, Houston, TX 77027</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Legal</i>	(b) Description (See instructions regarding type of information required.) <i>Services & Consulting</i>	
Date <i>8/26/2015</i>	Payee name <i>Graves, Dougherty, Hearon & Moody, Ken Martin, Austin Bulldog</i>		
Amount (\$) <i>2,000</i>	Payee address; City; State; Zip Code <i>P.O. Box 4400, Austin, TX 78765</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Legal</i>	Description (See instructions regarding type of information required.) <i>Court Ordered Fees</i>	
Date <i>12/24/2015</i>	Payee name <i>Graves, Dougherty, Hearon & Moody, Ken Martin, Austin Bulldog</i>		
Amount (\$) <i>3,000</i>	Payee address; City; State; Zip Code <i>P.O. Box 4400, Austin, TX 78765</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Legal</i>	Description (See instructions regarding type of information required.) <i>Court Ordered Fees</i>	
Date <i>12/12/2015</i>	Payee name <i>Jerad Najvar</i>		
Amount (\$)	Payee address; City; State; Zip Code <i>4151 Southwest Freeway, Ste. 625, Houston, TX 77027</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Legal</i>	Description (See instructions regarding type of information required.) <i>Representation & Consulting</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CAMPAIGN DEBT RECONCILIATION
 (To be filed by officeholders only during an election year)
 Period Covered: January 1, 20 15 to December 31, 2015

Name of officeholder: Don Zimmerman

Campaign debt* existing as of the first day of the calendar year: \$20,000.00

Campaign debt* existing as of the last day of the calendar year: \$18,000.00

Enter the following information on all campaign debt existing as of December 31 of the reporting year (Note: Campaign debts under \$50 may be reported as an aggregate under (c), below):

(a) For loans and other debt evidenced by a note, the name of the creditor, the principal amount owed, the interest rate, and the date of maturity:

Creditor	Principal amount owed	Interest rate	Date of maturity
N/A			

(b) For all other campaign debts, enter the name of the creditor and the principal amount owed:

Creditor/Vendor	Principal amount owed
Donald S. Zimmerman	\$18,000.00

(c) Enter the total of campaign debts under \$50 if they are not itemized under (a) or (b) above.

N/A

* Campaign debt is the actual outstanding obligation of the candidate or candidate's committee as of a particular date, minus all funds held by the candidate or candidate's committee in cash or bank accounts on that date.

BANK RECONCILIATION

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.

Name of candidate, officeholder or campaign committee: Don Zimmerman

For each checking, savings or other financial institution account maintained during 20 15, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Wells Fargo

Type of account: checking - officeholder

The beginning balance: \$1,968.74

The ending balance: \$1,153.49

Enter the following information for checks issued on that account that have not cleared by December 31:

Date	Payee	Amount
<u>N/A</u>		

Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:

Date of receipt	Contributor	Amount
<u>N/A</u>		

SCHEDULE ATX. 4 - attach to form C/OH (C&E)
Reference §2-2-25, Austin City Code

Amount of interest or dividends earned: \$0

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
N/A		

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount
N/A		

BANK RECONCILIATION

A candidate, officeholder, or campaign committee filing a January 15 year-end contribution and expenditure report shall provide the following information for the previous calendar year.

Name of candidate, officeholder or campaign committee: Don Zimmerman

For each checking, savings or other financial institution account maintained during 2015, enter the following information indicated. For each additional institution, use a copy of this schedule.

The name of the financial institution: Wells Fargo

Type of account: Checking - Legal Defense / Litigation

The beginning balance: \$0

The ending balance: \$13,845.13

Enter the following information for checks issued on that account that have not cleared by December 31:

Date	Payee	Amount
<u>N/A</u>		

Enter the following information for checks received as contributions and deposited but dishonored by the contributor's financial institution:

Date of receipt	Contributor	Amount
<u>N/A</u>		

SCHEDULE ATX. 4 - attach to form C/OH (C&E)
Reference §2-2-25, Austin City Code

Amount of interest or dividends earned: 0

All deposits and withdrawals not disclosed on a filed contribution and expenditure report:

Date of deposit or withdrawal	Amount of deposit	Amount of withdrawal
N/A		

A listing of all checks received by December 31 but not deposited into any account (whether or not the checks have been "accepted" within the definition of the Texas Election Code):

Date of receipt	Contributor	Amount
N/A		