

# 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) 00000001	2 PAGE # 1 of 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Donald	MI
	NICKNAME Don	LAST Zimmerman	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 10901 Enchanted Rock Cv. Austin, TX 78726		
	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Timothy	MI
	NICKNAME Tim	LAST Kelly	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 13492 Research Blvd Austin, TX 78750		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 919-9772		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 01/01/2016    06/30/2016		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11/08/2016		
11 OFFICE	OFFICE HELD (if any) Council LEGAL DEFENSE District 6		
12 OFFICE SOUGHT (if known)	Council LEGAL DEFENSE District 6		
GO TO PAGE 2			

AUSTIN CITY CLERK  
RECEIVED

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****13 C/OH NAME** Zimmerman, Donald (Mr.)**14 ACCOUNT #** (Ethics Commission filers)  
00000001**15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

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

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****16 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

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

\$ 5,625.00

**EXPENDITURE  
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8,018.22

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

\$ 9,051.91

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

\$ 0.00

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

  
 Signature of officer administering oath

Chelsea Kachurak  
 Print name of officer administering oath

Notary Public  
 Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/3 Report: 3/7

2 FILER NAME Zimmerman, Donald (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

01/27/2016

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Archer, Diane (Ms.)

6 Contributor address; City; State; Zip Code

9518 Topridge Dr.  
#37  
Austin, TX 78750-35357 Amount of  
contribution (\$)

\$25.00

8 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Retired

Date

01/27/2016

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Berry, David (Dr.)

Contributor address; City; State; Zip Code

6500 N. Mopac  
Bld 1, Ste 1205  
Austin, TX 78731Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
Physician

Employer (See Instructions)

Self

Date

03/02/2016

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Burke, Edward (Mr.)

Contributor address; City; State; Zip Code

11311 Pickfair  
Austin, TX 78750-2527Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
Engineer

Employer (See Instructions)

Retired

Date

03/02/2016

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Clardy, Joanna (Ms.)

Contributor address; City; State; Zip Code

6732 Beauford Dr.  
Austin, TX 78750Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

02/03/2016

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Cunningham, Mark (Mr.)

Contributor address; City; State; Zip Code

PO Box 164082  
Austin, TX 78716Amount of  
contribution (\$)

\$350.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
Investor

Employer (See Instructions)

Self

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/7	
2 FILER NAME Zimmerman, Donald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  01/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daugherty, Gerald (Mr.)  6 Contributor address; City; State; Zip Code 1403 Club Ridge Cv. Austin, TX 78735-1624	7 Amount of contribution (\$)  \$500.00	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) Commissioner		10 Employer (See Instructions) Travis County	
Date  03/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gleinser, Tom (Mr.)  Contributor address; City; State; Zip Code 32635 Ranch Rd 12 Dripping Springs, TX 78620	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Building & Design Innovations	
Date  01/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon, John (Mr.)  Contributor address; City; State; Zip Code 1007 Green Meadow Dr. Round Rock, TX 78664	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired	
Date  03/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kam, Tom (Mr.)  Contributor address; City; State; Zip Code 7621 Spicewood Springs Austin, TX 78759	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) Engineer		Employer (See Instructions) TK Consulting	
Date  01/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ravet, Steven (Mr.)  Contributor address; City; State; Zip Code 1081 Hidden Hills Dr. Dripping Springs, TX 78620-3936	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) Engineer		Employer (See Instructions) Apple	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/3 Report: 5/7

2 FILER NAME Zimmerman, Donald (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date

01/19/2016

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Schoppe, Stephen (Mr.)6 Contributor address; City; State; Zip Code  
14804 Brown Bluff  
Leander, TX 786417 Amount of  
contribution (\$)

\$350.00

8 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)  
President10 Employer (See Instructions)  
Process Sciences

Date

01/04/2016

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Skaggs, James (Mr.)Contributor address; City; State; Zip Code  
4700 Treador Dr.  
Austin, TX 78746Amount of  
contribution (\$)

\$2,500.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
InvestorEmployer (See Instructions)  
Self

Date

01/11/2016

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Von Wupperfeld, Peter (Mr.)Contributor address; City; State; Zip Code  
11633 Sweet Basil Ct.  
Austin, TX 78726-1802Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)  
InvestorEmployer (See Instructions)  
Self

**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.

<b>1 PAGE #</b> Schedule: 1/2 Report: 6/7		<b>2 FILER NAME</b> Zimmerman, Donald (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 04/01/2016	<b>5 Payee name</b> Borgelt Law Firm				
<b>6 Amount (\$)</b> \$500.00	<b>7 Payee address</b> City: State: Zip Code 614 S Capital of Texas Hwy Austin, TX 78746				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Legal Services		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Representation		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 03/01/2016	<b>Payee name</b> Graves, Dougherty, Hearon&Moody, Ken Martin Austin Bulldog				
<b>Amount (\$)</b> \$2,500.00	<b>Payee address</b> City: State: Zip Code PO Box 4400 Austin, TX 78765				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Court ordered payment		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 05/25/2016	<b>Payee name</b> Graves, Dougherty, Hearon&Moody, Ken Martin Austin Bulldog				
<b>Amount (\$)</b> \$2,500.00	<b>Payee address</b> City: State: Zip Code PO Box 4400 Austin, TX 78765				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Court ordered payment (final)		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 05/02/2016	<b>Payee name</b> Najvar Law Firm				
<b>Amount (\$)</b> \$1,941.67	<b>Payee address</b> City: State: Zip Code 4151 Southwest Freeway Houston, TX 77027				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Representation		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1 PAGE #</b> Schedule: 2/2 Report: 7/7		<b>2 FILER NAME</b> Zimmerman, Donald (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 06/29/2016	<b>5 Payee name</b> Najvar Law Firm				
<b>6 Amount (\$)</b> \$500.00	<b>7 Payee address</b> City: State: Zip Code 4151 Southwest Freeway Houston, TX 77027				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Legal Services		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Counsel		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 06/30/2016	<b>Payee name</b> Pirya.com				
<b>Amount (\$)</b> \$76.55	<b>Payee address</b> City: State: Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Accounting/Banking		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card fees		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held: