


# 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) 00000003	2 PAGE # 1 of 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Winton B		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Zim Zimmerman		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11400 Northview Drive Fort Worth, TX 76008		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Arthur E		
	NICKNAME LAST SUFFIX Gene Miers		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5608 Malvey Ave., Ste 209 Fort Worth, TX 76107		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 735-1454		
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 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    Month Day Year 07/01/2015    THROUGH    12/31/2015		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Fort Worth City Council District 3		12 OFFICE SOUGHT (if known)
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Zimmerman, Winton B

14 ACCOUNT # (Ethics Commission filers)  
0000000315 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  
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

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

\$

3,000.00

EXPENDITURE  
TOTALS

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

2,106.00

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

\$

96,716.12

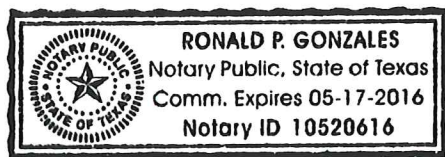
OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0.00

## 17 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said W.B. "Zim" Zimmerman, this the 21st day of January, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/5	
2 FILER NAME Zimmerman, Winton B		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date  11/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McLean, Robert ..... 6 Contributor address; City; State; Zip Code 226 Bailey Ave., Ste 106 Fort Worth, TX 76107	7 Amount of contribution (\$)  \$2,000.00    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  12/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanders, Travis ..... Contributor address; City; State; Zip Code 3525 Ranch View Terrace Fort Worth, TX 76109	Amount of contribution (\$)  \$1,000.00    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**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: 4/5		<b>2 FILER NAME</b> Zimmerman, Winton B		<b>3 ACCOUNT # (TEC filers)</b> 00000003	
<b>4 Date</b> 07/01/2015	<b>5 Payee name</b> Allen Gray, Kelly				
<b>6 Amount (\$)</b> \$35.00	<b>7 Payee address</b> City; State; Zip Code 1000 Throckmorton Fort Worth, TX 76102				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 07/01/2015	<b>Payee name</b> Allen Gray, Kelly				
<b>Amount (\$)</b> \$250.00	<b>Payee address</b> City; State; Zip Code 1000 Throckmorton Fort Worth, TX 76102				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 09/17/2015	<b>Payee name</b> Breaux, Sandi				
<b>Amount (\$)</b> \$126.00	<b>Payee address</b> City; State; Zip Code 1000 Throckmorton St Fort Worth, TX 76102				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Hot Dog Dinner		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 07/23/2015	<b>Payee name</b> Gene Miers CPA				
<b>Amount (\$)</b> \$395.00	<b>Payee address</b> City; State; Zip Code 5608 Malvey Ave., Ste 209 Fort Worth, TX 76107				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Assistance with banking and reporting requirements		
	<input type="checkbox"/> <b>Check if Austin, TX, officeholder living expense</b>				
<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</b> PAGE # Schedule: 2/2 Report: 5/5	<b>2</b> FILER NAME Zimmerman, Winton B	<b>3</b> ACCOUNT # (TEC filers) 00000003
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<b>4</b> Date 09/10/2015	<b>5</b> Payee name Joe D Johnson Campaign
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 136021 Fort Worth, TX 76136
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/15/2015	Payee name Presbyterian Night Shelter
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Amount (\$) \$500.00	Payee address City; State; Zip Code P.O. Box 2645 Fort Worth, TX 76113
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Charitable contribution
	<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:
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Date 12/18/2015	Payee name Solid Rock Church
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Amount (\$) \$300.00	Payee address City; State; Zip Code 121 Verna Trail N Fort Worth, TX 76108
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Charitable contribution
	<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:
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## Kayser, Mary

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**From:** Gene Miers <genemierscpa@att.net>  
**Sent:** Monday, January 11, 2016 3:40 PM  
**To:** Kayser, Mary  
**Subject:** Zimmerman campaign report

I am the campaign treasurer for Councilman Zim Zimmerman and have prepared the campaign finance report due Jan. 15, 2016. I understand you have an unsigned copy of this report. Mr. Zimmerman is out of the country until around Jan. 21. Upon his return he will sign the report, have it notarized and forward to you.

Thank you for your consideration in this matter.

*Gene Miers CPA  
5608 Malvey Ave, Ste 209  
Fort Worth, TX 76107  
817-735-1454  
817-735-9789 (FAX)*

