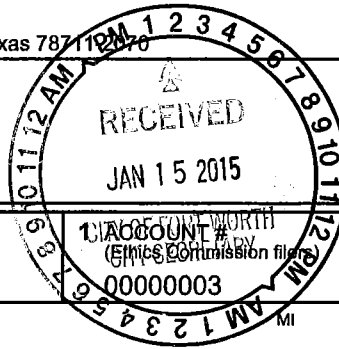


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1



The C/OH INSTRUCTION GUIDE explains how to complete this form.

2 PAGE #  
1 of 9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Winton B  
NICKNAME LAST SUFFIX  
Zim Zimmerman

**OFFICE USE ONLY**  
Date Received  
**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
11400 Northview Drive  
Fort Worth, TX 76008

Date Hand-delivered or Date Postmarked

Change of Address

Receipt # Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Arthur E  
NICKNAME LAST SUFFIX  
Gene Miers

Date Processed

Date Imaged

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

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 THROUGH Month Day Year  
07/01/2014 12/31/2014

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  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)  
00000003

**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) | \$ | 16,750.00 |
|--|----|-----------|

**EXPENDITURE TOTALS**

|   |    |       |
|---|----|-------|
| 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ | 25.00 |
|---|----|-------|

|                                 |    |          |
|---------------------------------|----|----------|
| 4. TOTAL POLITICAL EXPENDITURES | \$ | 2,990.50 |
|---------------------------------|----|----------|

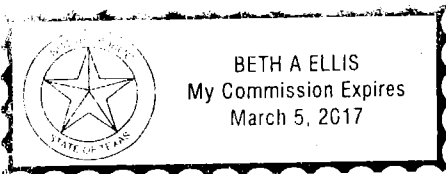
**CONTRIBUTION BALANCE**

|  |    |           |
|--|----|-----------|
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 86,036.77 |
|--|----|-----------|

**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.

W. Zimmerman  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said W.B. Zimmerman, this the 9<sup>th</sup> day of January, 2015, to certify which, witness my hand and seal of office.

Beth A Ellis  
Signature of officer administering oath

Beth A ELLIS  
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 #<br>Schedule: 1/3 Report: 3/9              |  |
| 2 FILER NAME Zimmerman, Winton B                          |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000003 |  |
| 4 Date<br><br>10/27/2014                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Barr, Kenneth<br><br>6 Contributor address; City; State; Zip Code<br>3101 Avondale Avenue<br>Fort Worth, TX 76109                       | 7 Amount of contribution (\$)<br><br>\$150.00      | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                     |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| 4 Date<br><br>10/27/2014                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Benda, Robert<br><br>6 Contributor address; City; State; Zip Code<br>608 Paint Point Tri N<br>Fort Worth, TX 76108                      | 7 Amount of contribution (\$)<br><br>\$500.00      | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                     |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| 4 Date<br><br>10/23/2014                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Freese and Nichols PAC<br><br>6 Contributor address; City; State; Zip Code<br>4055 International Plaza, Ste 200<br>Fort Worth, TX 76109 | 7 Amount of contribution (\$)<br><br>\$250.00      | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                     |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| 4 Date<br><br>09/17/2014                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Good Government Fund<br><br>6 Contributor address; City; State; Zip Code<br>201 Main Street<br>Fort Worth, TX 76102                     | 7 Amount of contribution (\$)<br><br>\$2,500.00    | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                     |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| 4 Date<br><br>10/24/2014                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Half Associates State PAC<br><br>6 Contributor address; City; State; Zip Code<br>1201 N Bowser Road<br>Richardson, TX 75081             | 7 Amount of contribution (\$)<br><br>\$500.00      | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                     |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |  |  |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 2/3 Report: 4/9              |  |
| 2 FILER NAME Zimmerman, Winton B                          |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000003 |  |
| 4 Date<br><br>08/27/2014                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Hickman, Holt<br><br>6 Contributor address; City; State; Zip Code<br>5800 Merrymount Road<br>Fort Worth, TX 76107 | 7 Amount of contribution (\$)<br><br>\$1,000.00    | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                     |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| 10/20/2014  | Holland, Elizabeth and Barney<br><br>3647 Encanto Dr<br>Fort Worth, TX 76109  | \$500.00   |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| 10/29/2014  | Jandrucko, Stacey<br><br>617 Westwood Avenue<br>Fort Worth, TX 76107  | \$1,000.00   |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| 11/04/2014  | Krampitz, Thomas<br><br>807 N Oak Cliff Blvd<br>Dallas, TX 75208  | \$250.00   |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| 10/27/2014  | Louden, G Malcolm<br><br>500 W 7th St., Unit #27, Ste 1007<br>Fort Worth, TX 76102  | \$5,000.00   |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/3 Report: 5/9

**2** FILER NAME Zimmerman, Winton B

**3** ACCOUNT # (Ethics Commission filers)  
00000003

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
10/24/2014 Pavlik and Associates

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6115 Camp Bowie Blvd, Ste 270  
Fort Worth, TX 76116

\$100.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
10/27/2014 Walsh, F Howard Jr.

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
500 W 7th St, Ste 1007  
Fort Worth, TX 76102

\$5,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> PAGE #<br>Schedule: 1/3 Report: 6/9 | <b>2</b> FILER NAME<br>Zimmerman, Winton B | <b>3</b> ACCOUNT # (TEC filers)<br>00000003 |
|--|--|---|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>09/18/2014 | <b>5</b> Payee name<br>Charlie Geren Campaign |
|-----------------------------|---|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$100.00 | <b>7</b> Payee address City; State; Zip Code<br>P.O. Box 1440<br>Fort Worth, TX 76101 |
|----------------------------------|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/><br>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: |
|--|-------------------------------|----------------|--------------|

|                    |  |
|--------------------|--|
| Date<br>11/13/2014 | Payee name<br>Deluxe Business Checks and Solutoons |
|--------------------|--|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$135.95 | Payee address City; State; Zip Code<br>P.O. Box 64046<br>St. Paul, MN 55164 |
|-------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/><br>2 part checks |
|                               | <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<br>09/23/2014 | Payee name<br>Friends of Senator Jane Nelson |
|--------------------|--|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$100.00 | Payee address City; State; Zip Code<br>P.O. Box 608<br>Grapevine, TX 76099 |
|-------------------------|--|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/><br>Political 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: |
|---|-------------------------------|----------------|--------------|

|                    |                              |
|--------------------|------------------------------|
| Date<br>09/26/2014 | Payee name<br>Gene Miers CPA |
|--------------------|------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$395.00 | Payee address City; State; Zip Code<br>5608 Malvey Ave., Ste 209<br>Fort Worth, TX 76107 |
|-------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/><br>Banking and reporting |
|                               | <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 | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The INSTRUCTION GUIDE explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> PAGE #<br>Schedule: 2/3 Report: 7/9 | <b>2</b> FILER NAME<br>Zimmerman, Winton B | <b>3</b> ACCOUNT # (TEC filers)<br>00000003 |
|--|--|---|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>10/08/2014 | <b>5</b> Payee name<br>J D Johnson Campaign |
|-----------------------------|---|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$100.00 | <b>7</b> Payee address City; State; Zip Code<br>P.O. Box 136021<br>Fort Worth, TX 76136 |
|----------------------------------|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/><br>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: |
|--|-------------------------------|----------------|--------------|

|                    |  |
|--------------------|--|
| Date<br>09/18/2014 | Payee name<br>Lighthouse for the Blind |
|--------------------|--|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$250.00 | Payee address City; State; Zip Code<br>912 W Broadway<br>Fort Worth, TX 76107 |
|-------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/><br>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: |
|---|-------------------------------|----------------|--------------|

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>08/04/2014 | Payee name<br>Meals on Wheels, Inc. |
|--------------------|-------------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$200.00 | Payee address City; State; Zip Code<br>320 South Freeway<br>Fort Worth, TX 76104 |
|-------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/><br>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: |
|---|-------------------------------|----------------|--------------|

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>12/10/2014 | Payee name<br>Meals on Wheels, Inc. |
|--------------------|-------------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$150.00 | Payee address City; State; Zip Code<br>320 South Freeway<br>Fort Worth, TX 76104 |
|-------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/><br>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: |
|---|-------------------------------|----------------|--------------|

**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 #<br>Schedule: 3/3 Report: 8/9 | <b>2</b> FILER NAME<br>Zimmerman, Winton B | <b>3</b> ACCOUNT # (TEC filers)<br>00000003 |
|--|--|---|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>10/29/2014 | <b>5</b> Payee name<br>The Fort Worth Club |
|-----------------------------|--|

|                                    |   |
|------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$1,034.55 | <b>7</b> Payee address City; State; Zip Code<br>PO Box 961094<br>Fort Worth, TX 76161 |
|------------------------------------|---|

|                                    |   |   |
|------------------------------------|---|---|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/><br>Fundraiser |
|                                    | <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: |
|--|-------------------------------|----------------|--------------|

|                    |   |
|--------------------|---|
| Date<br>07/21/2014 | Payee name<br>Tom Higgens Retirement Fund |
|--------------------|---|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$500.00 | Payee address City; State; Zip Code<br>1000 Throckmorton St<br>Fort Worth, TX 76102 |
|-------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| <b>9</b><br>PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Gifts/Awards/Memorials Expense | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/><br>Retiring city manager |
|                                    | <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: |
|---|-------------------------------|----------------|--------------|



# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/1 Report: 9/9

2 FILER NAME Zimmerman, Winton B

3 ACCOUNT # (Ethics Commission filers)  
00000003

4 Date  
  
09/26/2014

5 Name of person from whom amount is received  
Fort Worth Cops for Kids

8 Amount (\$)  
  
\$250.00

6 Address of person from whom amount is received; City; State; Zip Code  
.....  
904 Collier Street  
Fort Worth, TX 76102

7 Purpose for which amount is received  
Expenditure reported in 6/30/2014 report voided