CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	UIDE explains how to complete this fo	(241100	DUNT # s Commission filers)	2 PAGE#	12 440
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Winton NICKNAME LAST Zim Zimmer	В	MI SUFFIX	10	USE ONLY SUPPLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 11400 Northview Drive Fort Worth, TX 76008	CITY;	STATE; ZIP CODE	Date Hand-defivered	or Pale Postmarked
5 CAMPAIGN	MS/MRS/MR FIRST		MI	-	Amount
TREASURER	Arthur E	=	IVII	Date Processed	
NAME		- 		Date Imaged	
	Gene Miers		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (no po box please); 5608 Malvey Ave., Ste 209 Fort Worth, TX 76107	APT / SUITE #;	CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 735-1454	र	EXTENSION		
8 REPORT TYPE		before election	Runoff Exceeded \$500 limit	15th day after consumer (off	
9 PERIOD	Month Day Year		Month Day	Year	
COVERED	07/01/2016	THROUGH	12/31/20 ⁻	16	
10 ELECTION	ELECTION DATE E	ELECTION TYPE Primary	Runoff	General	Special
11 OFFICE	OFFICE HELD (if any) District 3	12	OFFICE SOUGHT (if known)		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT &	IOIAL5		Covi	ER SHEET PG Z
13 C/OH NAME Zimm	erman, Winton B		14 ACCOUNT 00000003	
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the car out the candidate's or officeholder's knowledge or consent. Candidate y receive notice of such expenditures	ndidate / officehold es and officeholder	er. These expenditures may s are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	40,983.77
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL P	OLITICAL EXPENDITURES	\$	4,693.29
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	120,486.58
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	0.00
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. Notary Public, State of Texas My Commission Expires March 05, 2017				

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said	W.B. Zimman	_, this the	1245 de	ay
of January, 20 17, to certify which	n, witness my hand and seal of office.			
De a Ellis -	Beth AELUS	A 1 - 1	0.11-1	
12 x y lus	DITH HELLI	Nothry	Public	

Signature of officer administering oath

Print name of officer administering oath

Nothing Public Title of officer administering oath

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE#	/14 Report: 3/19
2 FILER NAME	Zimmerman, Winton B		3 ACCOUNT # 00000003	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Allen, Don)#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	6 Contributor address; City; State; Zip Code 3045 Lackland Road Fort Worth, TX 76116		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 7020 Castle Creek Court Fort Worth, TX 76132	******	\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 222 W 4th Street PH-5		\$2,000.00	 -
	Fort Worth, TX 76102		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:		-
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 411 W 7th Street, Ste 1101 Fort Worth, TX 76102		\$1,000.00	 -
			(If travel outside of	Texas, complete Schedule T)
Principal occu _l	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 121 E Exchange Ave Fort Worth, TX 76164		\$250.00 	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	*

	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/	14 Report: 4/19	
2	FILER NAME	Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Branham, Beverly and Larry)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	08/29/2016	6 Contributor address; City; State; Zip Code 6487 Woodstock Rd Fort Worth, TX 76116		\$50.02	<u> </u> 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	Dation / Job title (See Instructions)	10 Employer (See In	nstructions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable) Food and beverages for	
	08/29/2016	Contributor address; City; State; Zip Code 7101 Camp Bowie West Fort Worth, TX 76116		\$1,623.75	fund raising event	
		Tottworth, 1270110		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	Leation / Job title (See Instructions)	Employer (See In		Texas, complete ochedule 1)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/29/2016	Contributor address; City; State; Zip Code 6716 Saint Andrews Rd Fort Worth, TX 76132		\$2,500.00	 	
		1011 World, 17/10102		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/29/2016	Contributor address; City; State; Zip Code 7017 Aspen Wood Trail Fort Worth, TX 76132		\$250.00 		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/05/2016	Contributor address; City; State; Zip Code 3825 Camp Bowie Fort Worth, TX 76107		\$2,500.00 		
				(If travel outside of 7	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		
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The Inst	RUCTION GUIDE explains how to complete this form.	1 PAGE#	14 Report: 5/19	
2 FILER NA	AME Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IDDueease, Walter	D#)	7 Amount of contribution (\$)	8
08/29/20	6470 Crestmore Rd		\$100.00	
	Fort Worth, TX 76116		(If travel outside of	Texas, complete Schedule T)
9 Principal	occupation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/20	116 Contributor address; City; State; Zip Code 1508 Sally Ann St Burleson, TX 76028		\$50.00	
	Bancoon, 17(19020		(If travel outside of	l Texas, complete Schedule T) ☐
Principal	occupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	0#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/20	16 Contributor address; City; State; Zip Code 3612 Parl Hill Dr		\$25.00	I
	Fort Worth, TX 76109		(If travel outside of	Texas, complete Schedule T)
Principal o	occupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/20	16 Contributor address; City; State; Zip Code 3045 Lackland Rd Fort Worth, TX 76116		\$2,500.00	
	Toltworth, 1270110		(If travel outside of	Texas, complete Schedule T)
Principal c	ccupation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/20	16 Contributor address; City; State; Zip Code 11717 Cambria Ct Aledo, TX 76008		\$100.00 <mark> </mark> 	
			(If travel outside of 7	Texas, complete Schedule T)
Principal o	ccupation / Job title (See Instructions)	Employer (See Ins	structions)	

Texas Ethics Commission

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/	14 Report: 6/19
2 FILER NAME	Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)
4 Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	8
10/20/2016	6 Contributor address; City; State; Zip Code P.O. Box 33937 Fort Worth, TX 76162		\$1,000.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In		Total complete constant ()
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 8136 Camp Bowie W Fort Worth, TX 76116		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/30/2016	Contributor address; City; State; Zip Code		\$150.00	
	Aledo, TX 76008		(If travel outside of	Texas, complete Schedule T)
Principal occup	l pation / Job title (See Instructions)	Employer (See In		тольо, сотрасо сотосто т,
		, and a second		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 1701 River Run, Ste 1010 Fort Worth, TX 76107		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 209 Diminion Ct Saganaw, TX 76179		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruc	The Instruction Guide explains how to complete this form.			14 Report: 7/19
2 FILER NAME	Zimmerman, Winton B	Secretary and the secretary an	3 ACCOUNT# 00000003	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Groomer, Mike	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/16/2016	6 Contributor address; City; State; Zip Code 6324 Skylatk Circle Fort Worth, TX 76180		\$250.00	
	Toleworth, 1270100		(If travel outside of	I Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 3605 Myrtle Springs Rd Fort Worth, TX 76116		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 100 E 15th Street, Ste 600 Fort Worth, TX 76102		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 1712 Versailles Rd Fort Worth, TX 76116		\$500.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 8040 Valley Drive North Richland Hills, TX 76182		\$250.00 	
			(If travel outside of 1	exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 6/	/14 Report: 8/19
2 FILER NAME	Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Havener, Gary)#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	6 Contributor address; City; State; Zip Code P O Box 121969 Fort Worth, TX 76121		\$200.00	I !
	Fort Worth, TX 76121			Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 914 Alta Dr Fort Worth, TX 76107		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 12716 Villa Milano Dr		\$100.00	
	Fort Worth, TX 76126		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 617 Westwood Avenue Fort Worth, TX 76107		\$3,000.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u>‡</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 4551 Parkwood Dr Fort Worth, TX 76140		\$50.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

	The Instruct	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/	/14 Report: 9/19	
2	FILER NAME	Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)	
4	Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	08/29/2016	6 Contributor address; City; State; Zip Code 4220 Riverhollow Dr Fort Worth, TX 76116		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occu	oation / Job title (See Instructions)	10 Employer (See Ir	nstructions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/29/2016	Contributor address; City; State; Zip Code 436 Haltom Rd Fort Worth, TX 76117		\$250.00	 	
		Torword, 1270117			Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/29/2016	Contributor address; City; State; Zip Code 794 N Main St Fort Worth, TX 76164	• • • • • • • • • • • • • • • • • • • •	\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	08/29/2016	Contributor address; City; State; Zip Code 6801 River Park Circle Fort Worth, TX 76116		\$100.00 		
				(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Date	Full name of contributor	<u>: </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
(08/29/2016	Contributor address; City; State; Zip Code 3405 Acorn Run Fort Worth, TX 76109		\$100.00 		
				(If travel outside of 3	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		sine, complete conceder 1/	
	■ Post			•		

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/	14 Report: 10/19	
2 FILER NAME	Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)	
4 Date	5 Full name of contributor	0#)	7 Amount of contribution (\$)	8	
08/29/2016	6 Contributor address; City; State; Zip Code 133 Sam Bass Rd		\$150.00	 	
	Willow Park, TX 76087		(If travel outside of	Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/29/2016	Contributor address; City; State; Zip Code 4308 Fair Ridge Dr Aledo, TX 76008		\$100.00	 	
	Aleuo, 17 70008		(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/29/2016	Contributor address; City; State; Zip Code 6116 Kenwick Ave		\$250.00		
	Fort Worth, TX 76116		(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of	In-kind contribution	
	Linebarger Goggan Blair & Sampson, LLP		contribution (\$)	description (if applicable)	
09/06/2016	Contributor address; City; State; Zip Code P.O. Box 17824 Austin, TX 78760		\$2,500.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/29/2016	Contributor address; City; State; Zip Code 500 W 7th St., Unit #27, Ste 1007 Fort Worth, TX 76102		\$5,000.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)		

TDD 1-800-735-2989 SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/	/14 Report: 11/19
2	FILER NAME	Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Lowrance, Dan)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/10/2016	6 Contributor address; City; State; Zip Code 2008 Four Oaks Lane Fort Worth, TX 76107		\$2,000.00	
				(If travel outside of	f Texas, complete Schedule T)
9	Principal occu	oation / Job title (See Instructions)	10 Employer (See In	nstructions)	,
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code		\$500.00	
		Fort Worth, TX 76109			i
	B		T = 1 /0 .		Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor □ out-of-state PAC (ID Matthews, Frank	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code 429 College Ave Fort Worth, TX 76104		\$25.00	
		Torrworth, 12 70104		(If travel outside of	I Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code 4455 Canp Bowie Blvd, Ste 114-54 Fort Worth, TX 76107		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code 6849 Middle Road Fort Worth, TX 76116		\$100.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		

The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 10	0/14 Report: 12/19	
2 FILER NAME	Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Moncrief, Mike	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
08/29/2016	777 Taylor Street, Ste 1030		\$250.00	
,	Fort Worth, TX 76102		(If travel outside of	I Texas, complete Schedule T) ☐
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID: Morris III, William	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 4425 Owendale Dr Fort Worth, TX 76116		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/01/2016	Contributor address; City; State; Zip Code 3455 Ranch View Court		\$250.00	
	Fort Worth, TX 76109		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 910 Fort WorthClub Fort Worth, TX 76102	• • • • • • • • • • • • • • • • • • • •	\$300.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 6341 Klamath Rd Fort Worth, TX 76116		\$150.00 	
			(If travel outside of 7	Гехаs, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	I/14 Report: 13/19
2 FILER NAME	Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Nicol, Lee	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
08/29/2016	6 Contributor address; City; State; Zip Code 3882 South Hills Circle Fort Worth, TX 76109		\$100.00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	Commence and the commence of t	Texas, complete Schedule T)
Date	Full name of contributor	<u> </u> #)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 8125 Mount Shasta Circle Fort Worth, TX 76137		\$250.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 7051 Allen Place Fort Worth, TX 76116		\$100.00	
Principal occur	ation / Joh title (See Instructions)	Employer (See Inc		Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 6115 Camp Bowie Blvd, Ste 270 Fort Worth, TX 76116		\$50.00	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/29/2016	Contributor address; City; State; Zip Code 6321 Juneau Rd Fort Worth, TX 76116		\$100.00 	
				Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	2/14 Report: 14/19
2	FILER NAME	Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/29/2016	6 Contributor address; City; State; Zip Code 3736 County Club Cir		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/25/2016	Contributor address; City; State; Zip Code 1201 Clover Lane Fort Worth, TX 76107		\$250.00	
		Tottworth, 17770101		(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code 11342 Northview Drive Aledo, TX 76008		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Date	Full name of contributor ut-of-state PAC (ID# Poole, Mary	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1	08/29/2016	Contributor address; City; State; Zip Code 3637 Watonga Fort Worth, TX 76107		\$150.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor ut-of-state PAC (ID# Powell, James)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(08/29/2016	Contributor address; City; State; Zip Code P O Box 444 Hurst, TX 76053		\$250.00	
		11410g 1/110000		(If travel outside of 3	Гехаs, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		, , , , , , , , , , , , , , , , , , ,
		,,	. , , , , , , , , , , , , , , , , , , ,	,	

SCHEDULE A

TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

L	O 1111E1				
	The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	3/14 Report: 15/19
2	FILER NAME	Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/29/2016	6 Contributor address; City; State; Zip Code P O Box 370 Euless, TX 76039		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code 901 Fort Worth Clun Bldg Fort Worth, TX 76102		\$250.00	I
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	L pation / Job title (See Instructions)	Employer (See In		, същения и
	Date	Full name of contributor	<u>‡</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code 4029 Inwood Road Fort Worth, TX 76109		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code		\$10.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/02/2016	Contributor address; City; State; Zip Code 11521 Blue Creek Fort Worth, TX 76008		\$500.00 	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		·
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	The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	4/14 Report: 16/19
2	FILER NAME	Zimmerman, Winton B		3 ACCOUNT# 00000003	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID The Farahnik Living Trust	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
	09/29/2016	6 Contributor address; City; State; Zip Code 2340 Donella Cir Los Angeles, CA 90077		\$2,500.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code 7950 Camp Bowie West Fort Worth, TX 76116		\$500.00	I
				//64m-11-1 - 114-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	' Tlete Calcadule 70
	Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	Date	Full name of contributor ☐ out-of-state PAC (ID# Walker, Jim	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code 605 Arbor Trail Euless, TX 76039		\$100.00	
	Dringing aggre	otion / Joh title (See Instructions)	Employer (Cooling		Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code 8848 Heron Dr Fort Worth, TX 76108		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/29/2016	Contributor address; City; State; Zip Code P O Box 1581 Cleburne, TX 76033		\$100.00 	
				(If traval cutaida - 57	Toyas complete Schodule T
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
	I a a a a b	, ,		**************************************	

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	d/Rental Expense OTHER (enter a category not listed above) by to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/3 R	- Zimmannan 10/inton D	00000003
4 Date	5 Payee name	
10/14/2016	Breaux, Sandi	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$103.38	1000 Throckmorton St	
	Fort Worth, TX 76102	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Event expenses
OF	Event Expense	Event expenses
EXPENDITURE		Check if Austin TV officeholder living synance
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure		
to benefit C/OH		
Date	Payee name	
12/20/2016	Breaux, Sandi	
Amount (\$)	Payee address City; State; Zip Code	
\$123.08	1000 Throckmorton St Fort Worth, TX 76102	
	Tote Worth, 177 70 102	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Door prizes for campaign event
OF EXPENDITURE		
EXI ENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
08/30/2016	Brotherhood of Fallen Fort Worth Firefighters	
Amount (\$)	Payee address City; State; Zip Code	
\$500.00		
4000.00		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Chantable donation
EXPENDITURE	Candidate/Oniceriolae// Onitioal Committee	n
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Candidate / Cincordide Harie	Office Sought.
to benefit C/OH		
Date	Payee name	,
08/29/2016	Buffalo West	
Amount (\$)	Payee address City; State; Zip Code	
\$1,623.75	7101 Camp Bowie West Fort Worth, TX 76116	
	Total World, 177 To Tio	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Food and beverages for fund raising event
OF EXPENDITURE		
LAI LADITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services
Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of D	
rees	The Instruction Guide explains he	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 2/3 Re	eport: 18/19 Zimmerman, Winton B	00000003
4 Date	5 Payee name Fort Worth Public Library Foundation	
09/09/2016 6 Amount (\$)	7 Payee address City; State; Zip Code	
, ,		
\$100.00	Fort Worth, TX 76102	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Charitable donation
EXPENDITURE		П
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure	Candidate / Chicerolder Hame	Onice sought.
to benefit C/OH		
Date	Payee name	
12/20/2016	FWPD Swat Support Group	
Amount (\$)	Payee address City; State; Zip Code	
\$1,000.00	777 Taylor St, Ste 1030 Fort Worth, TX 76102	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Gifts/Awards/Memorials Expense	Protect The Fort Initiative
EXPENDITURE		
	O and the total of the latest and the same	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
09/02/2016	Gene Miers CPA	
Amount (\$)	Payee address City; State; Zip Code	
\$395.00	5608 Malvey Ave., Ste 209 Fort Worth, TX 76107	
	, 5.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Accounting/Banking	Assistance with accounting and banking
EXPENDITURE		
	0 111 100 111	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
12/07/2016	Glen Whitley Campaign	
Amount (\$)	Payee address City; State; Zip Code	
\$100.00	100 E Weatherford Street Fort Worth, TX 76196	
	Tolt Worth, 120 Toloo	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Contributions/Donations Made By	Campaign contribution
OF EXPENDITURE	Candidate/Officeholder/Political Committee	_
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

EXPENDITURE CATEGORIES

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. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Zimmerman, Winton B 0000003 Schedule: 3/3 Report: 19/19 4 Date 5 Payee name **JTDStratagies** 07/28/2016 6 Amount (\$) 7 Payee address City; State; Zip Code 201 Main Street, Ste 600 \$428.85 Fort Worth, TX 76102 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Charter election Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Zimmerman, Zim 12/20/2016 Amount (\$) Payee address City; State; Zip Code 1000 Throckmorton St \$319.23 Fort Worth, TX 76102 Description (If travel outside of Texas, complete Schedule T) Parade vehicle Category (See Categories listed at the top of this schedule) **PURPOSE Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH