The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	No decoders		4
OFFICEHOLDER NAME	MS/MRS/MR FIRST	Mi 1_	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Received
	Zimmerm	ANA/	The second secon
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	STATE; ZIP CODE	By: Oxived L. Hay
Change of Address	4802 Vera Cry x	Jackand IX	V JUL 13 ZUNN
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (972) 279-5020	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	110 1100 111		The right delivered of Date Postmarked
TREASURER NAME	MS/MHS/MR FIRST	INCHEZ "	Receipt # Amount \$
	NICKNAME LAST	SUFFIX	Date Processed
	METZGE	R	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	, -,,,,,	ZIP CODE
ADDRESS (Residence or Business)	105 WMAIN ST	MESGNITTE	TX 15/19
3 CAMPAIGN TREASURER PHONE	(972) 285-6543	EXTENSION	
REPORT TYPE	January 15 30ih day before elect	ion Runoff	15% dough
,	July 15 Sth day before election		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year	Month	Day Year
OOVERLED	6/A/16		30/16
ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
OFFICE	OFFICE HELD (If any) OCCOD BOT	13 OFFICE SOUGHT (if known)	
	PLACE 3		

14 C/OH NAME			SOTER SHEET PG 2
Do	ROTHY	Zimmernaun	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TURES.	DITURES MADE BY POLITICAL COMMITTEES TO WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S THIS INFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	and the same of th	
	SPECIFIC	COMMITTEE ADDRESS	
ľ		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$
. 300 p.300 TVV , 20 ,	2. TOTAL F	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6
EXPENDITURE TOTALS	3. TOTAL POUNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS,	\$
SER FRIDE IN	4. TOTAL P	OLITICAL EXPENDITURES	\$ 508.80
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	PAY \$ 675.00
OUTSTANDING LOAN TOTALS	6. TOTAL PE LAST DAY	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$ 5,460.00
18 AFFIDAVIT			
TORS Notary My Con Sept	HA R MCCARTY ID # 130357040 mmission Expires tember 2, 2019	under Title 15, Election Code.	rjury, that the accompanying report is mation required to be reported by me
AFFIX NOTARY STAMP /	SEALABOVE	Signature of Candid	date or Officeholder
Sworn to and subscribe	ed before me, by	the said Dorothy Zimmermann certify which, witness my hand and seal of office.	, this the
Destruction R. M.	Cart	Torsha B. Mc CARty	
Signature of officer adm	unistering bath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19	DOROTHY ZIMMERMANN 20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS	
ļ	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE E1: POLITICAL EXPENDITURES	\$
6.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
<u> </u>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 808.80
11.		\$
12.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST CREDITS OF THE POLITICAL CONTRIBUTIONS	\$
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
l		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/P Credit Card Payment	olitical Committee	Legal Services	Sala	ting Expense aries/Wages/Contract Labor	Travel Out Of District
	_	The Instruction G	iuide explains hov	v to complete this form,	Other (enter a category not listed above)
1 Total pages Schedule	g: 2 FILER NA DO10	07HV		EMANN	3 Filer ID (Ethics Commission Filers
4 Date	5 Payee nam				
6 Amount (\$)	, 1/K1	MADA7 dress; City;	A, In	10	
SOS, SO	PO P	ress; City;	State; Zip Code	ande, Ix	75147
political contributions intended				-,	
PURPOSE OF	(a) Category (s	See Categories listed at the	e top of this schedule)	(b) Description	
EXPENDITURE	Exp	ence	Surie	Check if travel outs Check if Austin,	lde of Texas. Complete Schedule T. TX, officeholder riving expense
Complete ONLY if direct expenditure to benefit Complete.	t Candida /OH	ite / Officeholder na	ıme	Office sought	Office held
Date	Payee name	e			
Amount (\$)	Payee addr	ess; City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE	Category (Se	ee Categories listed at the	top of this schedule)	(b) Description	
OF EXPENDITURE					e of Texas. Complete Schedule T. C, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate	e / Officeholder nan	ne	Office sought	Office held
Date	Payee name				
Amount (\$)	Payee addre	ss; City; S	hata. 71. O. I		
	y == 3.24.0	oo, Oity, S	tate; Zip Code		
Reimbursement from political contributions intended	_				
PURPOSE	Category (See	Categories listed at the to	p of this schedule)	(b) Description	
OF EXPENDITURE				Check if travel outside of Check if Austin. Tx	of Texas. Complete Schedule T. officeholder living expense
omplete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate	/ Officeholder name	<u> </u>	Office sought	Office held
	<u> </u>				
	F24-10			CHEDULE AS NEEDE	

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME NICKNAME SINGLE FIRST DORDTH LAST LAST	OFFICEHOLDER DOROTHY					
4 ORIGINAL REPORT January 15 Rur TYPE July 15 Exc 30th day before election 15th app		Legal Office Date Hand-delivered or Date Postmarked Receipt # Amount \$				
5 ORIGINAL PERIOD Month Day Year COVERED 4/28/16	ROUGH 6/8/16	Date Processed Date Imaged				
originally reported as 4/28/16 Through 6/10/16 Conquision about the "8 day riport before electron" ariene from 6-18-16 electron date. Clarifie Treporting period not						
7 AFFIDAVIT I swear, o	or affirm, under penalty of perjury, the true and correct.					
	NLY if applicable:					
— made in g	nual reports: I swear, or affirm, that good faith and without an intent to information contained in the report	mislead or to misrenre-				
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.						
	Wordth Zimmen					
AFFIX NOTARY STAMP / SEAL ABOVE	Signature of Candidate or Off	iceholder				
Sworn to and subscribed before me, by the said <u>Dorothy</u> 20		day of				
20, to certify writers my fland and seal of office). N					
Signature of officer administering oath Printed	name of officer administering oath	Title of officer administering oath				
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections						

			
The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MA FIRST DOROTHY	Mt	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	ZimmermA	INN	naprismo staligimo dio non-ditri dilete essala unio - mendraprismo autreio dell'ampatrico, minor menglismo del
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		CITY; STATE; ZIP CODE	RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (974) 279-5020	EXTENSION	Date Hand-delivered of Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS / MR FIRST MARTHA S NICKNAME LAST	MI	Receipt # Amount \$ Date Processed
	METEGER		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE 75-149
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 285-6543	EXTENSION	
9 REPORT TYPE	January 15 30th day before elec	ц .	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 / 28 / 16	THROUGH (Day Year 10/16
11 ELECTION	ELECTION DATE Month Day Year Primary 6 / 18 / 16 General	Runoff Other Description	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known) DCCCD BOT PLACE 3	
_	GO ТО І	PAGE 2	

			<u> </u>			
14 C/OH NAME 1) OR OT/	44 Zin	1Mermann 15	Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTED SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ \$5.00			
. NOT 10000 100 1000 10		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 445,00			
EXPENDITURE TOTALS	3. TOTAL F UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 48.00			
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 700.00			
CONTRIBUTION BALANCE	5. TOTAL P OF REP	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 275.00			
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	\$ 700.00 \$ 275.00 \$ 5,460.00				
18 AFFIDAVIT						
	ADRENIA L. HANLEY Notary Public STATE OF TEXAS Imission Expires 9/28/2	- Diolytemin	y, that the accompanying report is ion required to be reported by me			
AFFIX NOTARY STAMP	/SEALABOVE					
Sworn to and subscri	bed before me, b	y the said Porothy 21 mmerman	, this the9 + 2			
day of June	, 20 <u> 6</u> _, to	certify which, witness my hand and seal of office.				
adrenia	Hank	Adrenia Hanles	noting			
Signature of officer ad	ministering oati	Printed name of officer administering oath	itle of officer administering oath			

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 400 00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 700.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
		

MONE	TARY POLITICAL CONT	RIBUTIONS	SCHEDULE A1
	e Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME	ROTHY Zimmerm.	NAU.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor MIKE SLATON out-of-state		7 Amount of contribution (\$)
5-10-16	6 Contributor address; City; St. 12989 Supertur Rd ka	ate; ZIp Code	200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	
FINANCI	AL ADVISOR	SLATON F	INANCIAL SVS
Date	Full name of contributor out-of-state F MARTHA MRTZGE Contributor address; City; Sta	PAC (ID#:)	Amount of contribution (\$)
	105 WMAINST MESO	RWITE TX	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	10/A	
	Contributor address; City; Stat	e; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code	
Principal occupat	tion / Job title (See instructions)	Employer (See Instruction	ns)
Į	ATTACH ADDITIONAL COPIES Of from the contributor is out-of-state PAC, please see instru	THIS SCHEDULE AS NEED	DED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAM	ROTHY ZimmermAN	W	3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ -0	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description Solution S Description Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	de	Amount of . In-kind contribution Contribution \$. description Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	_		
	ATTACH ADDITIONAL CORIES OF T	UIC COUEDU	I E A C NET DE D	

Forms provided by Texas Ethics Commission

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (patter a category put listed shows)

Credit Card Payment	ica Committee L	egal Services The Instruction G		ies/Wages/Contract Labor to complete this form.	Other (enter a catego	pry not listed above)
1 Total pages Schedule G:	DORO	THY Z	immerk	EMANN	3 Filer ID (Ethics	Commission Filers)
4 Date 6-16	PRIME 7. Revenue	ADA 77	, INC		<u>_</u>	
700,00 Remount (\$)	POBO	ess; City; X / 0 88	State; ZIp Code	15,7X 7574;	7	
8 PURPOSE OF EXPENDITURE	POUERT	e Categories listed at th KING EXI SECVICE	PENSE		de of Texas. Complete Sched X, officeholder living expe	
9 Complete ONLY if direct expenditure to benefit C/	Candidate	e / Officeholder n		Office sought	<u> </u>	Office held
Date	Payee name					
Amount (\$)	Payee addre	ss; City;	State; Zip Code		<u> </u>	_
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See	a Categories listed at the	e top of this schedule)		e of Texas. Complete Schedu X, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		/ Officeholder na	ame	Office sought		Office held
Date	Payee name					
Amount (\$)	Payee addres	ss; City;	State; Zip Code			-
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the	top of this schedule)		e of Texas. Complete Schedul , officeholder living expen	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		/ Officeholder na	me	Office sought		Office held
	ATTACH	ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NEED!	ED	
						1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR DOROTHY	MI 	OFFICE USE ONLY
, 	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	4802 Vera Cruz G	ITY; STATE; ZIP CODE	RECEIVED By: Chied L. they APR 7 2016
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (972) 279-5020	EXTENSION	Legal Office Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS MR FIRST MINRTHA SK NICKNAME LAST	NCHeZ SUFFIX	Receipt # Amount \$ Date Processed
	METZGEN	P	Date Imaged
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT / 05 W MAIN ST MESQUITE, T	TE#; CITY; STATE;	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 285-454	EXTENSION -	
REPORT TYPE	January 15 30th day before election 3th day before election		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year . 1 / 21 / 2016	THROUGH 3/	Day Year 2.8/2014
ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	orm .
OFFICE	OFFICE HELD (if any)	13 OFFICE SOLICHT (STATES)	NITY COLLEGE DISTRA
	GO TO P		

FORM C/OH **COVER SHEET PG 2**

Revised 9/8/2015

14 C/OH NAME DOROTH	Y L. Zim	ME MANN 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	MIT THE CAMPIDATE'S OR OFFICE AND I
30	COMMITTEE TYPE	COMMITTEE NAME	
1	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
	1	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	\$ 50,00
	PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED unitemy		\$ 0
te projekte preju.	4. TOTAL	POLITICAL EXPENDITURES	\$ 391.80
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 100.00
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.	rry, that the accompanying report is ation required to be reported by me
		horothy Zimm	ann
		Signature of Candida	ite or Officeholder
AFFIX NOTARY STAMP	/SEALABOVE		
Sworn to and subscri	bed before me, by	y the said Dorothy Zimmerman	n, this the 7th
day of		o certify which, witness my hand and seal of office.	
The state of the s	A L HANLEY	Adrenia Han 1-	Maria He a
. Signature of office yard	ary Public reininguisso oath Expires 9/26/2016	Printed name of officer administering oath	Title of officer administering oath
orms timutiled by Texas Ethi		www.ethics.state.tx.us	Revised 9/8/2015

SUBTOTALS - C/OH

	911221 0 0
19 FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
DOROTHY LZimmERMANN	·
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 100.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 157,87
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 156.87 \$ 391.80
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME DOROTHY LZ, MMENMANN 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 A 2-11-16 MS MARY BOSWORTH 6 Contributor address; City; State; Zip Code 1 D 1 RIDGEMEA DOW DR DACLAS, TX 75-2/8-12/4 8 Principal occupation / Job title (See Instructions) RETIRED 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$ 100.00 Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

LOANS

SCHEDULE E

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
DOROT	HY L Zimmerm	ann	
4 TOTAL OF UI	NITEMIZED LOANS		\$ 100.00
5 Date of loan	7 Name of lender ut-of-state I	PAC (ID#:)	9 Loan Amount (\$)
2-2-20/6	DOROTHY 2 imm	erma NN	100.00
6 Is lender	la	State; Zip Code	10 Interest rate
Institution?	i financial		D
YN	GARLAND, TX Z	10/1/2	11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	unlendown
RETU		NONE.	
14 Description of Col			
none	latera)	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
The same same same same same same same sam	18 Guarantor address; City; S	State; Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state if	PAC (ID#:)	Loan Amount (\$)
	.aaara aarg	· · · · · · · · · · · · · · · · · · ·	Interest rate
Is lender a financial Institution?	Lender address; City; S	State; Zip Code	
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were of	deposited into political
none_		account (See Instructions)	appoints into points.
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
le l		PIES OF THIS SCHEDULE AS NE	
IT IC	ender is out-of-state PAC, please see ins	struction guide for additional rep	porting requirements.

Forms provided by Texas Ethics Commission

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Consulting Expense
Conditate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officenoider/Politic	o caratica (rage	Contract Labor Other (enter a category not listed	d abo ve)
	The Instruction Guide explains how to comp	lete this form.	
1 Total pages Schedule F4:	2 FILER NAME DOROTITY LIMMENMANA	3 Filer ID (Ethics Commission	on Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CRED		
5 Date	6 Payee name		
1-31-2016	LASERMONKS, COM		_
7 Amount (\$)	8 Payee address; City; State; Zip Code		
154.87	20555 DENONSHIRE ST & CHATSWORTH, CA 9/3/1	stel wy	
9 TYPE OF	3/11/300 8/4/1, UN 9/311		
TYPE OF EXPENDITURE	Political Non-Politica	Л	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	PRINTING EXPENSE	Check if travel outside of Texas. Complete Schedule	_
OF Expenditure	_		
EXI ENDITORE	(1NK)	Check if Austin, TX, officeholder living expend	S @
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Politica	1	
	Category (See Categories listed at the top of this schedule)	Description	·
PURPOSE	gary (antispense nation at the top of this schedule)	Check if travel outside of Texas. Complete Schedule	т
OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE		Check if Austin, 1X, officeholder fiving expensi	6
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	sought Office held	
	ATTACH ADDITIONAL CODIES OF THIS SCHE	DIII E AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2_FILER NAME 3 Filer ID (Ethics Commission Filers) DOROTHY L ZIMMERMANN 4 Date 1-31-2016 LASRUMONKS. COM

Amount (\$) 7 Payee address; City; State; Zip Code

156. 87 20555 Devenshive St Ste 4/24 political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Check If travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 2-9-2016 FASCLAMPITT GARLAND Payee address; City; State; Zip Code 1005 5 JUPITER RD GARLAND, TX 15042 intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE PRINTING EXPENSE Check if travel outside of Texas. Complete Schedule T. **OF** Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH FAR NORTH DALLAS TEA PARTY
Payee address; City; State; Zip Code 13331 Preston Rd Reimbursement from political contributions (b) Description **PURPOSE** EXPENSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS) MR FIRST DO ROTH	. MI	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Received
	Zimmermi	ANN	The state of the s
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	STATE; ZIP CODE	By: Paul L. Hay
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (972) 279-5020	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS) MR FIRST	SALICHE Z	Receipt # Amount \$
	LAST	SUFFIX	Date Processed
7.0410101	METZGER		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI 105 W MAIN ST MES QUITE, TX	onne,	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 275-6543	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 & 8th day before election	on Exceeded \$500 limit	Final Report (Attach C/OH - FR)
O PERIOD COVERED	Month Day Year 3 / 29/2016	THROUGH #	Day Year 29/20/6
1 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary 5 / 1 2016 General	Runoff Description Special	form
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		BOT PLAC	E_3
	GO TO PA	NGE 2	·

14 C/OH NAME	1/1/1 1		15 Files ID (File)
16 NOTICE FROM		rmermann	15 Filer ID (Ethics Commission Filers)
POLITICAL COMMITTEE(S)	THIS BOX IS FOR SUPPORT THE CAN KNOWLEDGE OR C OF SUCH EXPENDI	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIBLE OF POLITICAL EXPENDIBLES OF P	NOITURES MADE BY POLITICAL COMMITTEES TO WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S THIS INFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME	
	MENERAL	ABRITER DCCCD	
X	SPECIFIC	POBAX &S2636	
		MRSQWITE, TX 75/8	と
Additional Pages		KRISTIE BAXTER	
	1	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION		3437 CARDINAL LAN	E
TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	IAN \$ 6
	2. TOTAL F	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 576.71
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 65
	4. TOTAL F	OLITICAL EXPENDITURES	\$4,629.16
CONTRIBUTION BALANCE	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY \$ 250.00
OUTSTANDING LOAN TOTALS	6. TOTAL PE LAST DAY	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T OF THE REPORTING PERIOD	'HE
18 AFFIDAVIT			\$ 5,460.00
		inde and correct and includes all info	erjury, that the accompanying report is rmation required to be reported by me
مام العباد ا	فينيس فيستان فيبتس فيستب فيستان فري	under Title 15, Election Code.	ime as so topolica by life
A STATE OF THE STA	DRENIA L. HANLEY Notary Public	prioth smm	and
AFFINITION STAMPS	STATE OF TEXAS mission Expires 9/26/20 SEALABOVE	Signature of Candi	date or Officeholder
Sworn to and subscrib	ed before me by	the said Dans H. 7:	acth
day of April	1.1	certify which, witness my hand and seal of office.	INM this the 29'-
		adrenic Hand	- notary
Signature of officer adm	ninistering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME	
DOROTHY L ZIMMERMANN	O (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$547
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 386.11
4. SCHEDULE E: LOANS	\$ 5 2 / D DY
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	is \$ (// 20 11)
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 7421,46
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTI	_ ' '
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 157.92
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	\$/5/.92 DF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	'
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

		SCHEDULE A2
The instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A2:
2 FILER NAME DOROTHY L ZimmerMANA	\checkmark	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS	\$ 0
Date 6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution description
Full name of contributor out-of-state PAC (ID#:	75/47	S8F. 71: MAIL PROCESSING
Frincipal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas popular (FOR NON-JUDICIAL) (See Instructions)
2 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
4 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Cod		Amount of In-kind contribution Contribution \$ description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	Check if travel outside of Texas. Complete Schedule (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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

LOANS			SCHEDULE E
The	e Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME DOROTA	YY LZimmer	MANN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$ 0
5 Date of loan 4/2/20/	7 Name of lender out-of-state - PAUL Zimmen	PAC (ID#:)	9 Loan Amount (\$) 5,360.00
6 Is lender a financial Institution?	a financial		
Y (N)	GARLAND TX	75043	11 Maturity date
RETURE	tion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	-	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	ltion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
		î [1]	
none	т		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
GUARANTOR INFORMATION	Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)
GUARANTOR INFORMATION	Guarantor address; City;		Amount Guaranteed (\$)
GUARANTOR INFORMATION	Guarantor address; City;	State; Zip Code Employer (See Instructions)	Amount Guaranteed (\$)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Trável In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount City: State: Zip Code 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY If direct Office sought Office held expenditure to benefit C/OH STATES POSTAL SERVICES Description Check if travel outside of Texas. Complete Schedule T, **PURPOSE** OF ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Category (See Categories listed at the top of this schedule) Description ZSING EXPENSE **PURPOSE** Check if travel outside of Texas. Complete Schedule T. QF Check If Austin, TX, officeholder living expense EXPENDITURE AUTOMATIED PHONE CALLS Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

AdvertisIng Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category and listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) IMMERMANN 4 Date Check il travel outside of Texas. Complete Schedule 7. **PURPOSE** OF. Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description _ Check if travel outside of Texas. Complete Schedule T, **PURPOSE** QF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel cutside of Texas. Complete Schedule T. OF Check if Auslin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatio

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Politic	al Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this form.	(
1 Total pages Schedule F4:	DOROTHY LZim		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date			-
4/6/2016	6 Payee name LA SERMONKS	.com	
7 Amount (\$)	8 Payee address: City: State:	Zin Code	
151.92	20555 DEVONS CHATSWORTH, CX	HIRE ST St.	E124
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	n
PURPOSE	PRINTING EXPE		
OF Expenditure	1 1/10 4 10/01 12/	- -	ravel outside of Texas. Complete Schedule T.
	(NK)	Check if	Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE	(r 		vel outside of Texas. Complete Schedule T.
OF EXPENDITURE			
		Check If A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL		
ne provided by Toyon Ethios Co	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	ED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	5.000	Travel Out of District Stalaries/Wages/Contract Labor Travel Out of District Other (enter a category not listed abor	ann)
	The Instruction Guide explains h	low to complete this form.	DVe)
1 Total pages Schedule	C. 2 EU ED MANE		Filer
4 Date 4/4/2016	DOROTHY LZimun 5 Payee name LASER MONKS.	Com	
6 Amount (\$)	Pavee address: City: Onto		
Reimbursement from political contributions intended	20555 DENONSHIM	Est SIE Pof	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	9/3// e) (b) Description	
OF EXPENDITURE	CREDIT CARD PYMT	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name	Office sought Office held	
Date	Pause		
Suco	Payee name		
Amount (\$)	Payee address; City; State; Zip Coo	de	
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Ilving expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		==
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct	Candidate / Office L	Check If Austin, TX, officeholder living expense	
expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
P.	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIUS 4 D MANAGEMENT	
		SUMEDULE AS NEEDED	