



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

2 of 15

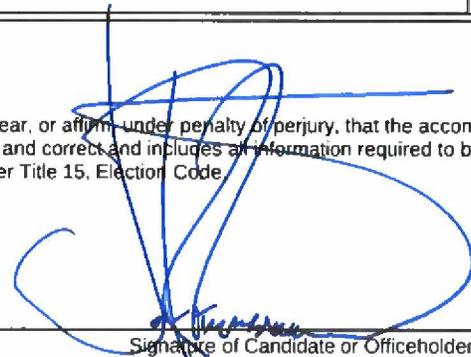
<b>13 C / OH NAME</b> Zimmerman, Joe	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
		<b>COMMITTEE ADDRESS</b>	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	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)	\$	33,250.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	19,620.07
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	35,261.57
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Zimmerman, this the 15th day of July, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering

Thomas Hercules Harris III  
 Printed name of officer administering

Notary Public  
 Title of officer administering oath

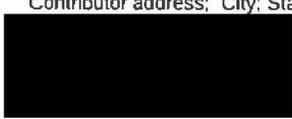
**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Zimmerman, Joe	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 33,250.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19,620.07
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/15
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 03/21/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albritton, Steven (Mr.) <b>6</b> Contributor address: City: State: Zip Code 	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Contractors Paving Supply
Date 06/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP Contributor address: City: State: Zip Code 	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Gary (Mr.) Contributor address: City: State: Zip Code 	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Principle		Employer (See Instructions) ACE SL LLC
Date 04/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canonico, Christopher (Mr.) Contributor address: City: State: Zip Code 	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ardurra Group
Date 04/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dannenbaum, James (Mr.) Contributor address: City: State: Zip Code 	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Dannenbaum Engineering

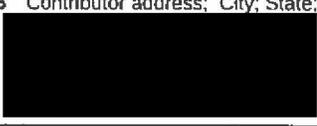
# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/15
2 FILER NAME Zimmerman, Joe		3 Filer ID
4 Date 04/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davison, Kyle (Mr.) 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	7 Amount of Contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Westin Homes
Date 03/07/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dhanani, Shoukat Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerber, Jeffrey (Mr.) Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Home-PAC Greater Houston Builders Assoc. Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huitt-Zollars, Inc Texas PAC Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px; margin-top: 5px;"></div>	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/15
2 FILER NAME Zimmerman, Joe		3 Filer ID
4 Date 04/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, David (Mr.)	7 Amount of Contribution (\$) \$1,500.00
6 Contributor address: City; State; Zip Code 		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Brown & Gay Engineers, Inc.
Date 04/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Victor (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matocha, Kevin (Mr.)	Amount of Contribution (\$) \$1,500.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Stonehinge Company LLC
Date 03/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muller, Rich (Mr.)	Amount of Contribution (\$) \$1,500.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Muller Law Group, PLLC
Date 04/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Narayanappa, Harish (Mr.)	Amount of Contribution (\$) \$1,500.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) EPIC Transportation Group, LP

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/15
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 04/15/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Jeffrey (Mr.)	<b>7</b> Amount of Contribution (\$)  \$1,250.00
<b>6</b> Contributor address: City; State; Zip Code 		
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Ardurra group
Date 04/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahmtulla, Aftab	Amount of Contribution (\$)  \$2,500.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Principle		Employer (See Instructions) Shabana Motors
Date 04/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randermann, Randy (Mr.)	Amount of Contribution (\$)  \$1,500.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Brown & Gay Engineers, Inc.
Date 04/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, E.E. (Mr.)	Amount of Contribution (\$)  \$1,500.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) E. E. Reed Construction
Date 04/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russ, Jim (Mr.)	Amount of Contribution (\$)  \$1,000.00
Contributor address: City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) EHRA Engineering

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/15
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 03/21/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sage, Tom (Mr.)	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>6</b> Contributor address; City; State; Zip Code 		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Hunton Andrews Kurth LLP
<b>Date</b> 03/05/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, James (Mr.)	<b>Amount of Contribution (\$)</b> \$1,000.00
<b>Contributor address; City; State; Zip Code</b> 		
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b> Lucrum Investments
<b>Date</b> 03/05/2019	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zinn, Harvey (Mr.)	<b>Amount of Contribution (\$)</b> \$2,500.00
<b>Contributor address; City; State; Zip Code</b> 		
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

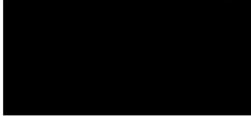
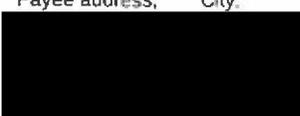
Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 9/15		2 FILER NAME Zimmerman, Joe		3 Filer ID	
4 Date 04/06/2019		5 Payee name Bridge Preparatory Academy			
6 Amount (\$) \$750.00		7 Payee address; City: State; Zip Code 			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense fundraising dinner	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/18/2019		Payee name City of Sugar Land			
Amount (\$) \$50.00		Payee address; City: State; Zip Code 			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense Baseball tickets	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/24/2019		Payee name Icenhower Consulting			
Amount (\$) \$1,290.00		Payee address; City: State; Zip Code 			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense Campaign consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES 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  
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/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 10/15		2 FILER NAME Zimmerman, Joe		3 Filer ID	
4 Date 03/21/2019		5 Payee name Icenhower Consulting			
6 Amount (\$) \$602.19		7 Payee address; City: State; Zip Code 			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting services	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 04/21/2019		Candidate/Officeholder name Icenhower Consulting			
Amount (\$) \$500.00		Payee address; City: State; Zip Code 			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting services	
Complete ONLY if direct expenditure to benefit C/OH					
Date 05/06/2019		Candidate/Officeholder name Icenhower Consulting			
Amount (\$) \$492.47		Payee address; City: State; Zip Code 			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting services	
Complete ONLY if direct expenditure to benefit C/OH					

# POLITICAL EXPENDITURES 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  
Credit Card Payment

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

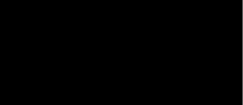
Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 11/15	2 FILER NAME Zimmerman, Joe	3 Filer ID
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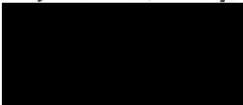
4 Date 01/27/2019	5 Payee name Magana Media
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6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research strategy and marketing
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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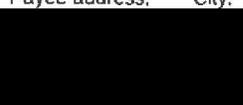
Date 02/24/2019	Payee name Magana Media
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Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research, strategy and marketing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/21/2019	Payee name Magana Media
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Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research strategy, marketing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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  
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/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 12/15		2 FILER NAME Zimmerman, Joe		3 Filer ID	
4 Date 04/21/2019		5 Payee name Magana Media			
6 Amount (\$) \$1,250.00		7 Payee address; City: State; Zip Code 			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research strategy and marketing	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 05/06/2019		Candidate/Officeholder name Magana Media			
Amount (\$) \$1,250.00		Payee address; City: State; Zip Code 			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research strategy and marketing	
Complete ONLY if direct expenditure to benefit C/OH					
Date 06/20/2019		Candidate/Officeholder name Magana Media			
Amount (\$) \$1,250.00		Payee address; City: State; Zip Code 			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research strategy and marketing	
Complete ONLY if direct expenditure to benefit C/OH					

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

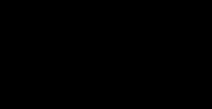
Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 13/15		2 FILER NAME Zimmerman, Joe		3 Filer ID	
4 Date 05/19/2019		5 Payee name Maryam Islamic Center			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/06/2019		Payee name New West Communications			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense communications and messaging	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/07/2019		Payee name Paypal			
Amount (\$) \$72.80		Payee address; City; State; Zip Code 			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paypal fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

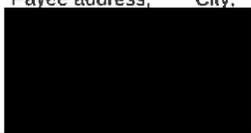
Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 14/15		2 FILER NAME Zimmerman, Joe		3 Filer ID
4 Date 05/19/2019		5 Payee name St Teresa's Catholic Church		
6 Amount (\$) \$950.00		7 Payee address; City; State; Zip Code 		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donations	
9 Complete ONLY if direct expenditure to benefit C/OH				
Date 03/18/2019		Candidate/Officeholder name University of Houston Athletic Association		
Amount (\$) \$500.00		Payee address; City; State; Zip Code 		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense dinner Sponsor	
Complete ONLY if direct expenditure to benefit C/OH				
Date 03/18/2019		Candidate/Officeholder name University of Houston Athletic Association		
Amount (\$) \$800.00		Payee address; City; State; Zip Code 		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gift	
Complete ONLY if direct expenditure to benefit C/OH				

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

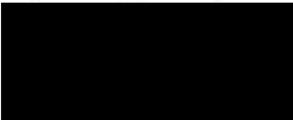
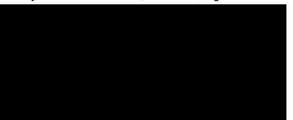
Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 15/15		2 FILER NAME Zimmerman, Joe		3 Filer ID
4 Date 03/21/2019		5 Payee name Veritas Steak & Seafood		
6 Amount (\$) \$2,397.61		7 Payee address; City: State, Zip Code 		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fund raising event	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
Date 05/27/2019		Payee name Zimmerman, Nancy (Ms.)		
Amount (\$) \$215.00		Payee address; City: State, Zip Code 		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with Rod and Dorrine Craig	
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
Date 01/27/2019		Payee name Zimmerman, Nancy (Ms.)		
Amount (\$) \$1,500.00		Payee address; City: State, Zip Code 		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SLCA event	
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			