

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Joe	MI
	NICKNAME	LAST Zimmerman	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	[REDACTED]		[REDACTED]
OFFICE USE ONLY <b>RECEIVED</b> APR 04 2018 @ 4:18 PM Office of City Secretary City of Sugar Land, TX Date Received: [REDACTED] Date Filed: [REDACTED] Receipt # [REDACTED] Amount [REDACTED] Date Processed [REDACTED] Date Imaged [REDACTED]			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Jared	MI
	NICKNAME	LAST Jameson	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	[REDACTED]		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
[REDACTED]		[REDACTED]	[REDACTED]
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
	[REDACTED]		
9 PERIOD COVERED	Month	Day	Year
01/01/2018		THROUGH	04/04/2018
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05/05/2018		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special     Municipal	
11 OFFICE	OFFICE HELD (if any) Mayor Sugar Land		12 OFFICE SOUGHT (if known) Mayor Sugar Land

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

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

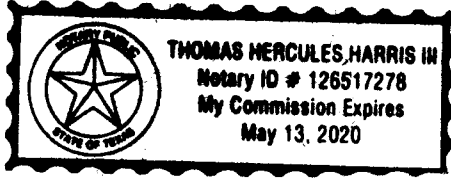
2 of 10

<b>13 C / OH NAME</b> Zimmerman, Joe	<b>14 Filer ID</b>
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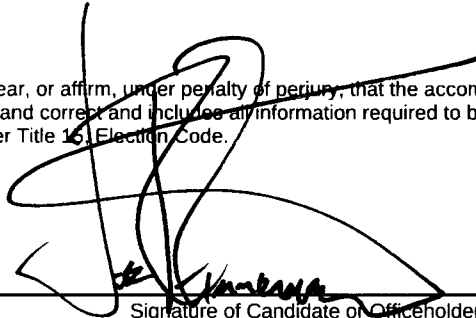
<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's 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)	\$	4,149.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	12,765.14
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	57,860.60
<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 16, Election Code.

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe R. Zimmerman, this the 4<sup>TH</sup> day of April, 2018, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering

THOMAS 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	\$ 3,650.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 499.00
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	\$ 12,765.14
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	\$

Signature of Filer: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/10
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 02/27/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Dana C. (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Principal		<b>9</b> Employer (See Instructions) Anson Aviation
Date 01/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Earl (Mr.) <hr/> Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Steve (Mr.) <hr/> Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Resolution Inc.
Date 03/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, J Craig (Mr.) <hr/> Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janik, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Gromax Development

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/10
2 FILER NAME Zimmerman, Joe		3 Filer ID
4 Date 02/13/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne Sr., Hugh (Mr.)	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) O.S. Interior Systems, Inc
Date 01/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rupe, Ronald (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rupe, Ronald (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sander, D. W. (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Sander Engineering Corporation
Date 02/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Page & Harding, L.L.P.	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/10
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 02/05/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steidley, K (Mr.) <b>6</b> Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions)
Date 02/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vannucci, Rigo (Mr.) Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilford, Dan (Mr.) Contributor address; City; State; Zip Code [REDACTED] [REDACTED]	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) Memorial Hermann Health System

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 7/10	
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$</b>	
<b>5</b> Date 03/01/2018	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend Publishing Group	<b>8</b> Amount of contribution (\$) \$499.00	<b>9</b> In-kind contribution description 1/3 color page Advertisement
<b>7</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 30px; margin-top: 5px;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 8/10	<b>2</b> FILER NAME Zimmerman, Joe	<b>3</b> Filer ID
<b>4</b> Date 03/03/2018	<b>5</b> Payee name Icenhower Consulting	
<b>6</b> Amount (\$) \$1,553.08	<b>7</b> Payee address; City; State; Zip Code [REDACTED] [REDACTED]	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 and expenses
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2018	Payee name Icenhower Consulting	
Amount (\$) \$2,936.00	Payee address; City; State; Zip Code [REDACTED] [REDACTED]	
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 and Expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2018	Payee name Magana Media	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code [REDACTED] [REDACTED]	
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 Campaign 2018 Marketing and Research
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.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 9/10	<b>2</b> FILER NAME Zimmerman, Joe	<b>3</b> Filer ID
<b>4</b> Date 02/04/2018	<b>5</b> Payee name Magana Media	
<b>6</b> Amount (\$) \$3,500.00	<b>7</b> Payee address; City; State; Zip Code [REDACTED] [REDACTED]	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 2018 Marketing and Research
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2018	Payee name Paypal	
Amount (\$) \$56.06	Payee address; City; State; Zip Code [REDACTED] [REDACTED]	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2018	Payee name Scott, Mike (Mr.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code [REDACTED] [REDACTED]	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphics
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 10/10	<b>2</b> FILER NAME Zimmerman, Joe	<b>3</b> Filer ID
<b>4</b> Date 02/24/2018	<b>5</b> Payee name Southern Daily News	
<b>6</b> Amount (\$) \$720.00	<b>7</b> Payee address; City; State; Zip Code [REDACTED] [REDACTED]	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2018 Chinese New Year full Page Ad.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held