

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 27	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Joe	MI	
	NICKNAME	LAST Zimmerman	SUFFIX	
<b>OFFICE USE ONLY</b>				
Date Received 11/18/2022				
JTH @ 1:35 p.m.				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	
	Date Hand-delivered or Date Postmarked 11/18/2022			
	Receipt #	Amount		
Date Processed				
Date Imaged				
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			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month	Day	Year	
	07	01	2021	
THROUGH				
12/31/2021				
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
5 / 7 / 2022			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
	Mayor Place Sugar Land Fort Bend			
		Mayor, City of Sugar Land		

GO TO PAGE 2

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

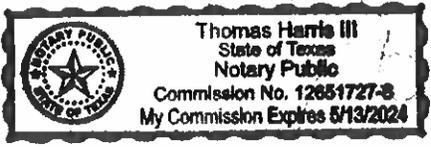
**FORM C/OH  
COVER SHEET PG 2**  
2 of 27

<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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<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 UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 46,050.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,570.56
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 41,803.85
<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 R. Zimmerman, this the 18th day of January, 2022, to certify which, witness my hand and seal of office.

 Signature of officer administering	Thomas Harris III Printed name of officer administering	City Secretary Title of officer administering oath
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**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Zimmerman, Joe		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 46,050.00
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	\$ 16,570.56
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: 1/14 Rpt: 4/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 08/02/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anhaiser, Leon (Mr.) <b>6</b> Contributor address; City; State; Zip Code 	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardurra Group PAC Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Dana C. (Mr.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Anson Aviation
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baitland, Betty (Ms.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballagere, Mohan (Mr.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

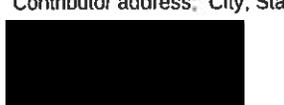
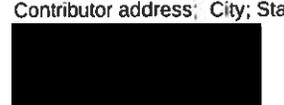
# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/14 Rpt: 5/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 08/26/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bihlet, Juliana (Ms.)	<b>7</b> Amount of Contribution (\$) \$2,500.00
<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) Blackline Engineering
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bisewski, Loretta (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BreauX, Christopher (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burres, Felicia (Ms.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashiola, Dominic (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

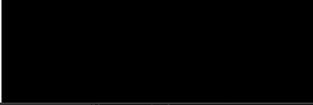
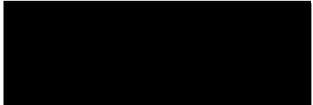
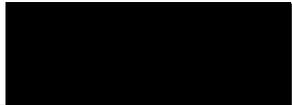
# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/14 Rpt. 6/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 08/02/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Centerpoint Energy, Inc. PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code 	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chmura, Thomas (Mr.) <hr/> Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Chmura Creative Services, Inc.
Date 07/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Jerry (Mr.) <hr/> Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costello, Inc. PAC <hr/> Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtice, Kolbe (Mr.) <hr/> Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

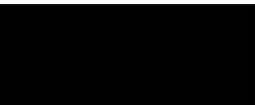
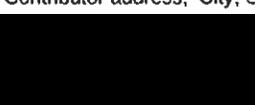
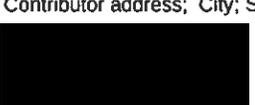
# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/14 Rpt: 7/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 07/10/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davison, Kyle (Mr.)	<b>7</b> Amount of Contribution (\$)  \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code 	
<b>8</b> Principal occupation / Job title (See Instructions) Division President		<b>9</b> Employer (See Instructions) Meritage Homes
Date 09/03/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denena, Joseph (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code 	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhanani, Shoukat (Mr.)	Amount of Contribution (\$)  \$5,000.00
	Contributor address; City; State; Zip Code 	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donalson, Thomas (Mr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code 	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donalson, Wanda (Ms.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code 	
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: 5/14 Rpt: 8/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 08/02/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eagleton, Jo Ann (Ms.) <b>6</b> Contributor address; City; State; Zip Code 	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Favre, Mary (Ms.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, George (Mr.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerber, Jeffrey (Mr.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) PGAL
Date 07/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goff, Susie (Mrs.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Principle homeowner		Employer (See Instructions) self employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/14 Rpt: 9/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 08/02/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grow, Michael (Mr.)	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code 		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halford, Lynn (Ms.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, David (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Binkely and Barfield
Date 07/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Home-PAC Greater Houston Builders Assoc.	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huitt-Zollars, Inc Texas PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

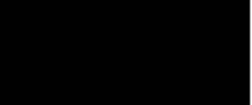
# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/14 Rpt: 10/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 09/03/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunton Andrews Kurth Texas PAC	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code 		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Thompson Campaign Account	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, William (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) WJ Interests, LLC
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Larry (Mr.)	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Johnson Development Corp.
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones & Carter Inc. PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 		
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: 8/14 Rpt: 11/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 07/10/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Russell (Mr.)	<b>7</b> Amount of Contribution (\$) \$1,000.00
<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) Holoway-Jones Law Firm
Date 09/03/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Sarwar (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kisner, Judith (Ms.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, Rocky	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lan Pac	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 		
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: 9/14 Rpt: 12/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 08/02/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landin, Taylor (Mr.) <b>6</b> Contributor address; City; State; Zip Code 	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Regional Vice President		<b>9</b> Employer (See Instructions) AT&T Texas
Date 07/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lo, Chien Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning JR, William (Mr.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcucci, Rebecca (Ms.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$500.00
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: 10/14 Rpt: 13/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 07/16/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClendon, Randy (Mr.) <b>6</b> Contributor address; City; State; Zip Code 	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Surveyor		<b>9</b> Employer (See Instructions) Tejas Surveying, Inc.
Date 07/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, Karen (Ms.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Erik (Mr.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Sander Engineering Corp.
Date 09/03/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millier, Jack (Mr.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moacyr, Marcelo (Mr.) Contributor address; City; State; Zip Code 	Amount of Contribution (\$) \$500.00
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: 11/14 Rpt: 14/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 08/02/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moye, III, Tillmann (Mr.)	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>6</b> Contributor address; City; State; Zip Code 		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Shiloh	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson III, Gary (Mr.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randermann, Randy (Mr.)	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Brown & Gay Engineers, Inc.
Date 07/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Responsible Government PAC	Amount of Contribution (\$)  \$1,500.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

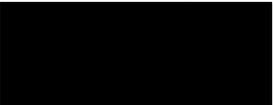
# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/14 Rpt: 15/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 08/02/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russ, Jim (Mr.)	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<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) EHRA Engineering
Date 08/02/2021	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 		
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Sander Engineering Corporation
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiff, Michael (Mr.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Page & Harding, L.L.P.	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, ANN (Ms.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 		
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: 13/14 Rpt: 16/27
2 FILER NAME Zimmerman, Joe		3 Filer ID
4 Date 08/02/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smithers, D. L. (Mr.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stubenrouch, Tim (Mr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Muller Law Group, PLLC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Llarance (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Kelly Kaluza@Associates.Inc.
Date 08/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Daniel (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Tolunay-Wong Engineers

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/14 Rpt: 17/27
<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID
<b>4</b> Date 08/02/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeung, Bridget (Ms.)	<b>7</b> Amount of Contribution (\$) \$350.00
<b>6</b> Contributor address; City; State; Zip Code 		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

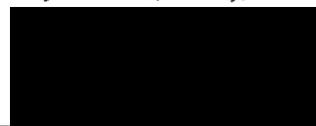
Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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: 1/10 Rpt: 18/27		<b>2</b> FILER NAME Zimmerman, Joe		<b>3</b> Filer ID	
<b>4</b> Date 11/05/2021		<b>5</b> Payee name Fast Signs			
<b>6</b> Amount (\$) \$274.30		<b>7</b> Payee address; City; State; Zip Code 			
<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 Mayor sign for Fort Bend County Parade	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 07/22/2021		Payee name Fernando's			
Amount (\$) \$3,725.00		Payee address; City; State; Zip Code 			
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 Kickoff gathering	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
Date 09/23/2021		Payee name Fort Bend Buyers Group			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 			
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<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 Contribution to support students at Fort Bend County Fair	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		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

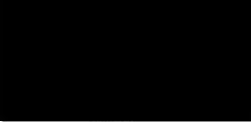
Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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: 2/10 Rpt: 19/27	<b>2</b> FILER NAME Zimmerman, Joe	<b>3</b> Filer ID
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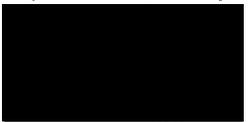
<b>4</b> Date 09/30/2021	<b>5</b> Payee name Fort Bend County Fair
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 contribution to support the livestock show at the county fair
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2021	Payee name Fort Bend County Fair
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 donation to support the livestock show at the Fort Bend County Fair
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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 10/24/2021	Payee name Fort Bend Seniors Meals on Wheels
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 contribution
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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: 3/10 Rpt: 20/27		2 FILER NAME Zimmerman, Joe		3 Filer ID	
4 Date 07/01/2021		5 Payee name Icenhower Consulting			
6 Amount (\$) \$709.17		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		Candidate/Officeholder name		Office sought	
Date 12/25/2021		Payee name Icenhower Consulting			
Amount (\$) \$61.10		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	
Date 08/01/2021		Payee name Icenhower Consulting			
Amount (\$) \$812.52		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	

# 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: 4/10 Rpt: 21/27	<b>2</b> FILER NAME Zimmerman, Joe	<b>3</b> Filer ID
<b>4</b> Date 12/25/2021	<b>5</b> Payee name Magana Media	
<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address; City; State; Zip Code 	
<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 Research, Strategy and Marketing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought      Office held
Date 11/20/2021	Payee name Magana Media	
Amount (\$) \$750.00	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought      Office held
Date 10/24/2021	Payee name Magana Media	
Amount (\$) \$750.00	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 <u>ONLY</u> 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: 5/10 Rpt: 22/27	<b>2</b> FILER NAME Zimmerman, Joe	<b>3</b> Filer ID
<b>4</b> Date 09/12/2021	<b>5</b> Payee name Magana Media	
<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 40px; margin-top: 5px;"></div>	
<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 Research, Strategy and Marketing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought      Office held
Date 08/22/2021	Payee name Magana Media	
Amount (\$) \$750.00	Payee address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 40px; margin-top: 5px;"></div>	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought      Office held
Date 08/01/2021	Payee name Magana Media	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 40px; margin-top: 5px;"></div>	
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 <u>ONLY</u> 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)

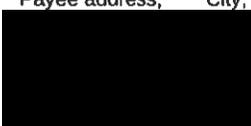
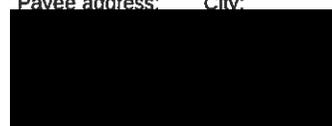
Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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: 6/10 Rpt: 23/27		2 FILER NAME Zimmerman, Joe		3 Filer ID	
4 Date 08/26/2021		5 Payee name Paypal			
6 Amount (\$) \$231.93		7 Payee address; City; State; Zip Code 			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/27/2021		Payee name Sugar Creek Ladies golf Association			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 			
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 donation to Women's golf Association	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/11/2021		Payee name Sugar Land Citizens Fire Academy Alumni Association			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 			
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 Firefighters Ball	
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: 7/10 Rpt: 24/27	<b>2</b> FILER NAME Zimmerman, Joe	<b>3</b> Filer ID
<b>4</b> Date 12/03/2021	<b>5</b> Payee name Texas Campaigns	
<b>6</b> Amount (\$) \$400.00	<b>7</b> Payee address; City; State; Zip Code 	
<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 marketing
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/14/2021	Payee name Texas Campaigns	
Amount (\$) \$200.00	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 Campaign marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/10/2021	Payee name USPS	
Amount (\$) \$110.00	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
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: 8/10 Rpt: 25/27	<b>2</b> FILER NAME Zimmerman, Joe	<b>3</b> Filer ID
<b>4</b> Date 09/28/2021	<b>5</b> Payee name Volek, John (Mr.)	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 1200 Hwy 6  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 donation for goat at Fort Bend County Fair
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 09/26/2021	Payee name Zimmerman, Nancy (Ms.)	
Amount (\$) \$569.94	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Reimbursement for Dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 12/25/2021	Payee name Zimmerman, Nancy (Ms.)	
Amount (\$) \$76.00	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage 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 lunch with Burt and Sandra Levine
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)

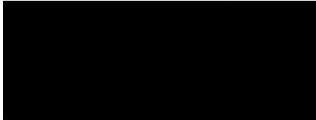
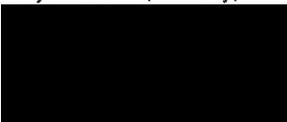
Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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: 9/10 Rpt: 26/27		2 FILER NAME Zimmerman, Joe		3 Filer ID	
4 Date 08/30/2021		5 Payee name Zimmerman, Nancy (Ms.)			
6 Amount (\$) \$164.13		7 Payee address; City; State; Zip Code 			
8 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 XXX	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/29/2021		Payee name Zimmerman, Nancy (Ms.)			
Amount (\$) \$48.00		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 Marketing Lunch with Burt and Sandra Levine	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/01/2021		Payee name Zimmerman, Nancy (Ms.)			
Amount (\$) \$38.47		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 Barron's Ball	
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: 10/10 Rpt: 27/27		2 FILER NAME Zimmerman, Joe		3 Filer ID	
4 Date 07/16/2021		5 Payee name Zimmerman, Nancy (Ms.)			
6 Amount (\$) \$900.00		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 <i>REIMBURSE DONATION TO CAT SPRING HALL / AGRICULTURE</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense XXX	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name <i>SOCIETY</i>		Office sought Office held	