

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

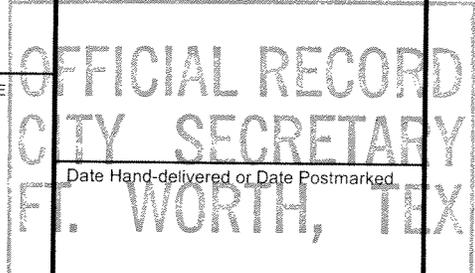
The C/OH INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00000001

**2 PAGE #**  
1 of 7

**OFFICE USE ONLY**

Date Received



Date Hand-delivered or Date Postmarked

Receipt #      Amount

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR      FIRST      MI  
Winton B  
NICKNAME      LAST      SUFFIX  
Zim      Zimmerman

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE  
11400 Northview Drive  
Fort Worth, TX 76008

Change of Address

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR      FIRST      MI  
Arthur E  
NICKNAME      LAST      SUFFIX  
Gene      Miers

**6 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE  
5608 Malvey Ave, Ste 209  
Fort Worth, TX 76107

**7 CAMPAIGN TREASURER PHONE**

AREA CODE      PHONE NUMBER      EXTENSION  
(817) 735-1454

**8 REPORT TYPE**

January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (officeholder only)  
 July 15       8th day before election       Exceeded \$500 limit       Final report (Attach C/OH - FR)

**9 PERIOD COVERED**

Month      Day      Year      THROUGH      Month      Day      Year  
06/04/2009      06/30/2009

**10 ELECTION**

ELECTION DATE      ELECTION TYPE  
Month      Day      Year       Primary       Runoff       General       Special  
06/13/2009

**11 OFFICE**

OFFICE HELD (if any)  
Fort Worth City Council District 3

**12 OFFICE SOUGHT (if known)**  
Fort Worth City Council District 3

**13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**

Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.

Name

Address/PO Box;      Apt. / Suite #;      City;      State;      Zip Code

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Zimmerman, Winton B

15 ACCOUNT # (Ethics Commission filers)  
00000001

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 75.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,425.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 3.20

4. TOTAL POLITICAL EXPENDITURES

\$ 16,654.14

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,707.39

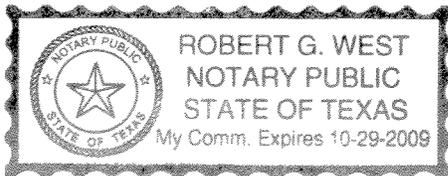
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 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.



*W.B. Zimmerman*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said W.B. Zimmerman, this the 10<sup>th</sup> day of July, 2009, to certify which, witness my hand and seal of office.

*Robert West*  
Signature of officer administering oath

Robert G. West  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/2 Report: 3/7	
<b>2</b> FILER NAME Zimmerman, Winton B		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  06/10/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Annunziato, Tom  ..... <b>6</b> Contributor address; City; State; Zip Code 11700 Northview Drive Aledo, TX 76008	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)         <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  06/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradshaw, James E  ..... Contributor address; City; State; Zip Code P.O. Box 100338 Fort Worth, TX 76185-0338	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)         <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garbarino, Maureen and Robert  ..... Contributor address; City; State; Zip Code 4009 Welch Ave Fort Worth, TX 76133	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)         <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/17/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mack, Theodore  ..... Contributor address; City; State; Zip Code 100 Main Street Fort Worth, TX 76102	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)         <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mahaffey, Kathie and Scott  ..... Contributor address; City; State; Zip Code 3532 Briarhaven Road Fort Worth, TX 76109-3128	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)         <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 1/3 Report: 5/7**2** FILER NAME Zimmerman, Winton B**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  06/16/2009	<b>5</b> Payee name A T & T  <b>6</b> Payee address; City; State; Zip Code 14575 Presidio Square Room 100-CR Houston, TX 77083	<b>7</b> Amount (\$)  \$77.21
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Office telephone  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  06/18/2009	Payee name A T & T  Payee address; City; State; Zip Code 14575 Presidio Square Room 100-CR Houston, TX 77083	Amount (\$)  \$30.19
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Purpose of payment (See instructions regarding type of information required.) Office telephone  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  06/08/2009	Payee name Bewley, Ed  Payee address; City; State; Zip Code 2416 Medford Ct W Fort Worth, TX 76109	Amount (\$)  \$12,394.00
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Purpose of payment (See instructions regarding type of information required.) Consulting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  06/12/2009	Payee name MetroMailer  Payee address; City; State; Zip Code 5719 E Rosedale Fort Worth, TX 76112	Amount (\$)  \$2,497.44
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Purpose of payment (See instructions regarding type of information required.) Mailing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

## SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/3 Report: 6/7
<b>2</b> FILER NAME Zimmerman, Winton B		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  06/16/2009	<b>5</b> Payee name MetroMailer  <b>6</b> Payee address; City; State; Zip Code 5719 E Rosedale Fort Worth, TX 76112	<b>7</b> Amount (\$)  \$519.44
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Mailing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/08/2009	Payee name Shelton, Ann  Payee address; City; State; Zip Code 3063 Casita Ct Fort Worth, TX 76116	Amount (\$)  \$157.40
Purpose of payment (See instructions regarding type of information required.) Reimbursement for office supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/12/2009	Payee name SMIT dba Panorama de Nuevos Horizontes  Payee address; City; State; Zip Code 3501 Williams Road Fort Worth, TX 76116	Amount (\$)  \$165.00
Purpose of payment (See instructions regarding type of information required.) Newspaper ad  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/08/2009	Payee name Sportswear Graphics  Payee address; City; State; Zip Code 110 St Louis Ave Fort Worth, TX 76104	Amount (\$)  \$86.46
Purpose of payment (See instructions regarding type of information required.) T shirts  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 3/3 Report: 7/7

**2** FILER NAME Zimmerman, Winton B

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date  
  
06/09/2009

**5** Payee name  
Village at Camp Bowie  
.....  
**6** Payee address; City; State; Zip Code  
6115 Camp Bowie Blvd  
Ste 280  
Fort Worth, TX 76116

**7** Amount  
(\$)  
  
\$425.00

**8** Purpose of payment (See instructions regarding type of information required.)  
Rent

(If travel outside of Texas, complete Schedule T)

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:  
Office held:

Date  
  
06/18/2009

Payee name  
Village at Camp Bowie  
.....  
Payee address; City; State; Zip Code  
6115 Camp Bowie Blvd  
Ste 280  
Fort Worth, TX 76116

Amount  
(\$)  
  
\$298.80

Purpose of payment (See instructions regarding type of information required.)  
Office electric

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:  
Office held: