

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

8371

**FORM SPAC
COVER SHEET PG 1**

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00000001

2 PAGE #
1 of 3

3 COMMITTEE NAME
Travis County Taxpayers Union SPAC

OFFICE USE ONLY

Date Received: 2014 JUL 14 11:00 AM

Date Hand-delivered or Date Postmarked: AM 9 28

4 COMMITTEE ADDRESS

Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
13492 Research Blvd #120-141
Austin, TX 78750

Receipt # Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Don
NICKNAME LAST SUFFIX
Zimmerman

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #: CITY: STATE: ZIP CODE
10901 Enchanted Rock
Austin, TX 78726

7 CAMPAIGN TREASURER'S MAILING ADDRESS

Change of Address

STREET OR PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE
10901 Enchanted Rock
Austin, TX 78726

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 577-8842

9 REPORT TYPE

January 15 30th day before election Exceeded \$500 limit
 July 15 6th day before election Dissolution (attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year
01/01/2014 THROUGH 06/30/2014

11 ELECTION

ELECTION DATE Month Day Year
ELECTION TYPE
 Primary Runoff General Special

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Texas Ethics Commission

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**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE & TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME **Travis County Taxpayers Union SPAC**

ACCOUNT # (Ethics Commission filers)
00000001

13 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

SUPPORT (Candidate or Measure)
 OPPOSE (Candidate or Measure)
 ASSIST (Officeholder only)

CANDIDATE
 OFFICEHOLDER
 MEASURE

CANDIDATE / OFFICEHOLDER NAME
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
BALLOT IDENTIFICATION / # ELECTION DATE
Month Day Year
DESCRIPTION

14 CONTRIBUTION TOTALS
EXPENDITURE TOTALS
CONTRIBUTION BALANCE
OUTSTANDING LOAN TOTALS

| | | |
|---|----|----------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 50.00 |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 50.00 |
| 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ | 0.00 |
| 4. TOTAL POLITICAL EXPENDITURES | \$ | 26.94 |
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 1,076.89 |
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 3,000.00 |

15 AFFIDAVIT

State of Washington
King County



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.

Donald Zimmerman

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald Zimmerman, this the 12th day of July, 2014, to certify which, witness my hand and seal of office.

Erik S. Reisinger
Signature of officer administering oath

Erik S. Reisinger
Print name of officer administering oath

Notary Public, Shoreline, WA
Title of officer administering oath

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|--|---|---|
| 1 PAGE # Schedule: 1/1 Report: 3/3 | 2 FILER NAME Travis County Taxpayers Union SPAC | 3 ACCOUNT # (TEC filers) 00000001 |
|--|---|---|

| | |
|-----------------------------|-------------------------------|
| 4 Date 05/22/2014 | 5 Payee name PayPal |
|-----------------------------|-------------------------------|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$11.96 | 7 Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 |
|---------------------------------|---|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> on-line fees |
|---------------------------------|---|---|

| | | | |
|---|-------------------------------|----------------|--------------|
| 9 Complete ONLY if direct expenditure to benefit COH | Candidate / Officeholder name | Office sought: | Office held: |
|---|-------------------------------|----------------|--------------|

| | |
|--------------------|----------------------|
| Date 06/02/2014 | Payee name PayPal |
|--------------------|----------------------|

| | |
|------------------------|--|
| Amount (\$) \$14.98 | Payee address City; State; Zip Code 2211 North First Street San Jose, CA 95131 |
|------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> On-line charges |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|----------------|--------------|
| Complete ONLY if direct expenditure to benefit COH | Candidate / Officeholder name | Office sought: | Office held: |
|--|-------------------------------|----------------|--------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|