

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | | | | | | |
|---|--|---|---------------------------------------|---|--|--------------------------------|------|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00027075 | 2 Total pages filed: 13 | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Gerald L. | MI | OFFICE USE ONLY | | | |
| | NICKNAME Jerry | LAST Zimmerer | SUFFIX | | Date Received ELECTRONICALLY FILED 02/26/2024 | | |
| 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 | | | |
| | REDACTED PER 254.0313, GOV'T CODE | | | Receipt # _____ Amount _____ | | | |
| | | | | Date Processed _____ | | | |
| | | | | Date Imaged _____ | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Nancy E. | MI | | | | |
| | NICKNAME | LAST Zimmerer | SUFFIX | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | | | | |
| | REDACTED PER 254.0313, GOV'T CODE | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| | (713) | 628-5020 | | | | | |
| 8 REPORT TYPE | <input 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 checked="" 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 | THROUGH | Month | Day | Year |
| | | 01/26/ | 2024 | | 02/24/ | 2024 | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other | |
| | | 03/05/ | 2024 | <input type="checkbox"/> General | <input type="checkbox"/> Special | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) | | | |
| | Court Of Appeals, Justice Place 3 District 14 | | | Court Of Appeals, Justice Place 3 District 14 | | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 13

13 C / OH NAME Zimmerer, Gerald L. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00027075

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made 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.

Additional Pages

| | |
|---|---|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input checked="" type="checkbox"/> GENERAL | 7th Amendment PAC of HCTLA |
| <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS 777Post Oak Blvd., #450 Houston, TX 77056 |
| | COMMITTEE CAMPAIGN TREASURER NAME Horowitz, Daniel |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS 777Post Oak Blvd., #450 Houston, TX 77056 |

| | | |
|--------------------------------|--|--------------|
| 16 CONTRIBUTION TOTALS | 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) | \$ 12,314.20 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 603.49 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 42,162.07 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 27,708.56 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 95,000.00 |

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.

The Honorable Gerald L. Zimmerer

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

| 18 FILER NAME Zimmerer, Gerald L. (The Honorable) | | 19 Filer ID 00027075 | (Ethics Commission Filers) |
|---|-------------------------------------|--|----------------------------|
| 20 SCHEDULE SUBTOTALS | | | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | | | |
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ 9,400.00 |
| 2. | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 2,914.20 |
| 3. | <input type="checkbox"/> | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E(J): LOANS (JUDICIAL) | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 38,631.28 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 3,530.79 |
| 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 A(J)1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/13 |
| 2 FILER NAME Zimmerer, Gerald L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00027075 |
| 4 Date 02/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braun, Stephen | 7 Amount of Contribution (\$) \$200.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77008 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Braun Recruiting | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delille, Francois (Mr.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77042 | |
| Contributor's Principal Occupation Real Estate Investor | | Contributor's Job Title Real Estate Investor |
| Contributor's employer/law firm Cozyhomes | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Robin | Amount of Contribution (\$) \$1,500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77002 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Gibbs & Bruns LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/13 |
| 2 FILER NAME Zimmerer, Gerald L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00027075 |
| 4 Date 02/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes and Boone PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 77520 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaworski, Joseph <hr/> Contributor address; City; State; Zip Code Houston, TX 77550 | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Jaworski Law Firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, David <hr/> Contributor address; City; State; Zip Code Houston, TX 77024 | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Self | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/13 |
| 2 FILER NAME Zimmerer, Gerald L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00027075 |
| 4 Date 02/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kenneth <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77381 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Self | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorrels, Randall <hr/> Contributor address; City; State; Zip Code Houston, TX 77007 | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Sorrels Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfe, Zach <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77389 | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Zach Wolfe Law Firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/13 | |
| 2 FILER NAME Zimmerer, Gerald L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00027075 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 01/26/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7th Amendment PAC of HTLA | 8 Amount of contribution (\$) \$2,914.20 | 9 In-kind contribution description Payment to Navigate Campaigns for direct mail to benefit campaign |
| | 7 Contributor address; City; State; Zip Code Houston, TX 77056 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 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.

| | | | | | |
|----------|--|--|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 1/3 Rpt: 8/13 | 2 | FILER NAME Zimmerer, Gerald L. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00027075 |
| 4 | Date 02/08/2024 | 5 | Payee name Chase for Business | | |
| 6 | Amount (\$) \$4,826.28 | 7 | Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment of campaign expenses | | |
| 9 | | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 01/26/2024 | | Payee name Compete Digital | | |
| | Amount (\$) \$6,500.00 | | Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003 | | |
| | 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 Digital marketing | | |
| | | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 02/15/2024 | | Payee name Compete Digital | | |
| | Amount (\$) \$23,500.00 | | Payee address; City; State; Zip Code 1317 Potomac Ave SE Washington, DC 20003 | | |
| | 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 Digital marketing | | |
| | | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/3 Rpt: 9/13 | 2 FILER NAME Zimmerer, Gerald L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00027075 |
|---|--|--|

| | |
|-----------------------------|---|
| 4 Date 02/06/2024 | 5 Payee name Harris County Democratic Party |
|-----------------------------|---|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 4619 Lyons Ave Houston, TX 77020 |
|------------------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Victory Fund |
|---------------------------------|---|--|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date 02/05/2024 | Payee name Harris County Democratic Party |
|--------------------|--|

| | |
|------------------------|---|
| Amount (\$) \$10.00 | Payee address; City; State; Zip Code 4619 Lyons Ave Houston, TX 77020 |
|------------------------|---|

| | | |
|------------------------|---|---|
| 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 Sustaining membership fee |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------------|
| Date 01/31/2024 | Payee name Houston LGBTQ+ Caucus |
|--------------------|-------------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code PO Box 66664 Houston, TX 77266-6664 |
|---------------------------|--|

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|------------------------|---|---|
| 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 Lifetime membership fee |
|------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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 | 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 - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 10/13 | 2 FILER NAME Zimmerer, Gerald L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00027075 |
| 4 Date 02/24/2024 | 5 Payee name NationBuilder | |
| 6 Amount (\$) \$255.00 | 7 Payee address; City; State; Zip Code PO Box 811428 Los Angeles, CA 90081 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution transaction fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 1/2 Rpt: 11/13 | 2 | FILER NAME Zimmerer, Gerald L. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00027075 |
| 4 | CREDIT CARD ISSUER | Name of financial institution Chase for Business | | 5 | TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 563.49 |
| 6 | PAYMENT | (a) Amount Charged \$514.80 | (b) Date of Charge 01/30/2024 | (c) Date(s) Credit Card Issuer Paid 02/08/2024 | |
| 7 | PAYEE | (a) Payee name Houston LGBTQ+ Caucus | | (b) Payee address; City, State, Zip Code PO Box 66664 Houston, TX 77266-6664 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Sponsorship of monthly meeting | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| PAYMENT | (a) Amount Charged \$540.00 | (b) Date of Charge 02/16/2024 | (c) Date(s) Credit Card Issuer Paid | | |
| PAYEE | (a) Payee name Jewish Herald Voice | (b) Payee address; City, State, Zip Code P.O. Box 153 Houston, TX 77001 | | | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Campaign advertisement | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held | |
| PAYMENT | (a) Amount Charged \$1,820.56 | (b) Date of Charge 02/21/2024 | (c) Date(s) Credit Card Issuer Paid | | |
| PAYEE | (a) Payee name Hearsay on the Strand | (b) Payee address; City, State, Zip Code 2410 The Strand Galveston, TX 77550 | | | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Food and beverage for campaign fundraiser and GOTV event | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|---|
| 1 Total pages Schedule F4: Sch: 2/2 Rpt: 12/13 | 2 FILER NAME Zimmerer, Gerald L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00027075 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 563.49 |
| 6 PAYMENT | (a) Amount Charged \$91.94 | (b) Date of Charge 02/11/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Hearsay on the Strand | (b) Payee address; City, State, Zip Code 2410 The Strand Galveston, TX 77550 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Lunch with campaign volunteers |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

OUTSTANDING LOANS

SCHEDULE L

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule L: Sch: 1/1 Rpt: 13/13 |
| 2 FILER NAME Zimmerer, Gerald L. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00027075 |
| LENDER INFORMATION | 4 Name of lender Zimmerer, Gerald (The Honorable) | |
| | 5 Lender address; City; State; Zip Code Bellaire, TX 77401 | |
| GUARANTOR INFORMATION | 6 Name of guarantor | |
| | <input checked="" type="checkbox"/> not applicable 7 Guarantor address; City; State; Zip Code | |