### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

| Т                       | ne JC/OH Instruction   | Guide explains how to com | plete this form. | 1 Filer ID<br>(Ethics Com | mission Filers)                      | 2      | Total pages        | filed:               |  |
|-------------------------|--|---------------------------|------------------|---------------------------|--------------------------------------|--------|--------------------|----------------------|--|
| L                       |  |                           |                  | 0002707                   |                                      |        | 12                 |                      |  |
| 3                       | CANDIDATE /  | MS / MRS / MR             | FIRST            |                           | MI                                   |        | OFFICE             | USE ONLY             |  |
|                         | OFFICEHOLDER<br>NAME   | The Honorable             | Gerald L.        |                           |                                      | Da     | ate Received       |                      |  |
|                         |  |                           |                  |                           |                                      |        |                    | CALLY FILED          |  |
|                         |  |                           |                  |                           |                                      |        | 1/14/2025          |                      |  |
|                         |  | NICKNAME                  | LAST             |                           | SUFFI                                | K U    | 1/14/2025          |                      |  |
|                         |  | Jerry                     | Zimmerer         |                           |                                      |        |                    |                      |  |
| 4                       | CANDIDATE /  | ADDRESS / PO BOX; APT     | / SUITE #; CIT   | -Y;                       | ZIP CO                               | DE Da  | ate Hand-delivered | d or Date Postmarked |  |
|                         | OFFICEHOLDER<br>MAILING  | 4900 Fournace Place       |                  |                           |                                      |        |                    |                      |  |
|                         | ADDRESS  | Suite 560                 |                  |                           |                                      | Re     | eceipt #           | Amount               |  |
|                         | Change of Address  | Bellaire, TX 77401        |                  |                           |                                      |        |                    |                      |  |
|                         |  |                           |                  |                           |                                      | Da     | ate Processed      |                      |  |
|                         |  |                           |                  |                           |                                      |        |                    |                      |  |
|                         |  |                           |                  |                           |                                      | Da     | ate Imaged         |                      |  |
| L                       |  |                           |                  |                           |                                      |        |                    |                      |  |
| 5                       | CAMPAIGN<br>TREASURER  | MS / MRS / MR             | FIRST            |                           |                                      | MI     |                    |                      |  |
|                         | NAME   | Ms.                       | Nancy E.         |                           |                                      |        |                    |                      |  |
|                         |  |                           |                  |                           |                                      |        |                    |                      |  |
|                         |  | NICKNAME                  | LAST             |                           |                                      | SL     | JFFIX              |                      |  |
|                         |  |                           | Zimmerer         |                           |                                      |        |                    |                      |  |
|                         |  |                           |                  |                           |                                      |        |                    |                      |  |
| 6                       | CAMPAIGN   | STREET ADDRESS (NO PO     | ) BOX PLEASE);   | A                         | PT / SUITE #; (                      | CITY;  | S                  | TATE; ZIP CODE       |  |
|                         | TREASURER  | 4900 Fournace Place       | //               |                           | · , · ·                              | - ,    |                    | ,                    |  |
|                         | ADDRESS  |                           |                  |                           |                                      |        |                    |                      |  |
| (Residence or Business) |  |                           |                  |                           |                                      |        |                    |                      |  |
|                         |  | Bellaire, TX 77401        |                  |                           |                                      |        |                    |                      |  |
|                         |  |                           |                  |                           |                                      |        |                    |                      |  |
| 7                       | CAMPAIGN   | AREA CODE PHO             | NE NUMBER        | EXTENSION                 |                                      |        |                    |                      |  |
| Ľ                       | TREASURER  | (713) 628-5020            |                  |                           |                                      |        |                    |                      |  |
|                         | PHONE  | (113) 020-3020            |                  |                           |                                      |        |                    |                      |  |
| 8                       | REPORT   |                           |                  |                           |                                      |        |                    |                      |  |
| ľ                       | TYPE   | X January 15              | 30th day before  | e election                | Runoff                               |        | 15th day after o   | campaign treasurer   |  |
|                         |  |                           |                  |                           |                                      |        |                    | fficeholder only)    |  |
|                         |  | July 15                   | 8th day before   | election                  | Exceeded modified<br>reporting limit |        | Final Report (A    | ttach C/OH-FR)       |  |
|                         |  |                           |                  |                           | reporting inne                       |        |                    |                      |  |
| 9                       | PERIOD   | Month Day Year            |                  |                           |                                      | Day    | Year               |                      |  |
|                         | COVERED  | 07/01/2024                | TH               | HROUGH                    | 12/31                                | L/2024 |                    |                      |  |
|                         |  |                           |                  |                           |                                      |        |                    |                      |  |
| 10                      | ELECTION   | ELECTION DATE             |                  |                           | ELECTION TYP                         | PE     |                    |                      |  |
|                         |  | Month Day Year            |                  | Primary                   | Runoff                               | Ε      | Other              |                      |  |
|                         |  |                           |                  | General                   | Special                              |        |                    |                      |  |
|                         |  |                           |                  |                           |                                      |        |                    |                      |  |
| 11                      | OFFICE   | OFFICE HELD (if any)      |                  |                           | 12 OFFICE SOL                        |        | (nown)             |                      |  |
|                         | OFFICE   |                           | Place 3 District | 14 Harris                 | None                                 |        | KIIOWII)           |                      |  |
|                         | Court Of Appeals, Justice Place 3 District 14 Harris None                                |                           |                  |                           |                                      |        |                    |                      |  |
| L                       |  |                           |                  |                           |                                      |        |                    |                      |  |
| 1                       |  |                           |                  |                           |                                      |        |                    |                      |  |
| 1                       |  |                           |                  |                           |                                      |        |                    |                      |  |
| 1                       |  |                           | GO 1             | TO PAGE 2                 |                                      |        |                    |                      |  |
|                         | Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2 |                           |                  |                           |                                      |        |                    |                      |  |
| FΟ                      | Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2 |                           |                  |                           |                                      |        |                    |                      |  |

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 12

T

| 13 C / OH NAME                                 | Zimmerer, Gerald L.                  | (The Honorable)  | 14 Filer ID<br>00027075  | (Ethics Commission Filers) |  |  |  |
|--|--------------------------------------|--|--|----------------------------|--|--|--|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.            | political contributions accepted or political<br>These expenditures may have been made<br>d officeholders are required to report this in | e without the candidate's or offic   | eholder's knowledge or     |  |  |  |
| Additional Pages                               |                                      | COMMITTEE NAME   |  |                            |  |  |  |
|  | GENERAL                              | COMMITTEE ADDRESS  |  |                            |  |  |  |
|  | SPECIFIC                             |  |  |                            |  |  |  |
|  |                                      |  |  |                            |  |  |  |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |  |  |                            |  |  |  |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |  |  |                            |  |  |  |
|  |                                      |  |  |                            |  |  |  |
| <b>16</b> CONTRIBUTION<br>TOTALS               | <b>\$</b> 0.00                       |  |  |                            |  |  |  |
|  |                                      | ICAL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES (  |  | \$ 0.00                    |  |  |  |
| EXPENDITURE<br>TOTALS                          | · · · ·                              | IZED POLITICAL EXPENDITURES  |  | <b>\$</b> 129.69           |  |  |  |
|  | 4. TOTAL POLITICAL EXPENDITURES      |  |  |                            |  |  |  |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE     | AL CONTRIBUTIONS MAINTAINED AS C   | OF THE LAST DAY OF THE   | <b>\$</b> 2,769.96         |  |  |  |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCI<br>OF THE REPOR      | AL AMOUNT OF ALL OUTSTANDING LO<br>TING PERIOD   | DANS AS OF THE LAST DAY  | <b>\$</b> 113,000.00       |  |  |  |
| 17 AFFIDAVIT                                   |                                      |  |  |                            |  |  |  |
|  |                                      |  | ler penalty of perjury, that the ac<br>ncludes all information required<br>n Code. |                            |  |  |  |
|  |                                      | The  | e Honorable Gerald L. Zimm   | erer                       |  |  |  |
|  |                                      | Sig  | nature of Candidate or Officeho  | blder                      |  |  |  |
| AFFIX NO                                       | AFFIX NOTARY STAMP / SEAL ABOVE      |  |  |                            |  |  |  |
| Sworn to and subso                             | day                                  |  |  |                            |  |  |  |
| of   | , 20, to c                           | ertify which, witness my hand and seal of o  | office.  |                            |  |  |  |
| Signature of offic                             | cer administering oath               | Printed name of officer administering  | g oath Title of office   | er administering oath      |  |  |  |
| Forms provided by Te                           | xas Ethics Commission                | www.ethics.state.tx.us   |  | Version V4.1.0.5dd2ace2    |  |  |  |

# FORM JC/OH COVER SHEET PG 3

|            |   |             | 3 of 12                    |  |  |  |
|------------|---|-------------|----------------------------|--|--|--|
| 18 FILER N |   | 19 Filer ID | (Ethics Commission Filers) |  |  |  |
| Zimmere    | er, Gerald L. (The Honorable)   | 00027075    |                            |  |  |  |
|            | 20 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                 |             |                            |  |  |  |
| 1.         | \$  |             |                            |  |  |  |
| 2.         | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS            |             |                            |  |  |  |
| 3.         | \$  |             |                            |  |  |  |
| 4. X       | <b>\$</b> 15,000.00   |             |                            |  |  |  |
| 5. X       | <b>\$</b> 14,184.92   |             |                            |  |  |  |
| 6.         | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |             | \$                         |  |  |  |
| 7.         | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION          | ONS         | \$                         |  |  |  |
| 8. X       | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |             | <b>\$</b> 1,609.26         |  |  |  |
| 9.         | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                    |             | \$                         |  |  |  |
| 10.        | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS            | OF C/OH     | \$                         |  |  |  |
| 11.        | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION        | ONS         | \$                         |  |  |  |
| 12.        | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED    | \$                         |  |  |  |

SUBTOTALS - JC/OH

#### LOANS (JUDICIAL) SCHEDULE E(J) 1 Total pages Schedule E(J): The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/12 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zimmerer, Gerald L. (The Honorable) 00027075 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) 10/07/2024 Zimmerer, Gerald (The Honorable) \$7,000.00 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest Rate financial institution? 11 Maturity Date No Bellaire, TX 77401 12 Lender's Principal Occupation 13 Lender's Job Title Justice Justice 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) State of Texas N/A 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral 18 Check if personal funds were deposited into political account (See Instructions) X None Х 19 GUARANTOR 22 Amount Guaranteed (\$) 20 Name of guarantor INFORMATION ..... X not applicable 21 Guarantor address; City; State; Zip Code 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is child, law firm of parent(s) (if any)

#### LOANS (JUDICIAL) SCHEDULE E(J) Total pages Schedule E(J): 1 The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/12 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Zimmerer, Gerald L. (The Honorable) 00027075 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) 09/03/2024 Zimmerer, Gerald (The Honorable) \$8,000.00 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest Rate financial institution? 11 Maturity Date No Bellaire, TX 77401 12 Lender's Principal Occupation 13 Lender's Job Title Justice Justice 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) State of Texas 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral 18 Check if personal funds were deposited into political account (See Instructions) X None Х 19 GUARANTOR 22 Amount Guaranteed (\$) 20 Name of guarantor INFORMATION ..... X not applicable 21 Guarantor address; City; State; Zip Code 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is child, law firm of parent(s) (if any)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |          |   |   |                                   |                        |       |  |            |
|---|---|----------|---|---|-----------------------------------|------------------------|-------|--|------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |          | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>tegal Services<br>The Instruction Guide explain: | Office Ov<br>Polling Ex<br>Printing E<br>Salaries/V | erhea<br>(pens<br>(xpens<br>Vages | se<br>s/Contract Labor |       | Solicitation/Fundraising Expense<br>Transportation Equipment & Related E<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed abo |            |
| 1 | Total pages Schedule F1:  | 2        | FILER NAME  |   |                                   |                        | 3     | Filer ID (Ethics Commissi  | on Filers) |
|   | Sch: 1/3 Rpt: 6/12  |          | Zimmerer, Gerald L. (The Honorable)   |   |                                   |                        |       | 00027075   | ,          |
| 4 | Date  | 5        | Payee name  |   |                                   |                        |       |  |            |
|   | 12/10/2024  |          | 14th Court of Appeals   |   |                                   |                        |       |  |            |
| 6 | Amount (\$)   | 7        | Payee address; City; State  | e; Zip Co   | ode                               |                        |       |  |            |
|   | \$75.00   |          | 301 Fannin  |   |                                   |                        |       |  |            |
|   |   |          |   |   |                                   |                        |       |  |            |
|   |   |          | Houston, TX 77002   |   |                                   |                        |       |  |            |
| 8 | PURPOSE   | (a)      |   |   | (h)                               | Description            |       |  |            |
| ľ | OF  | (4)      | Category (See Categories listed at the top of this so<br>Event Expense  | chedule)  | (5)                               | ·                      | outsi | de of Texas. Complete Schedule T.  |            |
|   | EXPENDITURE   |          | Event Expense   |   |                                   |                        |       | officeholder living expense  |            |
|   |   |          |   |   |                                   |                        |       | pense - 14th Court of Appea  |            |
|   |   |          |   |   |                                   | Fund (repres           | ent   | ing my pro rata share all ju   | dges).     |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O   |          | Candidate/Officeholder name   | Office sou  | ight                              |                        |       | Office held  |            |
|   | Date  |          | Payee name  |   |                                   |                        |       |  |            |
|   | 09/05/2024  |          | Carter Consulting   |   |                                   |                        |       |  |            |
| _ | Amount (\$)   |          | Payee address; City; State  | e; Zip Co   | ode                               |                        |       |  |            |
|   | \$2,500.00  |          | 4900 Fournace Place   | -, _, _,  |                                   |                        |       |  |            |
|   | \$2,000,000   |          | Suite 560   |   |                                   |                        |       |  |            |
|   |   |          |   |   |                                   |                        |       |  |            |
|   |   |          | Bellaire, TX 77401  |   |                                   |                        |       |  |            |
|   | PURPOSE<br>OF   | (a)      | Category (See Categories listed at the top of this so   | chedule)  | (b)                               | Description            |       |  |            |
|   | EXPENDITURE   |          | Consulting Expense  |   |                                   |                        |       | de of Texas. Complete Schedule T.<br>officeholder living expense   |            |
|   |   |          |   |   |                                   |                        |       | ulting/Accounting  |            |
|   |   |          |   |   |                                   |                        |       | g,g  |            |
|   | Complete ONLY if direct   | <u> </u> | Candidate/Officeholder name   | Office sou  | l<br>Ight                         |                        |       | Office held  |            |
|   | expenditure to benefit C/OI   | Н        |   |   | 0                                 |                        |       |  |            |
|   | Date  |          | Payee name  |   |                                   |                        |       |  |            |
|   | 08/12/2024  |          | Chase for Business  |   |                                   |                        |       |  |            |
|   |   |          |   | o: Zin Co   | do                                |                        |       |  |            |
|   | Amount (\$)   |          | Payee address; City; State<br>P.O. Box 6294   | e; Zip Co   | Jue                               |                        |       |  |            |
|   | \$273.00  |          | P.O. B0x 0294   |   |                                   |                        |       |  |            |
|   |   |          | Carol Stream II 60107 6204  |   |                                   |                        |       |  |            |
|   |   |          | Carol Stream, IL 60197-6294   |   |                                   |                        |       |  |            |
|   | PURPOSE<br>OF   | (a)      | Category (See Categories listed at the top of this so   | chedule)  | (b)                               | Description            | outoi | de ef Teures, Complete Cabadule T  |            |
|   | EXPENDITURE   |          | Credit Card Payment   |   |                                   |                        |       | de of Texas. Complete Schedule T.<br>officeholder living expense   |            |
|   |   |          |   |   |                                   | Credit Card F          |       |  |            |
|   |   |          |   |   |                                   |                        | ~,    | -  |            |
|   | Complete ONLY if direct   | Ļ        | Candidate/Officeholder name   | Office sou  | l<br>Idht                         |                        |       | Office held  |            |
|   | expenditure to benefit C/OI   |          |   | JIICE 300   | gill                              |                        |       |  |            |
| - |   |          |   |   |                                   |                        |       |  |            |
|   |   |          |   |   |                                   |                        |       |  |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |   |  |  |  |  |
|---|--|---|---|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment  | Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |
| 1 | Total pages Schedule F1:   | FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)  |  |  |  |  |
|   | Sch: 2/3 Rpt: 7/12   | Zimmerer, Gerald L. (The Honorable)   | 00027075  |  |  |  |  |
| 4 | Date<br>09/10/2024   | Payee name<br>Chase for Business  |   |  |  |  |  |
| 6 | Amount (\$)<br>\$270.00  | Payee address;       City;       State;       Zip Code         P.O. Box 6294       Carol Stream, IL 60197-6294       Carol Stream, IL 60197-6294  |   |  |  |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Credit Card Payment       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Credit Card Payment |   |   |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF   | Candidate/Officeholder name Office sought   | Office held   |  |  |  |  |
|   | Date   | Payee name  |   |  |  |  |  |
|   | 10/09/2024   | Chase for Business  |   |  |  |  |  |
|   | Amount (\$)<br>\$9,305.60  | Payee address;City;State;Zip CodeP.O. Box 6294  |   |  |  |  |  |
|   |  | Carol Stream, IL 60197-6294   |   |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE   |   | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br><b>ayment</b>   |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought   | Office held   |  |  |  |  |
|   | Date   | Payee name  |   |  |  |  |  |
|   | 11/12/2024   | Chase for Business  |   |  |  |  |  |
|   | Amount (\$)<br>\$81.60   | Payee address;City;State;Zip CodeP.O. Box 6294  |   |  |  |  |  |
|   |  | Carol Stream, IL 60197-6294   |   |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE   |   | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br><b>ayment</b>   |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF   | Candidate/Officeholder name Office sought   | Office held   |  |  |  |  |
|   |  |   |   |  |  |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |   |  |   |  |  |
|---|---|--|---|--|---|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Exp<br>ittee Legal Services<br>The Instruction Guide   | Office O<br>Polling E<br>Printing<br>Salaries | epayment/Reimbursement<br>werhead/Rental Expense<br>Expense<br>Expense<br>/Wages/Contract Labor<br>complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |
| 1 | Total pages Schedule F1:  | ILER NAME  |   |  | 3 Filer ID (Ethics Commission Filers)   |  |  |
|   | Sch: 3/3 Rpt: 8/12  | immerer, Gerald L. (The Hon  | orable)                                       |  | 00027075  |  |  |
| 4 | Date<br>11/12/2024  | ayee name<br>Chase for Business  |   |  |   |  |  |
| 6 | Amount (\$)<br>\$229.72   | ayee address; City;<br>C.O. Box 6294<br>Carol Stream, IL 60197-6294  | State; Zip C                                  | Code   |   |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | OF Credit Card Payment C |   |  |   |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | ndidate/Officeholder name  | Office so                                     | pught  | Office held   |  |  |
|   | Date  | ayee name  |   |  |   |  |  |
|   | 07/09/2024  | hase for Business  |   |  |   |  |  |
|   | Amount (\$)<br>\$1,000.00   | ayee address; City;<br>2.O. Box 6294   | State; Zip C                                  | Code   |   |  |  |
|   |   | arol Stream, IL 60197-6294   |   |  |   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | ategory (See Categories listed at the to<br>credit Card Payment  | op of this schedule)                          |  | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense<br>Payment   |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | ndidate/Officeholder name  | Office so                                     | bught  | Office held   |  |  |
|   | Date  | ayee name  |   |  |   |  |  |
|   | 09/05/2024  | exas College of Probate Jud  | ges   |  |   |  |  |
|   | Amount (\$)<br>\$450.00   | ayee address; City;<br>2. O. Box 2025  | State; Zip C                                  | Code   |   |  |  |
|   |   | ustin, TX 78768  |   | 1  |   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | ategory (See Categories listed at the to<br>udicial Education  | op of this schedule)                          |  | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense<br>Education   |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | ndidate/Officeholder name  | Office so                                     | bught  | Office held   |  |  |
|   |   |  |   |  |   |  |  |

|  | EXPE  | ENDITURE CATEGOR                                    | IES FOR BOX 10(a)  |   |  |  |  |
|--|---|---|--|---|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Event Expe<br>Fees<br>Food/Beve<br>/ - Gift/Awards<br>I Committee Legal Servi | ense<br>rage Expense<br>s/Memorials Expense<br>ices | Loan Repayment/Reinbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |
|  |   | ruction Guide explains n                            | low to complete this form.   |   |  |  |  |
| <b>1</b> Total pages Schedule F4:  |   |   |  | <b>3</b> Filer ID (Ethics Commission Filers)  |  |  |  |
| Sch: 1/3 Rpt: 9/12   | Zimmerer, Gerald L  | (The Honorable)                                     |  | 00027075  |  |  |  |
| 4 CREDIT CARD<br>ISSUER  |   | ncial institution<br>E Bank                         | 5 TOTAL OF UNITEMIZE<br>EXPENDITURES<br>CHARGED TO A CREE<br>CARD  | <b>\$</b> 129.69  |  |  |  |
| 6 PAYMENT  | (a) Amount Charged  | (b) Date of Charge                                  | (c) Date(s) Credit Card Iss  | uer Paid  |  |  |  |
|  | \$127.86  | 12/24/2024  |  |   |  |  |  |
| 7 PAYEE  | (a) Payee name  | 1   | (b) Payee address;   | City, State, Zip Code   |  |  |  |
|  | Dropbox   |   | 1800 Owens St  |   |  |  |  |
|  |   |   | San Francisco, CA 941  | 58  |  |  |  |
| 8 PURPOSE OF<br>EXPENDITURE  | (a) Category<br>(See Categories listed at the top                             | of this schedule)                                   | (b) Description  | sumants of 21 21 par month for 6  |  |  |  |
|  | Advertising Expense   | ,   |  | \$127.86 - represents payments of 21.31 per month for 6<br>months (7/24-12/24/2024)   |  |  |  |
| X Political  |   |   |  | ,   |  |  |  |
| Non-Political  |   | of Texas. Complete Schedule                         |  | TX, officeholder living expense   |  |  |  |
| 9 Complete <u>ONLY</u> if direct   | Candidate/Officeholder  | name O  | ffice sought   | Office held   |  |  |  |
| expenditure to benefit C/OH  |   |   |  |   |  |  |  |
| PAYMENT  | (a) Amount Charged  | (b) Date of Charge                                  | (c) Date(s) Credit Card Iss  | uer Paid  |  |  |  |
|  | \$300.00  | 08/21/2024  |  |   |  |  |  |
| PAYEE  | (a) Payee name  | •   | (b) Payee address;   | City, State, Zip Code   |  |  |  |
|  | Texas Supreme Court Historical  |   | P.O. Box 12673, Austin, Texas  |   |  |  |  |
|  |   |   | Austin. TX 78711   | Austin, TX 78711  |  |  |  |
| PURPOSE OF   | (a) Category  |   | (b) Description  |   |  |  |  |
| EXPENDITURE  | (See Categories listed at the top   | of this schedule)                                   | Annual Dinner/Event in   | support of Texas Supreme Court  |  |  |  |
| Political  | Event Expense   |   | Historical Society.  |   |  |  |  |
| X Non-Political  | (c) Check if travel outside   | of Texas. Complete Schedule                         | T. Check if Austin,  | TX, officeholder living expense   |  |  |  |
| Complete ONLY if direct  | Candidate/Officeholder  | name O  | ffice sought   | Office held   |  |  |  |
| expenditure to benefit C/OH  |   |   |  |   |  |  |  |
| PAYMENT  | (a) Amount Charged  | (b) Date of Charge                                  | (c) Date(s) Credit Card Iss  | uer Paid  |  |  |  |
|  | \$259.74  | 12/24/2024  |  |   |  |  |  |
|  |   |   |  |   |  |  |  |
| PAYEE  | (a) Payee name  | •   | (b) Payee address;   | City, State, Zip Code   |  |  |  |
|  | LinkedIn  |   | 1000 W Maude Avenue  | 9   |  |  |  |
|  | LIIIKeuiii  |   |  |   |  |  |  |
|  |   |   | Sunnyvale, CA 94085  |   |  |  |  |
| PURPOSE OF<br>EXPENDITURE  | (a) Category<br>(See Categories listed at the top                             | of this schedule)                                   | (b) Description  |   |  |  |  |
|  | Advertising Expense   |   | This represents \$43.29 12/24/2024).   | monthly expense x6 months (7/24-  |  |  |  |
| X Political  |   |   |  |   |  |  |  |
| Non-Political  |   | of Texas. Complete Schedule                         |  | TX, officeholder living expense   |  |  |  |
| Complete ONLY if direct  | Candidate/Officeholder  | name O  | ffice sought   | Office held   |  |  |  |
| expenditure to benefit C/OH  |   |   |  |   |  |  |  |

### EXPENDITURES MADE BY CREDIT CARD

|  | EXPI  | ENDITURE CATEGOR   | IES FOR BOX         | 10(a)  |  |                |              |
|--|---|--|---------------------|--|--|----------------|--------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | rees<br>Food/Beve<br>Gift/Award                       | Fees     Of       Food/Beverage Expense     Po       Gift/Awards/Memorials Expense     Pri |                     | an Repayment/Reimbursement<br>fice Overhead/Rental Expense<br>Illing Expense<br>inting Exp |  | nt & Related I |              |
|  | The Inst  | truction Guide explains h  | ow to complete      | this form.   |  |                |              |
| 1 Total pages Schedule F4:   | 2 FILER NAME  |  |                     |  | 3 Filer ID (Ethi                       | cs Commiss     | sion Filers) |
| Sch: 2/3 Rpt: 10/12  | Zimmerer, Gerald L                                    | . (The Honorable)  |                     |  | 00027075                               |                |              |
| 4 CREDIT CARD  | Name of fina  | ncial institution  |                     | OF UNITEMIZED  |  | 100 (          | <u>```</u>   |
| ISSUER   | see previous EXPENDITURES CHARGED TO A CREDIT<br>CARD |  |                     | \$   | 129.6                                  | 9              |              |
| 6 PAYMENT  | (a) Amount Charged                                    | (b) Date of Charge   | (c) Date(s          | ) Credit Card Issue  | r Paid                                 |                |              |
|  | \$184.11  | 07/12/2024   |                     |  |  |                |              |
| 7 PAYEE  | (a) Payee name  |  | (b) Payee           | address;   | City,                                  | State,         | Zip Code     |
|  | Chase for Business                                    | c .  | P.O. Box            | : 6294   |  |                |              |
|  |   | 5  |                     |  |  |                |              |
|  |   |  |                     | ream, IL 60197-6   | 294                                    |                |              |
| 8 PURPOSE OF<br>EXPENDITURE  | (a) Category<br>(See Categories listed at the top     | o of this schedule)  | (b) Descri          |  |  |                |              |
| X Political  | Fees  |  |                     |  |  |                |              |
| Non-Political  | (C) Check if travel outside                           | of Texas. Complete Schedule  |                     |  | officeholder living exp                | 00000          |              |
| 9 Complete <u>ONLY</u> if direct   | •   | ffice sought   |                     | Office held  |  |                |              |
| expenditure to benefit C/OH  |   |  |                     |  |  |                |              |
| PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s)  |   |  | ) Credit Card Issue | r Paid   |  |                |              |
|  | \$180.96  | 08/12/2024   |                     |  |  |                |              |
| PAYEE  | (a) Payee name  | •  | (b) Payee           | address;   | City,                                  | State,         | Zip Code     |
|  | Chase for Business                                    |  | P.O. Box            | 6294   |  |                |              |
|  | Chase for business                                    | 5  |                     |  |  |                |              |
|  |   |  |                     | ream, IL 60197-62  | 294                                    |                |              |
| PURPOSE OF<br>EXPENDITURE  | (a) Category<br>(See Categories listed at the top     | (b) Descri   | •                   |  |  |                |              |
| X Political  | Fees  |  | interest i          | _xpense  |  |                |              |
| Non-Political  |   |  |                     |  | - tta - la - la la là da a - com       |                |              |
| Complete <u>ONLY</u> if direct   | (C) Check if travel outside<br>Candidate/Officeholder | of Texas. Complete Schedule  | fice sought         |  | officeholder living exp<br>Office held | lense          |              |
| expenditure to benefit C/OH  |   |  | linee eeugint       |  |  |                |              |
| PAYMENT  | (a) Amount Charged                                    | (b) Date of Charge   | (c) Date(s          | ) Credit Card Issue  | r Paid                                 |                |              |
|  | \$186.78  | 09/12/2024   |                     |  |  |                |              |
|  |   |  |                     |  |  |                |              |
| PAYEE  | (a) Payee name  | •  | (b) Payee           | address;   | City,                                  | State,         | Zip Code     |
|  | Chase for Business                                    | s  | P.O. Box            | : 6294   |  |                |              |
|  |   | 5  |                     |  | ~~ <i>·</i>                            |                |              |
|  | Carol Stream, IL 60197-6294                           |  |                     |  |  |                |              |
| PURPOSE OF<br>EXPENDITURE  | (a) Category<br>(See Categories listed at the top     | o of this schedule)  | (b) Descri          |  |  |                |              |
| Fees Fees  |   |  |                     |  |  |                |              |
|  |   |  |                     |  |  |                |              |
| Complete <u>ONLY</u> if direct   | (C) Check if travel outside<br>Candidate/Officeholder | •  | fice sought         |  | Office held                            | lense          |              |
| expenditure to benefit C/OH  |   |  |                     |  |  |                |              |

**EXPENDITURES MADE BY CREDIT CARD** 

| Advertising Expense  | EXPE<br>Event Expe  |   | Loan Repayment/R                      | .,                   | Dicitation/Fundraising E                       | xpense        |             |  |
|--|---|---|---------------------------------------|----------------------|--|---------------|-------------|--|
| Accounting/Banking<br>Consulting Expense                                   | Fees  | erage Expense   | Office Overhead/Re<br>Polling Expense | ental Expense Tr     | ansportation Equipment                         |               | Expense     |  |
| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica        | / - Gift/Awards   | s/Memorials Expense                                     | Printing Expense<br>Salaries/Wages/Co | Tr                   | avel Out of District<br>THER (enter a category | not listed at | ove)        |  |
|  |   | ruction Guide explains h                                | -                                     |                      |  |               | ,           |  |
| <b>1</b> Total pages Schedule F4:  | 2 FILER NAME  |   |                                       |                      | 3 Filer ID (Ethics                             | s Commiss     | ion Filers) |  |
| Sch: 3/3 Rpt: 11/12  | Zimmerer, Gerald L  | (The Honorable)   |                                       |                      | 00027075                                       |               |             |  |
| 4 CREDIT CARD  | Name of final   | ncial institution                                       |                                       | OF UNITEMIZED        |  |               |             |  |
| ISSUER   | see pi  | see previous EXPENDITURES<br>CHARGED TO A CREDI<br>CARD |                                       |                      | \$   | 129.6         | 59          |  |
| 6 PAYMENT  | (a) Amount Charged  | (b) Date of Charge                                      | (c) Date(s)                           | ) Credit Card Issue  | r Paid   |               |             |  |
|  | \$42.00   | 12/24/2024  |                                       |                      |  |               |             |  |
| 7 PAYEE  | (a) Payee name  |   | (b) Payee                             | address;             | City,  | State,        | Zip Code    |  |
|  | NationBuilder   |   | 448 S Hi                              | ll St.               |  |               |             |  |
|  | NationBulluer   |   |                                       |                      |  |               |             |  |
|  |   |   | Los Ange<br>(b) Descri                | eles, CA 90013       |  |               |             |  |
| 8 PURPOSE OF<br>EXPENDITURE  | (a) Category<br>(See Categories listed at the top                   | of this schedule)                                       |                                       | represents 6 mo      | nthly navments (                               | of 7 00 r     | ner month   |  |
| X Political  | Advertising Expense   |   |                                       | 4 - 12/24/2024.      | nuny payments                                  | 017.00 p      |             |  |
| Non-Political  | (c) Check if travel outside   | of Texas. Complete Schedule                             | Т.                                    | Check if Austin, TX, | officeholder living expe                       | nse           |             |  |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office |   |   |                                       | Office held          |  |               |             |  |
| expenditure to benefit C/OH  |   |   |                                       |                      |  |               |             |  |
| PAYMENT  | (a) Amount Charged  | (b) Date of Charge                                      | (c) Date(s)                           | ) Credit Card Issue  | r Paid   |               |             |  |
|  | \$148.12  | 10/11/2024  |                                       |                      |  |               |             |  |
| PAYEE  | (a) Payee name  |   | (b) Payee                             | address;             | City,  | State,        | Zip Code    |  |
|  | Chase for Business  |   | P.O. Box                              | P.O. Box 6294        |  |               |             |  |
|  |   | >   |                                       |                      |  |               |             |  |
|  |   |   |                                       | eam, IL 60197-6      | 294  |               |             |  |
| PURPOSE OF<br>EXPENDITURE  | (a) Category<br>(See Categories listed at the top of this schedule) |   | (b) Descri                            | Interest Expense     |  |               |             |  |
| X Political  | Fees  |   | interest i                            |                      |  |               |             |  |
| Non-Political  | (C) Check if travel outside   | of Texas. Complete Schedule                             | т                                     | Check if Austin TX   | officeholder living expe                       | nse           |             |  |
| Complete <u>ONLY</u> if direct   | Candidate/Officeholder  | •   | ffice sought                          |                      | Office held                                    |               |             |  |
| expenditure to benefit C/OH  |   |   |                                       |                      |  |               |             |  |
| PAYMENT  | (a) Amount Charged  | (b) Date of Charge                                      | (c) Date(s)                           | ) Credit Card Issue  | r Paid   |               |             |  |
|  | \$50.00   | 12/29/2024  |                                       |                      |  |               |             |  |
|  |   |   |                                       |                      |  |               |             |  |
| PAYEE  | (a) Payee name  | •   | (b) Payee                             | address;             | City,  | State,        | Zip Code    |  |
|  | Harris County Dem   | ocratic Party   | 4619 Lyc                              | ons Ave              |  |               |             |  |
|  |   | ocialic Faily   |                                       |                      |  |               |             |  |
| Houston, TX 77020  |   |   |                                       |                      |  |               |             |  |
| PURPOSE OF<br>EXPENDITURE  | (a) Category<br>(See Categories listed at the top                   | of this schedule)                                       | (b) Descrij<br>Sustainir              | ng Membership        |  |               |             |  |
| X Political  | Contributions/Donatio   |   |                                       | ig memoersnip        |  |               |             |  |
| Non-Political  | Candidate/Officehold  |   |                                       |                      | officebolder living a                          | 200           |             |  |
| Complete <u>ONLY</u> if direct   | (c) Check if travel outside<br>Candidate/Officeholder               | of Texas. Complete Schedule                             | T.<br>Iffice sought                   |                      | officeholder living expe                       | nse           |             |  |
| expenditure to benefit C/OH  |   |   |                                       |                      |  |               |             |  |

**EXPENDITURES MADE BY CREDIT CARD** 

| OUTSTAN                        | NDING LOANS  |   | SCHEDULE L                                     |
|--------------------------------|--|---|--|
| The Instruction                | on Guide explains how to complete this form.   | 1 | Total pages Schedule L:<br>Sch: 1/1 Rpt: 12/12 |
| 2 FILER NAME<br>Zimmerer, Gera | ıld L. (The Honorable)   | 3 | Filer ID (Ethics Commission Filers) 00027075   |
| LENDER<br>INFORMATION          | <ul> <li>4 Name of lender<br/>Zimmerer, Gerald (The Honorable)</li> <li>5 Lender address; City; State; Zip Code</li> </ul> |   |  |
| GUARANTOR                      | Bellaire, TX 77401 6 Name of guarantor   |   |  |
| INFORMATION                    |  |   |  |
| X not applicable               | 7 Guarantor address; City; State; Zip Code   |   |  |
|                                |  |   |  |
|                                |  |   |  |
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