

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 12

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|--|----|------------|
| 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) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 129.69 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 15,494.18 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 2,769.96 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 113,000.00 |

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 (Ethics Commission Filers) 00027075 |
|---|---|

| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ |
| 4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ 15,000.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 14,184.92 |
| 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 | \$ 1,609.26 |
| 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 | \$ |

LOANS (JUDICIAL)

SCHEDULE E(J)

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

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

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.

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| 1 Total pages Schedule F1: Sch: 1/3 Rpt: 6/12 | 2 FILER NAME Zimmerer, Gerald L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00027075 |
| 4 Date 12/10/2024 | 5 Payee name 14th Court of Appeals | |
| 6 Amount (\$) \$75.00 | 7 Payee address; City; State; Zip Code 301 Fannin Houston, TX 77002 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Expense - 14th Court of Appeals Cheer Fund (representing my pro rata share all judges). |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2024 | Payee name Carter Consulting | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 4900 Fournace Place Suite 560 Bellaire, TX 77401 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting/Accounting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/12/2024 | Payee name Chase for Business | |
| Amount (\$) \$273.00 | Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294 | |
| 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 |
| 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: 7/12 | 2 FILER NAME Zimmerer, Gerald L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00027075 |
| 4 Date 09/10/2024 | 5 Payee name Chase for Business | |
| 6 Amount (\$) \$270.00 | 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 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/09/2024 | Payee name Chase for Business | |
| Amount (\$) \$9,305.60 | Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294 | |
| 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 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/12/2024 | Payee name Chase for Business | |
| Amount (\$) \$81.60 | Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294 | |
| 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 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 8/12 | 2 FILER NAME Zimmerer, Gerald L. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00027075 |
| 4 Date 11/12/2024 | 5 Payee name Chase for Business | |
| 6 Amount (\$) \$229.72 | 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 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/09/2024 | Payee name Chase for Business | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294 | |
| 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 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2024 | Payee name Texas College of Probate Judges | |
| Amount (\$) \$450.00 | Payee address; City; State; Zip Code P. O. Box 2025 Austin, TX 78768 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Judicial Education | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CLE/Judicial Education |
| 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
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: 1/3 Rpt: 9/12 | 2 | FILER NAME Zimmerer, Gerald L. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00027075 |
| 4 | CREDIT CARD ISSUER | Name of financial institution CHASE Bank | | 5 | TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 129.69 |
| 6 | PAYMENT | (a) Amount Charged \$127.86 | (b) Date of Charge 12/24/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name Dropbox | | (b) Payee address; City, State, Zip Code 1800 Owens St San Francisco, CA 94158 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (b) Description \$127.86 - represents payments of 21.31 per month for 6 months (7/24-12/24/2024) | |
| | | (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 |
| 6 | PAYMENT | (a) Amount Charged \$300.00 | (b) Date of Charge 08/21/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name Texas Supreme Court Historical | | (b) Payee address; City, State, Zip Code P.O. Box 12673, Austin, Texas Austin, TX 78711 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | | (b) Description Annual Dinner/Event in support of Texas Supreme Court Historical Society. | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT | (a) Amount Charged \$259.74 | (b) Date of Charge 12/24/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name LinkedIn | | (b) Payee address; City, State, Zip Code 1000 W Maude Avenue Sunnyvale, CA 94085 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (b) Description This represents \$43.29 monthly expense x6 months (7/24-12/24/2024). | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | | 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: 2/3 Rpt: 10/12 | 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 \$ 129.69 |
| 6 | PAYMENT | (a) Amount Charged \$184.11 | (b) Date of Charge 07/12/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name Chase for Business | | (b) 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) Fees <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (b) Description Interest Expense | |
| | | (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 |
| PAYMENT | (a) Amount Charged \$180.96 | (b) Date of Charge 08/12/2024 | (c) Date(s) Credit Card Issuer Paid | | |
| PAYEE | (a) Payee name Chase for Business | | (b) Payee address; City, State, Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (b) Description Interest Expense | | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | Office held |
| PAYMENT | (a) Amount Charged \$186.78 | (b) Date of Charge 09/12/2024 | (c) Date(s) Credit Card Issuer Paid | | |
| PAYEE | (a) Payee name Chase for Business | | (b) Payee address; City, State, Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (b) Description Interest Expense | | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 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: 3/3 Rpt: 11/12 | 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 | \$ 129.69 |
| 6 PAYMENT | (a) Amount Charged \$42.00 | (b) Date of Charge 12/24/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name NationBuilder | (b) Payee address; City, State, Zip Code 448 S Hill St. Los Angeles, CA 90013 | |
| 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 \$42.00 - represents 6 monthly payments of 7.00 per month from 7/24 - 12/24/2024. | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| PAYMENT | (a) Amount Charged \$148.12 | (b) Date of Charge 10/11/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Chase for Business | (b) Payee address; City, State, Zip Code P.O. Box 6294 Carol Stream, IL 60197-6294 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Interest Expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| PAYMENT | (a) Amount Charged \$50.00 | (b) Date of Charge 12/29/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Harris County Democratic Party | (b) Payee address; City, State, Zip Code 4619 Lyons Ave Houston, TX 77020 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Sustaining Membership | |
| 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: 12/12 |
| 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 | |