CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1 Filer ID		2 Total pages fi	led.
The C/OH Instruction	Guide explains how to complete	e this form.	(Ethics Commis 00087843	sion Filers)		6
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Ms. I	Lea C.S.			Date Received	
					ELECTRONIC	
	NICKNAME	LAST		SUFFIX	02/24/2024	
		Simmons				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE #: CIT	Y:	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER	715 East Park St.					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Sugar Land, TX 77498				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER NAME	Ms. S	Sarah				
	NICKNAME L	 AST		SUFFIX		
		Arrietta		COLLIN		
		inotta				
C CAMDAICN					CT	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO B	UX PLEASE);	APT	/ SUITE #; CITY;	51/	ATE; ZIP CODE
ADDRESS	715 East Park St.					
(Residence or Business)						
(,	Sugar Land, TX 77498					
7 CAMPAIGN TREASURER		NUMBER E	EXTENSION			
PHONE	(281) 907-2747					
8 REPORT TYPE						
TIFE	January 15	30th day before	election	Runoff	15th day after ca appointment (offi	mpaign treasurer ceholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (Att	
				reporting limit]	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	TH	IROUGH	02/24/2024		
	01/20/2024			02/24/202-	Ŧ	
10 ELECTION	ELECTION DATE	1		ELECTION TYPE		
10 LEECTION	Month Day Year	XP	rimary		Other	
	03/05/2024		linialy			
	00,00,2021	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	Fort Bend County Republica		nair Place	State Representa	ative Place Suga	r Land District 76
	Sugar Land District 76 Fort	Bend				
	1			1		
GO TO PAGE 2						
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us	3	Vers	ion V3.5.1.9000c471

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 6

I

13 C / OH NAME	Simmons, Lea C.S. (I	Ms.)	14 Filer ID (00087843	Ethics Commiss	sion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	oolitical contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	he candidate's or office	holder's knowle	dge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	S		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS))	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICAL EXPENDITURES			\$	197.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	0.00	
17 AFFIDAVIT		l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		Ms. Lo	ea C.S. Simmons		
		Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	da	ay
of	, 20, to ce	rtify which, witness my hand and seal of office.			
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering o	ath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5.	1.9000c47f

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 3 of 6	
18 FILER NAME Simmons, Lea C.S. (Ms.)	19 Filer ID 00087843	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. X SCHEDULE E: LOANS		\$ 0.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 0.00
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 197.34
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	\$

PLEDGED CONTRIBUTIONS SCHEDULE B			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/6		
2 FILER NAME Simmons, Lea C.S. (Ms.)	3 Filer ID (Ethics Commission Filers) 00087843		
⁴ TOTAL OF UNITEMIZED PLEDGES	\$ 0.00		
5 Date 6 Full name of pledgor out-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code	Amount of pledge (\$) In-kind description (If applicable) Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)			

LOANS		SCHEDU	LE E
The Instruction Guide explains how to complete this form.	ges Schedule E: 1 Rpt: 5/6		
2 FILER NAME Simmons, Lea C.S. (Ms.)	(Ethics Commission 343	Filers)	
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate11 Maturity Date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions))		
14 Description of Collateral 15 Check if personal funds we None	re deposited	l into political account (See Instructions)	
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guarante	ed (\$)
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions)	I	

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing E	payment/Reimbursement verhead/Rental Expense expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 1/1 Rpt: 6/6	2 FILER NAME Simmons, Lea C.S. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087843		
4	Date 01/26/2024	5 Payee name Simmons, Lea (Ms.)				
6	Amount (\$) \$197.34	7 Payee address; City; State; Zip Code				
	Reimbursement from political contributions intended	Sugar Land, TX 77498				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Voters.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Officeholder name	Office sought	Office held		