

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 1

<b>The DCE Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00087085	<b>2 Total pages filed:</b> 5				
<b>3 FILER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 03/04/2024  Date Hand-delivered or Date Postmarked  Receipt #                      Amount  Date Processed  Date Imaged			
	NICKNAME	LAST	SUFFIX				
EQTX Equality Texas							
<b>4 FILER ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	<input type="checkbox"/> Change of Address P O Box 2340  Austin, TX 78768						
<b>5 FILER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
(512) 474-5475							
<b>6 REPORT TYPE</b>	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election					
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff				
<b>7 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
01/01/2024				02/24/2024			
<b>8 ELECTION</b>	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
<b>9 FILER ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>		A. Supported    Ms. Lauren Ashley Simmons    State Representative				
			B. Opposed				
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>		A. Supported				
			B. Opposed				
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>						
<b>GO TO PAGE 2</b>							

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> EQTX Equality Texas		<b>11 Filer ID</b> (Ethics Commission Filers) 00087085
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 4,673.10

**13 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.

\_\_\_\_\_  
Signature of Filer  
or  
Signature of individual with authority to sign on behalf of entity  
(only if Filer is an entity)

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 - DCE

FORM DCE  
COVER SHEET PG 3  
3 of 5

<b>14 FILER NAME</b> EQTX Equality Texas		<b>15 Filer ID</b> (Ethics Commission Filers) 00087085
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 4,673.10
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# POLITICAL EXPENDITURES

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 4/5	<b>2</b> FILER NAME EQTX Equality Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00087085
<b>4</b> Date 02/13/2024	<b>5</b> Payee name Facebook, Inc.	
<b>6</b> Amount (\$) \$29.85  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1601 Willow Road  Menlo Park, CA 94025-1452	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Digital advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley (Ms.)	Office sought State Representative District HD
Date 02/07/2024	Payee name Infovine	
Amount (\$) \$291.80  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2748 Bingle Rd Suite B Houston, TX 77055	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Palm cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley (Ms.)	Office sought State Representative District HD
Date 02/12/2024	Payee name Infovine	
Amount (\$) \$2,492.98  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2748 Bingle Rd Suite B Houston, TX 77055	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Mail printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmon, Lauren Ashley (Ms.)	Office sought State Representative District HD

# POLITICAL EXPENDITURES

# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 5/5	<b>2</b> FILER NAME EQTX Equality Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00087085
<b>4</b> Date 02/15/2024	<b>5</b> Payee name Infovine	
<b>6</b> Amount (\$) \$1,719.72  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2748 Bingle Rd Suite B Houston, TX 77055	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Mail printing
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley (Ms.)	Office sought State Representative District HD
Date 02/03/2024	Payee name The Movement Cooperative	
Amount (\$) \$70.15  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1025 Connecticut Avenue NW Suite 1000 Washington, DC 20036	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Text messages	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Text messages to district
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley (Ms.)	Office sought State Representative District HD
Date 02/19/2024	Payee name The Movement Cooperative	
Amount (\$) \$68.60  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1025 Connecticut Avenue NW Suite 1000 Washington, DC 20036	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Text messages	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Text messaging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley (Ms.)	Office sought State Representative District HD