

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087085	2 Total pages filed: 7				
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 05/20/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			
	NICKNAME	LAST	SUFFIX				
EQTX Equality Texas							
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	<input type="checkbox"/> Change of Address P O Box 2340 Austin, TX 78768						
5 FILER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(512) 474-5475							
6 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election					
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election					
	<input checked="" type="checkbox"/> Runoff						
7 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		02/25/2024					05/18/2024
8 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			05/28/2024	<input type="checkbox"/> General	<input type="checkbox"/> Special		
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported Ms. Lauren Ashley Simmons State Representative				
			B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported				
			B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	GO TO PAGE 2						

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME EQTX Equality Texas		11 Filer ID (Ethics Commission Filers) 00087085
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 5,046.31

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 7

14 FILER NAME EQTX Equality Texas		15 Filer ID (Ethics Commission Filers) 00087085
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 5,046.31
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	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: 1/4 Rpt: 4/7	2 FILER NAME EQTX Equality Texas	3 Filer ID (Ethics Commission Filers) 00087085
4 Date 04/29/2024	5 Payee name Automattic, Inc	
6 Amount (\$) \$19.19 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 60 29th St Ste 343 San Francisco, CA 94110	
8 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. Website via Wordpress
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley (Ms.)	Office sought Office held State Representative District 146
Date 02/27/2024	Payee name Facebook, Inc.	
Amount (\$) \$202.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025	
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. Facebook advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley (Ms.)	Office sought Office held State Representative District 146
Date 05/07/2024	Payee name Facebook, Inc.	
Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025	
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. Facebook advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley (Ms.)	Office sought Office held State Representative District 1

POLITICAL EXPENDITURES

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: 2/4 Rpt: 5/7	2 FILER NAME EQTX Equality Texas	3 Filer ID (Ethics Commission Filers) 00087085
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley (Ms.)	Office sought State Representative District 146
Date 05/06/2024	Payee name Infovine	
Amount (\$) \$1,985.18	Payee address; City; State; Zip Code 2748 Bingle Rd Ste B Houston, TX 77055	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(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 Simmons, Lauren Ashley (Ms.)	Office sought State Representative District 146
Date 05/06/2024	Payee name Infovine	
Amount (\$) \$1,763.32	Payee address; City; State; Zip Code 2748 Bingle Rd Ste B Houston, TX 77055	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(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 Simmons, Lauren Ashley (Ms.)	Office sought State Representative District 146

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.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 6/7	2 FILER NAME EQTX Equality Texas	3 Filer ID (Ethics Commission Filers) 00087085
4 Date 05/13/2024	5 Payee name Sprint2Print	
6 Amount (\$) \$595.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8748 Clay Rd Ste 300 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Palmcards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley (Ms.)	Office sought State Representative District 146
Date 05/17/2024	Payee name The Movement Cooperative	
Amount (\$) \$217.35 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1025 Connecticut Ave NW Suite 1000 Washington, DC 20036	
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. Text messaging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley (Ms.)	Office sought State Representative District 146
Date 05/03/2024	Payee name The Movement Cooperative	
Amount (\$) \$54.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1025 Connecticut Avenue NW Suite 1000 Washington, DC 20036	
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. Text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Adams, John (Mr.)	Office sought Dripping Springs ISD Trustee

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.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 7/7	2 FILER NAME EQTX Equality Texas	3 Filer ID (Ethics Commission Filers) 00087085
4 Date 05/11/2024	5 Payee name The Movement Cooperative	
6 Amount (\$) \$27.45 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1025 Connecticut Avenue NW Suite 1000 Washington, DC 20036	
8 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. Text messages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Adams, John (Mr.)	Office sought Dripping Springs ISD Trustee
Date 05/03/2024	Payee name The Movement Cooperative	
Amount (\$) \$54.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1025 Connecticut Avenue NW Suite 1000 Washington, DC 20036	
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. Text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Purdy, Terri (Ms.)	Office sought Dripping Springs ISD Trustee
Date 05/11/2024	Payee name The Movement Cooperative	
Amount (\$) \$27.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1025 Connecticut Avenue NW Suite 1000 Washington, DC 20036	
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. Text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Purdy, Terri (Ms.)	Office sought Dripping Springs ISD Trustee