# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.   1   Filler ID   1   Filler ID   1   1   1   1   1   1   1   1   1								
MS   Lea C.S.   Control of Name   Control of N	The C/OH Instruction (	Guide explains how to comple	te this form. (Ethics Commission Filers)					
NAME  NOTICE NAME  NOTICE NAME  NOTICE NAME  NOTICE NAME  NOTICE NAME  A CANDIDATE / OFFICE HOLDER ADDRESS / PO BOX. APT / SUITE #; CITY; ZIP CODE OFFICE HOLDER ADDRESS / PO BOX. APT / SUITE #; CITY; ZIP CODE OFFICE HOLDER ADDRESS / PO BOX. APT / SUITE #; CITY; ZIP CODE OFFICE HOLDER ADDRESS / PO BOX. APT / SUITE #; CITY; ZIP CODE OFFICE HOLDER ADDRESS / PO BOX. APT / SUITE #; CITY; ZIP CODE OFFICE HOLDER ADDRESS / Notice Invasord  SCAMPAIGN TREASURER NAME  A CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE OFFICE HOLDER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE OFFICE HOLDER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE OFFICE HOLDER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE OFFICE HOLDER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE OFFICE HOLDER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE OFFICE HOLDER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE OFFICE HOLDER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE OFFICE HOLDER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE OFFICE HOLDER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE OFFICE HOLDER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE OFFICE O		MS / MRS / MR	FIRST		MI	OFFICE US	E ONLY	
NICKNAME		Ms.	Lea C.S.			Date Received		
NICKNAME							Y FILED	
Simmons  4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  MAILING ADDRESS Sugar Land, TX 77498  5. CAMPAIGN TREASURER NAME  6. CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  7.15 East Park St.  Sugar Land, TX 77498  6. CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  7.15 East Park St.  Sugar Land, TX 77498  7. CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  7. CAMPAIGN TREASURER ADDRESS (Pleasterce or Business)  8. REPORT Sugar Land, TX 77498  7. CAMPAIGN TREASURER (281) 907-2747  8. REPORT January 15 Suth day before election Pauroff Application (Color) Proporting limit Proporting l		NICKNAME	LACT		CLIFFIX			
A CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX: APT / SUITE #: CITY: ZIP CODE Date Pointmeted or Date Positimated  7.15 East Park St. 7.15 East Park St. 7.15 East Park St. Sugar Land, TX 77498  Sugar Land, TX 77498  MS / MRS / MR FIRST MI MI MS / MRS / MR Sarah  NICKNAME LAST SUFFIX  6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE TABLE ADDRESS (Pleastering or Business)  6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE TABLE ADDRESS (Pleastering or Business)  7 CAMPAIGN TREASURER PHONE  8 REPORT TYPE ARE CODE PHONE NUMBER EXTENSION (281) 907-2747  9 PERIOD Month Day Year Month Day Year O1/01/2025 THROUGH 06/30/2025  10 ELECTION ELECTION DATE Month Day Year O1/01/2025 THROUGH O6/30/2025  11 OFFICE OFFICE HELD (if any) Fort Bend County Republican Precinct Chair Place Sugar Land District 76 Fort Bend  11 OFFICE OFFICE HELD (if any)  Fort Bend County Republican Precinct Chair Place Sugar Land District 76 Fort Bend		NICKNAME			SUFFIX	0110312023		
OFFICEHOLDER MAILING ADDRESS Change of Address Sugar Land, TX 77498  TREASURER NAME  STREET ADDRESS (NO PO BOX PLEASE); (Residence or Business) (Residence or Business) (Residence or Business)  TREASURER ADDRESS (Residence or Business) (Residence or Business)  TREASURER ADDRESS (Residence or Business)  TREASURER ADDRESS (Residence or Business)  Sugar Land, TX 77498  TO CAMPAIGN TREASURER PHONE  TREASURER PHONE  TREASURER PHONE  TREASURER PHONE  TREASURER TYPE  ARE CODE ARE COD			31111110115					
MAILING ADDRESS   Change of Address   Sugar Land, TX 77498		ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Da	te Postmarked	
Charge of Addross   Sugar Land, TX 77498   Date Processed		715 East Park St.						
5 CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST MI MS. Sarah  NICKNAME  LAST SUFFIX Arrietta  5 CAMPAIGN TREASURER ADDRESS (Residence or Business)  Sugar Land, TX 77498  7 CAMPAIGN TREASURER PHONE  REASURER PHONE  AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE TYPE  January 15 January 15 Sugh day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR)  PRINCE  OFFICE Month Day Year O3/03/2025  THROUGH O6/30/2025  10 ELECTION DATE Month Day Year O3/03/2025  LECTION DATE Month Day Year O3/03/2025  LECTION DATE Month Day Year O3/03/2025  LECTION TYPE Month Day Year O3/03/2026  LECTION TYPE Month Day Year O3/03/2026  General  LECTION TYPE Month Day Year O3/03/2026  LECTION TYPE MONTH DAY						Receipt #	Amount	
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5 CAMPAIGN TREASURER NAME  MS. MRS / MR FIRST MS. Sarah  MICKNAME  LAST Arrietta  6 CAMPAIGN TREASURER ADDRESS (Residence or Business)  Sugar Land, TX 77498  7 CAMPAIGN TREASURER PHONE  7 CAMPAIGN TREASURER PHONE  8 REPORT TYPE  January 15 January 15 Sth day before election Exceeded modified TYPE  Month Day Year O1/01/2025  THROUGH  Month Day Year O1/01/2025  THROUGH  Month Day Year O1/01/2025  THROUGH  Month Day Year O3/03/2026  DELECTION  ELECTION DATE Month Day Year O3/03/2026  DELECTION  DELECTION  ELECTION DATE Month Day Year O3/03/2026  DELECTION  D						Data Imaged		
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Arrietta  Arrietta  CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 715 East Park St.  Sugar Land, TX 77498  7 CAMPAIGN TREASURER PHONE PHONE PHONE  REPORT TYPE  AREA CODE PHONE NUMBER EXTENSION  Residence or Business)  REPORT TYPE  January 15 Soth day before election Exceeded modified reporting limit  Month Day Year Month Day Year O1/01/2025 THROUGH 06/30/2025  10 ELECTION  ELECTION DATE ROTE Primary Runoff Sugar Land District 76 Fort Bend  OFFICE  OFFICE HELD (if any) Fort Bend County Republican Precinct Chair Place  State Representative Place Sugar Land District 76 Fort Bend								
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Sugar Land, TX 77498    Sugar Land, TX 77498		715 East Park St.						
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TREASURER PHONE  (281) 907-2747   REPORT TYPE  January 15  Sth day before election  Exceeded modified reporting limit  Month Day Year  01/01/2025  THROUGH  Month Day Year  01/01/2025  THROUGH  ELECTION DATE  Month Day Year  03/03/2026  Primary  General  DEFICE HELD (if any)  Fort Bend County Republican Precinct Chair Place  Sugar Land District 76 Fort Bend  Runoff  Exceeded modified reporting limit  Final Report (Attach C/OH-FR)  Final Report (Attach C/OH-FR)  Final Report (Attach C/OH-FR)  Exceeded modified reporting limit  Final Report (Attach C/OH-FR)  Fin		Sugar Land, TX 77498						
TREASURER PHONE  (281) 907-2747   REPORT TYPE  January 15  Sth day before election  Exceeded modified reporting limit  Month Day Year  01/01/2025  THROUGH  Month Day Year  01/01/2025  THROUGH  ELECTION DATE  Month Day Year  03/03/2026  Primary  General  DEFICE HELD (if any)  Fort Bend County Republican Precinct Chair Place  Sugar Land District 76 Fort Bend  Runoff  Exceeded modified reporting limit  Final Report (Attach C/OH-FR)  Final Report (Attach C/OH-FR)  Final Report (Attach C/OH-FR)  Exceeded modified reporting limit  Final Report (Attach C/OH-FR)  Fin								
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TYPE  January 15 John day before election  Runoff  Final Report (Attach C/OH-FR)  Final Report (Atta		(281) 907-2747						
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THROUGH  O6/30/2025  10 ELECTION  ELECTION DATE  Month Day Year O3/03/2026  DGeneral  DFICE  OFFICE HELD (if any) Fort Bend County Republican Precinct Chair Place Sugar Land District 76 Fort Bend  THROUGH  O6/30/2025  ELECTION TYPE  Runoff Dother Special  12 OFFICE SOUGHT (if known) State Representative Place Sugar Land District 76					reporting iiriit			
10 ELECTION DATE   Month Day Year		Month Day Year			Month Day	Year		
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Month Day Year 03/03/2026    General   Special     Special			_					
O3/03/2026  General  Special  OFFICE HELD (if any)  Fort Bend County Republican Precinct Chair Place Sugar Land District 76 Fort Bend  State Representative Place Sugar Land District 76	10 ELECTION	ELECTION DATE			ELECTION TYPE			
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11 OFFICE OFFICE HELD (if any) Fort Bend County Republican Precinct Chair Place Sugar Land District 76 Fort Bend  12 OFFICE SOUGHT (if known) State Representative Place Sugar Land District 76		03/03/2026	I ∏G	eneral	Special			
Fort Bend County Republican Precinct Chair Place Sugar Land District 76 Fort Bend  State Representative Place Sugar Land District 76  State Representative Place Sugar Land District 76								
Fort Bend County Republican Precinct Chair Place Sugar Land District 76 Fort Bend  State Representative Place Sugar Land District 76  State Representative Place Sugar Land District 76	11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOLIGHT	(if known)		
Sugar Land District 76 Fort Bend	III OFFICE			and District 76				
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## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 5

13 C / OH NAME	Simmons, Lea C.S. (	Ms.)	<b>14</b> Filer ID (	(Ethics Commission Filers)					
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	TYPE COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00					
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00						
	4. TOTAL POLITION	CAL EXPENDITURES		<b>\$</b> 276.00					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	<b>\$</b> 276.00						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPORT OF THE REPOR	OF THE LAST DAY	\$ 0.00						
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		Ms. L	ea C.S. Simmons						
Signature of Candidate or Officeholder									
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath					

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 5 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00087843 Simmons, Lea C.S. (Ms.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 276.00 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awar mmittee Legal Se	verage Expense rds/Memorials Expense	Office Ov Polling Ex Printing E Salaries/N	xpense Vages/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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 4/5		Simmons, Lea C.S	S. (Ms.)				00087843
4	Date	5	Payee name					
	01/04/2025		Lea, Simmons (Ms	s.)				
6	Amount (\$) \$46.00	7	Payee address; City; State; Zip Code 715 East Park St.					
	Reimbursement from political contributions intended		Sugar Land, TX 7	7498				
8	PURPOSE	(a)	Category (See Catego	ries listed at the top of this sch	nedule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expen	se			Ch	eck if Austin, TX, officeholder living expense
						Two websites.		
_		Ļ						255
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder r	name		Office sought		Office held
	Date		Payee name					
	02/04/2025		Lea, Simmons (Ms	s.)				
	Amount (\$)		Payee address;	City; State	; Zip Co	ode		
	\$46.00		715 East Park St.					
	Reimbursement from political contributions intended		Sugar Land, TX 7	7498				
	PURPOSE		Category (See Catego	ries listed at the top of this sch	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expen	se		L L	_	eck if Austin, TX, officeholder living expense
						Recurring month	ly p	ayment for two websites.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder r	name		Office sought		Office held
	Date		Payee name					
	03/04/2025		Lea, Simmons (Ms	s.)				
	Amount (\$)		Payee address;	City; State	; Zip Co	ode		
	\$46.00		715 East Park St.					
	Reimbursement from political contributions intended		Sugar Land, TX 7	7498				
	PURPOSE		Category (See Catego	ries listed at the top of this sch	nedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expen	se		L	_	eck if Austin, TX, officeholder living expense
						Monthly paymen	t for	two websites.
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder r	name		Office sought		Office held

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide expla		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2 FILER NAM	 E			3 Filer ID (Ethics Commission Filers	
-	. •					00087843	,
	Sch: 2/2 Rpt: 5/5		Lea C.S. (Ms.)			00067643	
4	Date	5 Payee name	<b>:</b>				
	04/04/2025	Lea, Simm	ons (Ms.)				
6	Amount (\$)	7 Payee addre	ess; City; S	tate; Zip C	ode		
	\$46.00	715 East P	ark St.				
	Reimbursement from						
	political contributions intended	Sugar Land	d, TX 77498				
_		-			I		
8	PURPOSE OF	1	See Categories listed at the top of thi	s schedule)	(b) Description	Check if travel outside of Texas. Complete Schedul	<b>≯</b> T.
	EXPENDITURE	Advertising	Expense			Check if Austin, TX, officeholder living expense	
					Two Websites.		
9		Candidate/Office	holder name		Office sought	Office held	
	expenditure to benefit C/OH						
	Date	Payee name	<b>!</b>				
	05/04/2025	Lea, Simm	ons (Ms.)				
	Amount (\$)	Payee address; City; State; Zip Code					
	\$46.00	715 East P	ark St.				
	Reimbursement from						
	political contributions	Cugarlan	1 TV 77400				
	intended	Sugar Land	d, TX 77498				
	PURPOSE OF	Category (s	See Categories listed at the top of thi	s schedule)	Description	Check if travel outside of Texas. Complete Schedul	ЭT.
EXPENDITURE		Advertising	Expense		l	Check if Austin, TX, officeholder living expense	
					Two websites.		
		Candidate/Office	holder name		Office sought	Office held	
	expenditure to benefit C/OH						
	Date	Payee name	<b>!</b>				
	06/04/2025	Lea, Simm	ons (Ms.)				
	Amount (\$)	Payee addre	ess; City; S	tate; Zip C	ode		
	\$46.00	715 East P	ark St.				
	Reimbursement from						
	political contributions intended	Sugarland	d, TX 77498				
	PURPOSE OF	1	See Categories listed at the top of thi	s schedule)	Description	Check if travel outside of Texas. Complete Schedul	<b>.</b> ⊤.
EXPENDITURE		Advertising	Expense			Check if Austin, TX, officeholder living expense	
						nent for two websites. I am paying eve urth day of each month.	ry
					Inontin on the 10	uitii uay 01 eacii montii.	
	•	Candidate/Office	holder name		Office sought	Office held	
	expenditure to benefit C/OH						