CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp		1 Filer ID (Ethics Commi 00088044	,	2 Total pages f	iled: 42
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Lauren Ashley	,		Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST Simmons		SUFFIX	07/15/2025	
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / CLUTE #: CITY	V·	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 56386	1730HE#, CH	τ,	ZIF CODE	Receipt #	Amount
Change of Address	Houston, TX 77256				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER NAME		Letty				
	NICKNAME	LAST Ortega		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 200 Webster #208	D BOX PLEASE);	AP	Γ / SUITE #; CIT`	Y; ST.	ATE; ZIP CODE
(Residence or Business)	Houston, TX 77002					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (832) 746-2658	NE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before		Runoff	appointment (off	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2025	ТН	IROUGH	Month Day 06/30/20		
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026	X PI	rimary eneral	ELECTION TYPE Runoff Special	Other	
				·		
11 OFFICE	OFFICE HELD (if any) State Representative Dis	trict 146		12 OFFICE SOUGH State Represen	HT (if known) ntative District 146)
	1			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 42

EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 17 AFFIDAVIT 1 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	or
COMMITTEE TYPE COMMITTEE NAME GENERAL 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) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 5. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 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	
COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 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	
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COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 5. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 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	
16 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 5. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 17 AFFIDAVIT 1 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	
TOTALS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6,8 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES \$ 129,3 CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 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	
TOTALS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6,8 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES \$ 129,3 CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 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	
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TOTALS 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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	33.00
CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD S 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	L28.17
BALANCE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY S 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	391.16
LOAN TOTALS OF THE REPORTING PERIOD 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	158.43
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	0.00
true and correct and includes all information required to be reported by me	
under Title 15, Election Code.	
The Honorable Lauren Ashley Simmons	
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 Printed name of officer administering Title of officer administering oath	_

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	JVLN .	3 of 42
l	ER NAN nmons,	(Ethics C	ommission Filers)		
l		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,833.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	69,039.15
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	60,352.01
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
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 I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/42	
2	FILER NAME Simmons, La	uren Ashley (The Honorable)		3	Filer ID (Ethics Commission 00088044	n Filers)
4	Date 06/30/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Houston, TX 77007 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
_	Date	Full name of contributor out-of-state PAC (ID		э, Т	Amount of Contribution (\$)	
	06/30/2025	Allen, Laura	#·		Amount of Contribution (4)	\$50.00
	Principal occu	Houston, TX 77071 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	i illicipai occu	odition 7 Job title (See Instructions)	Employer (See Instructions	3)		
	Date 06/30/2025	Full name of contributor	#:)		Amount of Contribution (\$)	\$37.00
		Missouri City, TX 77459				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID Berel-Harrop, Sarah Contributor address; City; State; Zip Code Farmers Branch, TX 75234	#:)		Amount of Contribution (\$)	\$500.00
	Principal occupation / Job title (See Instructions) Intern Minister Employer (See Instructions) Texas Unitarian University				st Justice Ministry	
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID Blossom, Charlita Contributor address; City; State; Zip Code Houston, TX 77085	#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/42		
2	FILER NAME Simmons, La	uren Ashley (The Honorable)			3	Filer ID (Ethics Commission 00088044	on Filers)
4	Date 06/30/2025			7	Amount of Contribution (\$)	\$50.00	
_	Deinsinal	Houston, TX 77033	lo.	Faradaya (Can Instruction			
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor Celestine, Yolanda Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$75.00
		Sugar Land, TX 77479	1				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor Cohen, Lisa Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
		Alexandria, VA 22314					
	Principal occu Co-Founder	pation / Job title (See Instructions)		Employer (See Instructions Open Horizon)		
	Date 06/27/2025	Full name of contributor Edwards, Charisma Contributor address; City; State Houston, TX 77004	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor Felton, Chrisdolyn Contributor address; City; State Fresno, TX 77545	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$37.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/42	
2	FILER NAME Simmons, La	auren Ashley (The Honorable)			3	Filer ID (Ethics Commission Filers) 00088044	
4	Date 06/27/2025			7	Amount of Contribution (\$) \$1,000.00		
8	Principal occu	Houston, TX 77006 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	 		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Goode, Jessica Contributor address; City; State; Zip Code Winchester, CA 92596)		Amount of Contribution (\$) \$50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Hill Jones, Darla Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$25.00	
	Principal occu	Houston, TX 77002 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Hlavinka, Bryan Contributor address; City; State; Zip Code Houston, TX 77019				Amount of Contribution (\$) \$500.00	
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Siemens Energy	<u>l</u> s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Hollins, Allison Contributor address; City; State; Zip Code Houston, TX 77021				Amount of Contribution (\$) \$50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/42	
2	FILER NAME Simmons, La	auren Ashley (The Honorable)		3	Filer ID (Ethics Commission 00088044	n Filers)
4	Date 06/27/2025	5 Full name of contributor out-of-state PAC (ID#:_ Huebel, Martha 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00
_		Houston, TX 77035				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Kapoor, Poonam Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77007 pation / Job title (See Instructions)	Employer (See Instructions)		
	· 	,	. , ,			
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#:_ McAllen, Lincoln Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.00
		Wayne, PA 19807				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ McClellan, Elias Contributor address; City; State; Zip Code Pearland, TX 77584			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Neidig, Kati Contributor address; City; State; Zip Code Hayward, CA 94542)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	_E A1	
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/42		
2	FILER NAME Simmons, La	uren Ashley (The Honorable)			3	Filer ID (Ethics Commission 00088044	on Filers)	
4	Date 06/30/2025			7	Amount of Contribution (\$)	\$25.00		
		Washington, DC 20016						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)			
	Date 06/23/2025	Perez-Boston, Laura	tate PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
		Houston, TX 77080						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 06/25/2025	Silva, Liz	tate PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
		Houston, TX 77093						
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)			
	Date 06/30/2025	Simmons, Denise				Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 06/30/2025	Steves, Buddy	tate PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Chair	pation / Job title (See Instructions)		Employer (See Instructions Financial Casualty and S		rety, Inc.		
						- XV - 5		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/42	
2	FILER NAME Simmons, L	auren Ashley (The Honorable)		3	Filer ID (Ethics Commissio 00088044	n Filers)
4	Date 06/26/2025	Full name of contributor		7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77098				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Wallace, Tammi Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77006				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Weiss, Lisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77018				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Yarborough, Melissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77023 upation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 1/30 Rpt: 10/42	Simmons, Lauren Ashley (The Honorable) 00088044
4	Date	5 Payee name
	06/23/2025	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$269.99	P.O. Box 441146
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online donation fees
		Offilite doffation fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/09/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.74	410 Terry Ave N.
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/10/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.47	410 Terry Ave N.
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense TV wall bracket for office
		I V Wall blacket for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
4 7	
1 Total pages Schedule F1: Sch: 2/30 Rpt: 11/42	2 FILER NAME Simmons, Lauren Ashley (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088044
4 Date	5 Payee name
01/11/2025	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$292.26	410 Terry Ave N.
	Seattle, WA 98109
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	TV for office
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
01/02/2025	Camden Rainey Apartments
Amount (\$)	Payee address; City; State; Zip Code
\$2,155.12	91 Rainey Street
	Austin, TX 78701
BUBBOOF	I m
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Austin apartment rent
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Data	Davis name
Date 02/03/2025	Payee name Camden Rainey Apartments
Amount (\$)	Payee address; City; State; Zip Code
\$2,095.91	91 Rainey Street
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Austin apartment rent
Complete CALLY & dis-	Condidate/Officeholder nome Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Off
Food/Beverage Expense Po
Gift/Awards/Memorials Expense Pri
Legal Services Sa

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 3/30 Rpt: 12/42	Simmons, Lauren Ashley (The Honorable) 00088044
4	Date	5 Payee name
	02/28/2025	Camden Rainey Apartments
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,087.78	91 Rainey Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Austin apartment rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Davisa nama
	03/31/2025	Payee name Camden Rainey Apartments
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,087.78	91 Rainey Street
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Austin apartment rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
H	Date	Payee name
	04/07/2025	Camden Rainey Apartments
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,227.02	91 Rainey Street
	ΨΖ,ΖΖ1.02	31 Namey Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Austin apartment rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/30 Rpt: 13/42 Simmons, Lauren Ashley (The Honorable) 00088044 4 Date Payee name 04/30/2025 **Camden Rainey Apartments** 6 Amount (\$) Payee address; City; State; Zip Code \$2,087.78 91 Rainey Street Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin apartment rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/01/2025 Charter Furniture Rental Amount (\$) Payee address; City; State; Zip Code \$654.74 4204 Lindbergh Dr. Addison, TX 75001 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin furniture rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/01/2025 Charter Furniture Rental Amount (\$) Payee address; City: State; Zip Code \$276.04 4204 Lindbergh Dr. Addison, TX 75001 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Austin furniture rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

e Travel in Dis se Travel Out o s/Contract Labor OTHER (ent

Credit Card r ayment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1: Sch: 5/30 Rpt: 14/42	2 FILER NAME Simmons, Lauren Ashley (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088044
4 Date		
04/01/2025	5 Payee name Charter Furniture Rental	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$276.04	4204 Lindbergh Dr.	
	Addison, TX 75001	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Since Systillada, Northal Expense	Check if Austin, TX, officeholder living expense
		Austin furniture rental
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O	-1	
Date	Payee name	
05/01/2025	Charter Furniture Rental	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$276.04	4204 Lindbergh Dr.	
	Addison, TX 75001	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Austin furniture rental
Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held
expenditure to benefit C/O		
Date	Payee name	
01/22/2025	City of Austin	
Amount (\$)	Payee address; City; State; Zip Co	nda
\$241.95	301 W. 2nd St.	out.
Ψ2-1.00	001 W. 211d Ot.	
	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
L/W LINDINGINE		Check if Austin, TX, officeholder living expense
		Austin apartment utilities
Complete CNI V if direct	Candidate/Officeholder name Office sou	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ight Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/30 Rpt: 15/42	Simmons, Lauren Ashley (The Honorable) 00088044
4	Date	5 Payee name
	02/25/2025	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.32	301 W. 2nd St.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Austin apartment utilities
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/28/2025	Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,098.00	235 Point Lick Drive
		Charleston, WV 25306
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense 2025 Group Portrait
		2023 Gloup i Ottati
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Davida marea
	01/09/2025	Payee name Constant Contact
	Amount (\$) \$110.00	Payee address; City; State; Zip Code
	\$110.00	890 Winter Street, Suite 300
		M/ III MA 004F4
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel putside of Taxon Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email distribution software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 7/30 Rpt: 16/42	2 FILER NAME Simmons, Lauren Ashley (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088044
4	Date	5 Payee name
	02/09/2025	Constant Contact
6	Amount (\$) \$110.00	7 Payee address; City; State; Zip Code 890 Winter Street, Suite 300
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Email distribution software
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/09/2025	Constant Contact
	Δ == = · · · · · · · · · · · · · · · · ·	
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.00	890 Winter Street, Suite 300
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email distribution software
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	Constant Contact
	03/31/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	890 Winter Street, Suite 300
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email distribution software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/30 Rpt: 17/42	Simmons, Lauren Ashley (The Honorable) 00088044
4	Date	5 Payee name
	04/09/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.00	890 Winter Street, Suite 300
		Waltham, MA 02451
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email distribution software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/09/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.00	890 Winter Street, Suite 300
		Waltham, MA 02451
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email distribution software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/02/2025	ERenterPlan.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.75	38 Executive Park, Suite 300
	φ90.73	30 Executive Fair, Suite 300
		Irvine, CA 92614
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Austin apartment rental insurance
		Adout apartment rental modifice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Poli Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 9/30 Rpt: 18/42	Simmons, Lauren Ashley (The Honorable) 00088044
4 Date	5 Payee name
03/21/2025	ERenterPlan.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$96.75	38 Executive Park, Suite 300
	Irvine, CA 92614
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Austin apartment renter insurance
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
01/01/2025	Google
Amount (\$)	Payee address; City; State; Zip Code
\$76.75	1600 Amphitheatre Parkway
	Mountain View, CA 94043
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Austin apartment internet
	Austin apartment internet
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payon namo
01/01/2025	Payee name Google
	-
Amount (\$)	Payee address; City; State; Zip Code
\$25.35	1600 Amphitheatre Parkway
	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Google voice
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/30 Rpt: 19/42	Simmons, Lauren Ashley (The Honorable) 00088044
4	Date	5 Payee name
	01/31/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Austin apartment internet
		Austin apaitment internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/01/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.49	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Google voice
		G00g.0 10.00
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/01/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.49	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHORZ	Coordon Krison
		Google voice
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/30 Rpt: 20/42	Simmons, Lauren Ashley (The Honorable) 00088044
4	Date	5 Payee name
	03/01/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Austin apartment internet
		Austin apartment internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	03/05/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.16	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Austin apartment internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/31/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Austin apartment internet
		Austin apartment internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

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

Total pages Schedule F1: 2 FILER NAME Simmons, Lauren Ashley (The Honorable) 3 Filer ID Gethics Commission Filers) 00088044		Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
Sch: 12/30 Rpt: 21/42 4 Date O4/01/2025 5 Payee name Google 6 Amount (\$) 7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 8 PURPOSE OS EXPENDITURE (a) Category Gee Categories listed at the too of this schedule) Office Overhead/Rental Expense O4/03/2025 Candidate/Officeholder name Office sought Office Payee name O4/03/2025 Amount (\$) Payee name O4/03/2025 Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OS Google Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OS Google CAPENDITURE (a) Category Gen Caregories listed at the top of this schedule) Office Sought Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office Sought Conflice Overhead/Rental Expense (b) Description Office Poesit fravel causale of treas. Complete Schedule T. Office Held Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office Sought Candidate/Officeholder name Office Sought Office Sought Office Held Payee name O4/30/2025 Amount (\$) Payee address; City; State; Zip Code Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office Sought Office Sought Office Held Office Held Office Overhead/Rental Expense Office Sought Office Held Complete ONLY if direct capter Soledade The too of this schedule) Office Overhead/Rental Expense	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Complete ONLY if direct expenditure to benefit C/OH		Sch: 12/30 Rpt: 21/42	Simmons, Lauren Ashley (The Honorable) 00088044
Second color Seco	4	Date	5 Payee name
Section Sect		04/01/2025	Google
Mountain View, CA 94043 A Category Size Categories Steed at the top of this schedule) Concel. if mark outside of Toxas, Complete Schedule T. Cincel. if Austin, TX, officiendidar living expense Conglete ONLY if direct Candidate/Officeholder name Office sought Office held	6	Amount (\$)	7 Payee address; City; State; Zip Code
Complete ONLY if direct expenditure to benefit C/OH		\$25.49	1600 Amphitheatre Parkway
Complete ONLY if direct expenditure to benefit C/OH			
Office Overhead/Rental Expense			Mountain View, CA 94043
PURPOSE OF EXPENDITURE Candidate/Officeholder name	8		(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct expenditure to benefit C/OH			Since Sterricad/Terrial Expense
9 Complete ONLY if direct expenditure to benefit C/OH Date		-	
Date O4/03/2025 Google Amount (\$) Payee address; City; State; Zip Code \$72.16 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct expenditure to benefit C/OH Date O4/30/2025 Google Amount (\$) Payee name Google Amount (\$) Payee name Google Amount (\$) Payee address; City; State; Zip Code Payee name Google Amount (\$) Payee address; City; State; Zip Code Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF Categories listed at the top of this schedule) Office Overhead/Rental Expense OF Complete QNLY if direct Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct Categories listed at the top of this schedule) Office Sought Office held			Google voice
Date O4/03/2025 Google Amount (\$) Payee address; City; State; Zip Code \$72.16 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct expenditure to benefit C/OH Date O4/30/2025 Google Amount (\$) Payee name Google Amount (\$) Payee name Google Amount (\$) Payee address; City; State; Zip Code Payee name Google Amount (\$) Payee address; City; State; Zip Code Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF Categories listed at the top of this schedule) Office Overhead/Rental Expense OF Complete QNLY if direct Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct Categories listed at the top of this schedule) Office Sought Office held	_	0 1. 0	
Date 04/03/2025 Amount (\$) Payee address; City; State; Zip Code \$72.16 \$72.16 \$72.16 \$72.16 \$72.16 \$72.16 \$72.16 \$73.16 \$74.16 \$75.17 \$75.1	9		
O4/03/2025 Google Amount (\$) Payee address; City; State; Zip Code \$72.16 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
Amount (\$)		Date	Payee name
\$72.16 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment internet Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Date O4/30/2025 Google Amount (\$) Payee name Google Amount (\$) Payee address; City; State; Zip Code \$76.75 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held		04/03/2025	Google
PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment internet Complete QNLY if direct expenditure to benefit C/OH Date O4/30/2025 Amount (\$) Payee name Google Amount (\$) Payee address; City; State; Zip Code \$76.75 Purpose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Poverhead/Rental Expense (b) Description (b) Description (check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment internet Complete QNLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description		\$72.16	1600 Amphitheatre Parkway
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description			
Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name O4/30/2025 Amount (\$) Payee address; City; State; Zip Code \$76.75 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Mountain View, CA 94043
Complete ONLY if direct expenditure to benefit C/OH Date Ose and Complete Google Amount (\$) Payee address; City; State; Zip Code \$76.75 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Check if Austin, TX, officeholder living expense Austin apartment internet Office held			
Complete ONLY if direct expenditure to benefit C/OH Date			Office Overficad/Nertical Experise
Complete ONLY if direct expenditure to benefit C/OH Date			
Date 04/30/2025 Google Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held			7 dodn't apartment internet
Date 04/30/2025 Google Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
O4/30/2025 Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
O4/30/2025 Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	_	D :	
Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Ode Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment internet			
\$76.75 1600 Amphitheatre Parkway Mountain View, CA 94043			· ·
Mountain View, CA 94043 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Mountain View, CA 94043 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment internet Office held		\$76.75	1600 Amphitheatre Parkway
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment internet Office held			
OF EXPENDITURE Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office Sought Control of Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment internet Office held			Mountain View, CA 94043
EXPENDITURE Office Overnead/Rental Expense Check if Austin, TX, officeholder living expense Austin apartment internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Check if Austin, 1X, onicenoider inving expense Austin apartment internet Office sought Office held			Office Overficad/Nertical Experise
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
			Austin apartment internet
		Complete ONU V if alice	Constitute (Office healder no year
		expenditure to benefit C/O	

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/30 Rpt: 22/42	Simmons, Lauren Ashley (The Honorable)	00088044
4	Date	5 Payee name	
	05/01/2025	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.52	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
	OF EXPENDITURE	Onice overnedantental Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		Google	
		0009.0	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	05/05/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$72.16	1600 Amphitheatre Parkway	
	,		
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	
	OF EXPENDITURE	Onice Overneau/Nental Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
			partment internet
			T
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	06/03/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.57	1600 Amphitheatre Parkway	
		,	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
	OF EXPENDITURE	Onice Overneau/Nerital Expense	if travel outside of Texas. Complete Schedule T.
			if Austin, TX, officeholder living expense
		Austin a	partment internet
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Held
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 14/30 Rpt: 23/42	Simmons, Lauren Ashley (The Honorable) 00088044	
4	Date	5 Payee name	_
	01/01/2025	Grant Martin Campaigns	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$20,000.00	2383 Bush St.	
		San Francisco, CA 94115	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Consulting fees, advertising fees and commissions	
		Consulting ices, advertising ices and commissions	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
Т	Date	Payee name	=
	01/01/2025	Grant Martin Campaigns	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$3,566.53	2383 Bush St.	
		San Francisco, CA 94115	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fees and expenses	
		. 000 4.14 07, po. 1000	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	01/06/2025	Gusto	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.44	525 20th Street	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Payroll processing fee	
		ayron processing rec	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
-			_
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/30 Rpt: 24/42	Simmons, Lauren Ashley (The Honorable) 00088044
4	Date	5 Payee name
	01/27/2025	Gusto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	525 20th Street
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll
		T dyfoli
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	David and the second se
	01/28/2025	Payee name
		Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	525 20th Street
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll
		T ayron
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/30/2025	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$242.89	525 20th Street
	ΨΣ-τΣ.03	323 20th Street
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 16/30 Rpt: 25/42	2 FILER NAME Simmons, Lauren Ashley (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088044
4	Date 01/30/2025	5 Payee name Gusto
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 525 20th Street
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94107 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/05/2025	Payee name Gusto
	Amount (\$) \$61.82	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/27/2025	Payee name Gusto
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 525 20th Street
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 17/30 Rpt: 26/42	2 FILER NAME Simmons, Lauren Ashley (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088044
4	Date 02/27/2025	5 Payee name Gusto
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 525 20th Street
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94107 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/05/2025	Payee name Gusto
	Amount (\$) \$55.44	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/28/2025	Payee name Gusto
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 525 20th Street
		San Francisco, CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1: Sch: 18/30 Rpt: 27/42	2 FILER NAME Simmons, Lauren Ashley (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088044							
4	Date 03/28/2025	5 Payee name Gusto							
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 525 20th Street							
		San Francisco, CA 94107							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date 04/03/2025	Payee name Gusto							
	Amount (\$) \$65.03	Payee address; City; State; Zip Code 525 20th Street San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll processing fee							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date 04/29/2025	Payee name Gusto							
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 525 20th Street							
		San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 19/30 Rpt: 28/42	Simmons, Lauren Ashley (The Honorable) 00088044							
4	Date	5 Payee name							
	04/29/2025	Gusto							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,000.00	525 20th Street							
		San Francisco, CA 94107							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor							
	LXI LINDITORE	Check if Austin, TX, officeholder living expense							
		Payroll							
•	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	Complete ONLY if direct expenditure to benefit C/OI								
_									
	Date	Payee name							
	05/06/2025	Gusto							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$65.03	525 20th Street							
		San Francisco, CA 94107							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Payroll processing fee							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	-							
	Date	Payee name							
	05/29/2025	Gusto							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	525 20th Street							
		San Francisco, CA 94107							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Payroll							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experientare to benefit 6/01	•							

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 20/30 Rpt: 29/42	2 FILER NAME Simmons, Lauren Ashley (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088044
4	Date	5 Payee name
	05/29/2025	Gusto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	525 20th Street
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/05/2025	Gusto
	Amount (\$) \$65.03	Payee address; City; State; Zip Code 525 20th Street
	400.00	
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll processing fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2025	HEB
	Amount (\$) \$97.27	Payee address; City; State; Zip Code 646 S. Flores St.
		San Antonio, TX 78204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event refreshments
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/30 Rpt: 30/42	Simmons, Lauren Ashley (The Honorable) 00088044
4	Date	5 Payee name
	01/23/2025	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	3302 Canal St., Suite 62
		Houston, TX 77003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/28/2025	Innovation & Technology Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	108 Lavaca St., Suite 1110-701
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Member dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/07/2025	Legislative Study Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 12943
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Member dues
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 22/30 Rpt: 31/42	2 FILER NAME Simmons, Lauren Ashley (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088044
Ļ		
4	Date 03/26/2025	5 Payee name NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$157.50	1420 New York Ave N.W., Suite 650
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign database
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$315.00	1420 New York Ave N.W., Suite 650
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign database
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$315.00	1420 New York Ave N.W., Suite 650
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign database
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/F Credit Card Payment	
1 Total pages Schedule	F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 23/30 Rpt: 32/	Simmons, Lauren Ashley (The Honorable) 00088044
4 Date	5 Payee name
06/03/2025	NGP VAN
6 Amount (\$) \$157	
8 PURPOSE	Washington, DC 20005
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign database
Complete ONLY if dire expenditure to benefit	
Date	Payee name
03/31/2025	Primo Brands
Amount (\$) \$25	Payee address; City; State; Zip Code 900 Long Ridge Road, Building 2
	Stamford, CT 06902
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Drinking water for office
Complete <u>ONLY</u> if dire expenditure to benefit	
Date	Payee name
04/09/2025	Primo Brands
Amount (\$) \$34	Payee address; City; State; Zip Code 900 Long Ridge Road, Building 2
	Stamford, CT 06902
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Drinking water for office
Complete ONLY if dire expenditure to benefit	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide explain		/ages	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	=				3	Filer ID	(Ethics Commission Filers)
	Sch: 24/30 Rpt: 33/42		auren Ashley (The Hono	rable)				00088044	
4	Date	5 Payee name							
	04/10/2025	Primo Bran	ds						
6	Amount (\$)	7 Payee addre	ss; City; Stat	te; Zip Co	de				
	\$5.40	900 Long R	Ridge Road, Building 2						
		Stamford, C	T 06902						
8	PURPOSE OF		ee Categories listed at the top of this s	schedule)	(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expense			<u> </u>		de of Texas. Com officeholder living	
						Drinking wate			expense
								J. J	
9	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OF	-							
	Date	Payee name							
	04/14/2025	Primo Bran	ds						
	Amount (\$)	Payee addre	ss; City; Stat	te; Zip Co	de				
	\$51.82	900 Long R	ridge Road, Building 2						
		Stamford, C	CT 06902						
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this s	schedule)	(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expense					de of Texas. Com	
						Drinking wate		officeholder living	expense
						Dilliking wate	,, ,,	of office	
	Complete ONLY if direct	Candidate/Offi	iceholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OF								
	Date	Payee name							
	05/19/2025	Primo Bran	ds						
	Amount (\$)	Payee addre	ss; City; Stat	te; Zip Co	de				
	\$57.22	900 Long R	Ridge Road, Building 2						
		Stamford, C	CT 06902						
	PURPOSE OF		ee Categories listed at the top of this s	schedule)	(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expense					de of Texas. Com officeholder living	
						Drinking wate			expense
						Difficulty water	,, ,(or office	
-	Complete ONLY if direct	Candidate/Offi	iceholder name	Office sou	abt			Office he	ald.
	expenditure to benefit C/O		consider name	Jinoc 30u	9.11			Since ne	
_									
1									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/30 Rpt: 34/42	Simmons, Lauren Ashley (The Honorable) 00088044
4	Date	5 Payee name
	06/18/2025	Primo Brands
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.38	900 Long Ridge Road, Building 2
		Stamford, CT 06902
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Drinking water for office
		Dimining Water 18. Since
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/15/2025	Ready Refresh
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$41.31	16420 N. Interstate 35
		Austin, TX 78728
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Drinking water for office
		Difficing water for office
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/19/2025	Ready Refresh
H	Amount (\$)	Payee address; City; State; Zip Code
	\$57.22	16420 N. Interstate 35
	Ψ31.22	10-20 W. Interstate 00
		Austin, TX 78728
	PURPOSE	I a c
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Drinking water for office
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ĺ		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Constitution Properties Mode Page 1

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

	Candidate/Officeholder/Politica			egal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a		sted above)
	Credit Card Payment		-	The Instruction G	uide explains	how to co	mple	te this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Con	nmission Filers)
	Sch: 26/30 Rpt: 35/42	9	Simmons, La	uren Ashley (The Honora	ble)				00088044		
4	Date	5 F	Payee name									
	02/02/2025		Strong Strate	egies, LLC								
6	Amount (\$)	7 F	Payee address	s; City;	State:	; Zip Co	de					
Ŭ	\$6,159.08	l	325 W. 18th		Otato,	, <u>Lip</u> 00	uo					
	70,200.00	`	0_00	-								
		Ι.	Houston TV	77000								
		├	Houston, TX									
8	PURPOSE OF			Categories listed at	the top of this sch	edule)	(b)	Description		df.T O	alata Cabadala	-
	EXPENDITURE	(Consulting E	xpense				=		de of Texas. Com officeholder living		1.
								Fundraising a				
										·		
9	Complete ONLY if direct	L Cá	andidate/Offic	eholder name		Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н					•					
	Date		Payee name									
	02/04/2025	l	Strong Strate	egies, LLC								
	Amount (\$)	-	Payee address		State:	; Zip Co	de					
	\$211.99		325 W. 18th		otato,	, 2ip 00	uc					
	ΨΖ11.99	`	323 W. 10th	Ji.								
		Ι.	Houston TV	77000								
		_	Houston, TX									
	PURPOSE OF			Categories listed at	the top of this sch	edule)	(b)	Description	outoi	de of Texas. Com	nloto Cohodulo	T
	EXPENDITURE	'	Consulting E	xpense				=		officeholder living		1.
								Fundraising a	and	compliance	services	
	Complete ONLY if direct	Cá	andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date	F	Payee name									
	03/05/2025		Strong Strate	egies, LLC								
	Amount (\$)		Payee address		State;	; Zip Co	de					
	\$68.91	3	325 W. 18th	St.		•						
		١,	Houston, TX	77008								
	PURPOSE						(h)	Description				
	OF		Consulting E	Categories listed at	the top of this sch	edule)	(5)		outsi	de of Texas. Com	plete Schedule	Т.
	EXPENDITURE	`	Consuming L	хрепос				Check if Austin,	, TX,	officeholder living	j expense	
								Fundraising a	and	compliance	services	
	Complete ONLY if direct		andidate/Offic	eholder name	-	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	H 										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guide			cte this form.		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	Ξ			[3	3	Filer ID	(Ethics Commission Filers)
	Sch: 27/30 Rpt: 36/42	Simmons, I	auren Ashley (The	e Honorable)				00088044	
4	Date	5 Payee name							
	02/21/2025	Texas Clim	ate Caucus						
6	Amount (\$) \$200.00	7 Payee addre P.O. Box 3 Austin, TX	01074	State; Zip Co	ode				
8	PURPOSE				(h)	Description			
•	OF EXPENDITURE	Fees Fees	ee Categories listed at the t	op of this schedule)	(5)	Check if travel ou Check if Austin, 1 Member dues	TX,		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ıght			Office he	eld
ſ	Date	Payee name							
	02/07/2025	Texas Hous	se LGBTQ+ Caucu	IS					
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$400.00	1100 Cong	ress Ave.						
		Austin, TX	78701						
	PURPOSE OF	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
	EXPENDITURE	Fees				Check if travel ou Check if Austin, 1 Member dues	TX,		plete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	<u>l</u> ught			Office he	eld
	Date	Payee name							
	01/10/2025	Walmart							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$397.08		White Blvd.	, ,					
		Austin, TX	78701						
	PURPOSE OF EXPENDITURE		ee Categories listed at the t head/Rental Exper		(b)	Description Check if travel ou Check if Austin, 1 Office supplies	TX,		plete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 28/30 Rpt: 37/42	2 FILER NAME Simmons, Lauren Ashley (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088044	
		, ,	
4	Date	5 Payee name	
	02/08/2025	Walmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$134.11	710 E. Ben White Blvd.	
	*		
		A	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Office supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	02/13/2025	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.52	710 E. Ben White Blvd.	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/02/2025	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.77	710 E. Ben White Blvd.	
	Ψ23.11	710 E. Dell Wille Bivu.	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 29/30 Rpt: 38/42	Simmons, Lauren Ashley (The Honorable) 00088044							
4	Date	5 Payee name							
	01/03/2025	Zoom							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$34.38	55 North Almaden Blvd, 6th Floor							
		San Jose, CA 95113							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Monthly subsciption							
		montally outbookpath.							
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
L									
	Date	Payee name							
	02/03/2025	Zoom							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$34.38	55 North Almaden Blvd, 6th Floor							
		San Jose, CA 95113							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Monthly subscription							
		montally outpostipation							
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	•							
⊨									
	Date	Payee name							
L	03/03/2025	Zoom							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$34.38	55 North Almaden Blvd, 6th Floor							
		San Jose, CA 95113							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
	LXI LINDITORL	Check if Austin, TX, officeholder living expense							
		Monthly subscription							
L	0 1								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
<u> </u>									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				ages	s/Contract Labor OTHER (enter a category not listed above)				
_	Tatalanana C.I. III Ti	<u> </u>	<u> </u>	5011	,,,,,		>			
1	Total pages Schedule F1: Sch: 30/30 Rpt: 39/42	2	FILER NAME Simmons, Lauren Ashley (The Honorable))		3 Filer ID (Ethics Commission File 00088044	ers)			
4	<u> </u>	<u></u>								
4	Date	5	Payee name							
L	04/03/2025	L	Zoom							
6	Amount (\$)	7	Payee address; City; State; Zi	ip Cod	le					
	\$34.38		55 North Almaden Blvd, 6th Floor							
			San Jose CA 05112							
		$ldsymbol{ld}}}}}}$	San Jose, CA 95113							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	e) ((b)	Description				
OF EXPENDITURE			Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.						
						Check if Austin, TX, officeholder living expense				
						Monthly subscription				
L		L								
9	Complete ONLY if direct		Candidate/Officeholder name Offic	e soug	ht	Office held				
	expenditure to benefit C/OI	Н								
H	Date	Π	Payee name							
	05/03/2025		Zoom							
_		\vdash								
	Amount (\$)		Payee address; City; State; Zi	ip Cod	le					
	\$34.38		55 North Almaden Blvd, 6th Floor							
			San Jose, CA 95113							
\vdash	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	0) ((b)	Description				
OF		`^		e)	/	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE			Office Overhead/Rental Expense			Check if dustin, TX, officeholder living expense				
						Monthly subscription				
	Complete ONLY if direct		Candidate/Officeholder name Offic	e sour	ht	Office held				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
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UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 40/42 Simmons, Lauren Ashley (The Honorable) 00088044 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 06/30/2025 **Grant Martin Campaigns** Amount (\$) Payee address; City; State; Zip Code \$378.08 2383 Bush St. San Francisco, CA 94115 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Emails, subscriptions and expenses 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/01/2025 **Grant Martin Campaigns** Amount (\$) Payee address; City; State; Zip Code \$8,568.21 2383 Bush St. San Francisco, CA 94115 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Voter contact and collateral materials Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 41/42 Simmons, Lauren Ashley (The Honorable) 00088044 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 01/01/2025 **Grant Martin Campaigns** Amount (\$) Payee address; City; State; Zip Code \$4,342.40 2383 Bush St. San Francisco, CA 94115 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Voter contact and collateral materials 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/01/2025 **Grant Martin Campaigns** Amount (\$) Payee address; City; State; Zip Code \$24,708.88 2383 Bush St. San Francisco, CA 94115 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting fees, advertising fees and commissions Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00088044 Sch: 3/3 Rpt: 42/42 Simmons, Lauren Ashley (The Honorable) TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 01/01/2025 **Grant Martin Campaigns** Amount (\$) Payee address; City; State; Zip Code \$22,354.44 2383 Bush St. San Francisco, CA 94115 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Win bonus 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH