

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12																	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Lindsey		OFFICE USE ONLY Date Received <i>December 6, 2024</i> <i>by Edna Ratts</i> Date Hand-delivered or Date Postmarked <i>Dec 6, 2024</i> Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____																	
	NICKNAME LAST SUFFIX Stringer																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE #390 1801 E 51st St, STE 365, Austin, TX 78723																			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 522-9562																			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Katherine																			
	NICKNAME LAST SUFFIX Hernberg																			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4332 Attra St; Austin, TX 78723																			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (541) 304-9250																			
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)									
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td>Month</td><td>Day</td><td>Year</td><td></td><td>Month</td><td>Day</td><td>Year</td> </tr> <tr> <td>10</td><td>27</td><td>2024</td><td>THROUGH</td><td>12</td><td>04</td><td>2024</td> </tr> </table>			Month	Day	Year		Month	Day	Year	10	27	2024	THROUGH	12	04	2024			
Month	Day	Year		Month	Day	Year														
10	27	2024	THROUGH	12	04	2024														
11 ELECTION	<table style="width:100%;"> <tr> <td colspan="3">ELECTION DATE</td> <td colspan="2">ELECTION TYPE</td> </tr> <tr> <td>Month</td><td>Day</td><td>Year</td> <td><input type="checkbox"/> Primary</td> <td><input checked="" type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td>12</td><td>14</td><td>2024</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			ELECTION DATE			ELECTION TYPE		Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	12	14	2024	<input type="checkbox"/> General	<input type="checkbox"/> Special	
ELECTION DATE			ELECTION TYPE																	
Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description															
12	14	2024	<input type="checkbox"/> General	<input type="checkbox"/> Special																
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Austin ISD At-Large Position 8																	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.																			
	<table style="width:100%;"> <tr> <td rowspan="4" style="width:20%;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS												
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	COMMITTEE ADDRESS																			
	COMMITTEE CAMPAIGN TREASURER NAME																			
	COMMITTEE CAMPAIGN TREASURER ADDRESS																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Lindsey Stringer		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11530.43
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10245.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2504.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Lindsey Stringer, and my date of birth is 10/06/1982.

My address is 3009 E 16th St, Austin, TX, 78702, USA.
(street) (city) (state) (zip code) (country)

Executed in Travis County, State of Texas, on the 6 day of December, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Lindsey Stringer	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,530.43
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,245.68
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Lindsey Stringer		3 Filer ID (Ethics Commission Filers)
4 Date 11/06/2024	5 Full name of contributor out-of-state PAC (ID# _____) Catherine Evans 6 Contributor address; City; State; Zip Code 1034 North Clinton Avenue, Dallas, TX 75208	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/06/2024	Full name of contributor out-of-state PAC (ID# _____) Barbara Brown Contributor address; City; State; Zip Code 101 Yucca Cove, Georgetown, TX 78663	Amount of contribution (\$) 1041.44
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2024	Full name of contributor out-of-state PAC (ID# _____) Amber Elenz Contributor address; City; State; Zip Code 1900 Elton Ln, Austin TX 78703	Amount of contribution (\$) 260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2024	Full name of contributor out-of-state PAC (ID# _____) Melissa Knippa Contributor address; City; State; Zip Code 12505 Red Mesa Hollow, Austin, TX 78739	Amount of contribution (\$) 1041.44
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Lindsey Stringer		3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jenny Klase 6 Contributor address; City; State; Zip Code 12006 Pleasant Panorama View, Austin, TX 78738	7 Amount of contribution (\$) 104.42
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Kathy Pressley Contributor address; City; State; Zip Code 4707 Sheffield Court, Parker, TX 75002	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Howard Morrison Contributor address; City; State; Zip Code 4300 Edgemont Dr, Austin, TX 78731	Amount of contribution (\$) 2603.12
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2024	Full name of contributor out-of-state PAC (ID#: _____) Fritz Fitzpatrick Contributor address; City; State; Zip Code 3902 Petes Path, Austin, TX 78731	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Lindsey Stringer		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jennifer Shang 6 Contributor address; City; State; Zip Code 2208 Real Catorce, Austin, TX 78746	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2024	Full name of contributor out-of-state PAC (ID#: _____) Mark Williams Contributor address; City; State; Zip Code 2801 Scenic Drive, Austin, TX 78703	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: _____) John Fitzpatrick Contributor address; City; State; Zip Code 1706 Nickerson Street, Austin, TX 78704	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2024	Full name of contributor out-of-state PAC (ID#: _____) Gary Valdez Contributor address; City; State; Zip Code 7126 Valburn Drive, Austin, TX 78731	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Lindsey Stringer		3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Sanford Gottesman 6 Contributor address; City; State; Zip Code 1608 West 5th Street, Austin, TX 78703	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/18/2024	Full name of contributor out-of-state PAC (ID#: _____) Leadership for Educational Equity Contributor address; City; State; Zip Code 25 Broadway, 12th Floor, New York, NY 10004	Amount of contribution (\$) 4000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Robert Stringer Contributor address; City; State; Zip Code 1916 David St, Austin, TX 78705	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Lindsey Stringer	3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2024	5 Payee name Path to Victory	
6 Amount (\$) 700.00	7 Payee address; City; State; Zip Code 136 S. Hancock St., Madison, WI 53703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Digital advertising
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Leadership for Educational Equity	
Amount (\$) 200.00	Payee address; City; State; Zip Code 25 Broadway, 12th Floor, New York, NY 10004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense	Description Campaign services
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Donorbox Platform	
Amount (\$) 8.00	Payee address; City; State; Zip Code Rebel Idealist, 1520 Belle View Blvd #4106, Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/fundraising expense	Description Donation processor fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Lindsey Stringer	3 Filer ID (Ethics Commission Filers)
4 Date 11/05/2024	5 Payee name Mailchimp	
6 Amount (\$) 13.86	7 Payee address; City; State; Zip Code 405 N Angier Ave, NE, Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Newsletter service
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Oddwood Ales	
Amount (\$) 78.58	Payee address; City; State; Zip Code 3108 Manor Rd, Austin, TX 78723	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/beverage expense	Description Food for watch night
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/14/2024	Payee name Squarespace	
Amount (\$) 26.65	Payee address; City; State; Zip Code 225 Varick Street, 12th Floor, New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Website
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Lindsey Stringer	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024	5 Payee name Canva	
6 Amount (\$) 52.00	7 Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street, Building 1, Suite 1300, Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description Pushcards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/20/2024	Payee name Canva	
Amount (\$) 52.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street, Building 1, Suite 1300, Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Pushcards
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/20/2024	Payee name La Voz Newspapers	
Amount (\$) 300.00	Payee address; City; State; Zip Code P.O. Box 19457, Austin, TX 78760	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Newspaper ad
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Lindsey Stringer	3 Filer ID (Ethics Commission Filers)
4 Date 11/29/2024	5 Payee name Leadership for Educational Equity	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 25 Broadway, 12th Floor, New York, NY 10004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense	(b) Description Campaign services
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/02/2024	Payee name Path to Victory	
Amount (\$) 8000.00	Payee address; City; State; Zip Code 136 S. Hancock St., Madison, WI 53703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Digital advertising
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/04/2024	Payee name Stripe	
Amount (\$) 307.59	Payee address; City; State; Zip Code 354 Oyster Point Boulevard, South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Donation processor fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Lindsey Stringer	3 Filer ID (Ethics Commission Filers)
4 Date 12/04/2024	5 Payee name Donorbox Platform	
6 Amount (\$) 8.00	7 Payee address; City; State; Zip Code Rebel Idealist, 1520 Belle View Blvd #4106, Alexandria, VA 22307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising expense	(b) Description Donation processor fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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