# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

				11
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	MS / MRS / MR	FIRST Lindsey	MI	OFFICE USE ONLY
NAME	NICKNAME	Stringer	SUFFIX	Oct. 3, 2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	#390 1801 E	E 51st St, STE 365,	CITY: STATE: ZIP CODE , Austin, TX 78723	Oct. 3, 2024 by Edra Butts
Change of Address				[
5 CANDIDATE/ OFFICEHOLDER PHONE	(512 )	522-9562	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Katherine	MI	Receipt # Amount S N/A  Date Processed
	NICKNAME	Hernberg	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	A	(NO PO BOX PLEASE); APT / St; Austin, TX; 7872		STATE: ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 541 )	304-9250	EXTENSION	
	(51, )	001 0200		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 8	Day Year 9 24	THROUGH 9	Day Year / 26 / 24
11 ELECTION	Month Day	Year Primary  24 General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	6	13 OFFICE SOUGHT (If known) Austin ISD Trustee	e At-Large Position 8
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M. S MAY HAVE BEEN MADE WITHOUT THE CAND	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	•	до то	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Lindsey Stringer				16 File	r ID (Ethics Cor	nmission Filers)
17 CONTRIBUTION TOTALS	1,	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		HAN	\$ 0.00	
	2.	TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	BUTIONS ANS, OR GUARANTEES OF LOAD	NS)	\$ 2392.63	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.		\$ 0.00	
	4.	TOTAL POLITICAL EXPEND	DITURES		\$ 1947.13	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE	LAST DAY	\$ 445.50	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS IG PERIOD	S OF THE	\$ 125.00	
The state of the s		ffirm, under penalty of perjury, ereported by me under Title 15,	that the accompanying report is Election Code.	true and co	orrect and inclu	des all information
			L			
			Signature of	Candidate	or Officeholde	r
		Please comp	olete either option bel	ow:		
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me	e by	this t	he	_ day of	
20, to certify	which, witr	ness my hand and seal of office.				
Signature of officer administe	ering oath	Printed name of of	ficer administering oath		Title of officer	administering oath
		9 10 3 3 1 3	OR	100		
(2) Unsworn Declarati	on					
My name is Lindsey String	ger		, and my date of birt	h is 10/06/	1982	
My address is 3009 E 16t			Austin		78702,	USA
		(street)	(city)	(state)	(zip code)	(country)
Executed in Travis		County, State of <u>Texas</u>	, on the day ofOo_ (m	tober onth)	, 20 <u>24</u> (year)	
			Signature of Ca	ndidate/Offic	ceholder (Decla	arant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER Lindse	ey Stringer	20 Filer ID (Ethics Cor	mmission Filers)	
	DULE SUBTOTALS FOF SCHEDULE		SUBTOTAL AMOUNT	
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
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 CON	TRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	

## 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			3 Filer ID (Ethics Commission Filers)
Lindsey S	ringer		on ones on mesones enterioristation was the
4 Date	5 Full name of contributor out-of-state PAC	(ID#:	7 Amount of contribution (\$)
	Ame Cook		21.13
9/23/24		The state of the s	21.10
	6 Contributor address; City;	State; Zip Code	
	200 Ghost Creek, Buda, TX 78610		
8 Principal occup		9 Employer (See Instruct	ions)
Dete	Full name of contributor out-of-state PAC	(ID#)	
Date		100	Amount of contribution (\$)
9/20/24	David Crabtree		200.00
	Contributor address; City;	State; Zip Code	
	202 Lochnell Drive, Houston TX 77062		
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Principal occup	anon 7 Job title (See mandenons)	Employer (See matruct	(3/13)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Liesl Groberg		
9/20/24	Contributor address; City;	***************************************	25.00
	,		
	34 Columbia Avenue, Takoma Park, MD 20912		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
		(15)	, unbuilt of containables. (c)
9/20/24	James Mosley		104.42
	Contributor address; City;	State; Zip Code	
	2909 E 16th St, Austin, TX 78702		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	1		
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instru		

### 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:
2 FILER NAME Lindsey S	tringer	3 Filer ID (Ethics Commission Filers)
4 Date 9/20/24	5 Full name of contributor out-of-state PAC (ID#:)  Eric Chin  6 Contributor address; City; State; Zip Code  5924 Lux Street, Austin, TX 78721	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)
Date 9/19/24	Full name of contributor out-of-state PAC (ID#:)  Ivan Nieves  Contributor address; City; State; Zip Code  3134 W Walton Street, Unit 3, Chicago, IL 60622	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 9/15/24	Full name of contributor  Out-of-state PAC (ID#:)  Barbara Brown  Contributor address;  City;  State;  Zip Code  101 Yucca Cove, Georgetown, TX 78633	Amount of contribution (\$) 208.54
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 9/15/24	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 (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)
	*	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## 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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
A STATE OF THE PARTY OF THE PAR		Control ve Assurance commence in invited.
Lindsey S	puniger	
4 Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
12000020	Brandon Best	3
9/14/24	Dialition Dest	100.00
	6 Contributor address; City; State; Zip Code	
	2121 1st St SW, Apt 746, Washington DC, DC 20024	
O Data de al com	(notice / leb title /Con Instructions)	
o Filitopal occo	pation / Job title (See Instructions)  9 Employer (See Instru	(uctions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	Jeremiah Anderson	1. 1.2. 1.4. 1.4. 1.4. 1.4. 1.4. 1.4. 1.
9/10/24	Jejenian Anderson	200.00
	Contributor address: City; State; Zip Code	
	Section (Additional Residual R	
	9775 Ashleigh PI, Highlands Ranch, CO 80126	
Principal occup	pation / Job title (See Instructions) Employer (See Instr	ructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	V - NO	Turiodit of Control (o)
9/10/24	Kim Miller	100.00
	Contributor address; City; State; Zip Code	
	NAME OF THE PROPERTY OF THE PR	
	24103 Audubon Trail Drive, Aldie, VA 20105	
COLUMN TO V		The second
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ructions)
		T
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	NO. PRINCIPLE OF STREET	
9/07/24	Jim Spigelmire	208.54
	Contributor address; City; State; Zip Code	111
	1,000 €   0,000 ± 0	
	1820 Flint Rock Loop, Driftwood, TX 78619	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	SNEEDED
	If contributor is out-of-state PAC, please see Instruction guide for addition	al reporting requirements.

### SCHEDULE A1

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

The	e Instruction Guide explains how to complete this form.	1 To	otal pages Schedule A1:
2 FILER NAME Lindsey S		3 Fi	ler ID (Ethics Commission Filers)
4 Date 8/22/24	Full name of contributor out-of-state PAC (ID#: Leadership for Educational Equity - Texas PAC      Contributor address; City; State     25 Broadway, 13th Floor, New York, NY 10004		mount of contribution (\$)
8 Principal occ	upation / Job title (See Instructions) 9 En	ployer (See Instructions)	
Date 9/24/24	Full name of contributor out-of-state PAC (ID#:	1	mount of contribution (\$)
Principal occu	pation / Job title (See Instructions) En	ployer (See Instructions)	I = TFN
Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State		mount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	ployer (See Instructions)	
Date	Full name of contributor out-of-state_PAC (ID#  Contributor address; City; State	, Zip Code	mount of contribution (\$)
Principal occu	pation / Job title (See Instructions) En	ployer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	
	If contributor is out-of-state PAC, please see Instruction of		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

# LOANS SCHEDULE E

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

ii tile requestet	a information is not applicable, <b>DO NO</b>	Timerade tins page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME Lindsey Stringer			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 8/15/24	7 Name of lender ☐ out-of-state if Lindsey Stringer	PAC (ID#:)	9 Loan Amount (\$) 25.00
6 Is lender a financial Institution?	8 Lender address; City:	State; Zip Code	10 Interest rate
☐ Y ■ N	3009 E 16th St, Austin, TX 78702		11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	,
<ul> <li>not applicable</li> </ul>			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#)	Loan Amount (\$)
9/23/24	Lindsey Stringer		100.00
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	3009 E 16th St, Austin, TX 78702		Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun	ds were deposited into political
■ none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	,
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI	

#### 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (order a settlement and lightly of the control of the control

Total pages Schedule F1: 4	2 FILER NAME Lindsey Stringer		3 Filer ID (Ethics	Commission Filers
Date 9/24/24	5 Payee name Shane Raynor			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
185.00	5603 Silver Fox Dr., Del Valle, TX 78617			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign shirts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9/24/24	Canva			
Amount (\$)	Payee address;	City;	State;	Zip Code
15.00	3212 E. Cesar Chavez Street, Building 1, Suite 1300	, Austin TX 78702		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Graphic design to	ool	
7	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH		Office sought		Office held
expenditure to benefit C/OH	f	Office sought		Office held
expenditure to benefit C/OF	Payee name	Office sought  City:	State;	Office held
expenditure to benefit C/OF  Date  9/23/24	Payee name Build A Sign	City:		
Date 9/23/24 Amount (\$)	Payee name Build A Sign Payee address;	City:		
Date 9/23/24 Amount (\$)	Payee name Build A Sign  Payee address; 11525A Stonehollow Dr, Suite 100, Austin, TX 78756	City:		
Date 9/23/24 Amount (\$) 1093.32 PURPOSE OF	Payee name Build A Sign  Payee address; 11525A Stonehollow Dr, Suite 100, Austin, TX 78756  Category (See Categories listed at the top of this schedule)	City: B Description Signs		Zip Code

## 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

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

Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Lindsey Stringer		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/24	5 Payee name Stripe		
6 Amount (\$) 14.95	7 Payee address; 354 Oyster Point Boulevard, South San Francisco, C	City; California, 94080	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	(b) Description  Donation processor	or fee
J.	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date 9/18/24	Payee name Stripe		
Amount (\$)	Payee address;	City;	State; Zip Code
14.95	354 Oyster Point Boulevard, South San Francisco, (	California, 94080	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Donation process	or fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/24/24	Stripe		
Amount (\$)	Payee address;	City;	State; Zip Code
13.05	354 Oyster Point Boulevard, South San Francisco,	California, 94080	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Donation process	or fee
	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 NEE	DED

## 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries №  The Instruction Guide explains how to e		er (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Lindsey Stringer	3 F	iler ID (Ethics Commission Filers)
<b>4</b> Date 9/25/24	5 Payee name Stripe		
6 Amount (\$) 10.88	7 Payee address; 354 Oyster Point Boulevard, South San Francisco, C	City; California, 94080	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	(b) Description  Donation processor fee	9
	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date 9/26/24	Payee name Stripe		
Amount (\$)	Payee address;	City;	State; Zip Code
4.95	354 Oyster Point Boulevard, South San Francisco, C	California, 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Accounting/Banking	Description  Donation processor fee	е
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, of	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/13/24	Payee name Squarespace, Inc		
Amount (\$) 38,38	Payee address; 225 Varick Street, 12th Floor, New York, NY 10014	City;	State; Zip Code
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, c	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	-

### 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

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

redit Card Payment	The Instruction Guide explains how to c	omplete this form.		
Total pages Schedule F1: 3	2 FILER NAME Lindsey Stringer		3 Filer ID (Ethics	Commission Filers
Date 9/13/24	5 Payee name Squarespace, Inc			
Amount (\$) 42.64	7 Payee address; 225 Varick Street, 12th Floor, New York, NY 10014	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Website		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name	-		
9/10/24	Leadership for Educational Equity			
Amount (\$)	Payee address;	City:	State;	Zip Code
500.00	25 Broadway, 13th Floor, New York, NY 10004			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign service	es	
	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	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held