

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: **14**

OFFICE USE ONLY

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs FIRST: Lindsey MI: E NICKNAME: _____ LAST: Sheguit SUFFIX: _____	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1915 Fair Field Drive, Grapevine, TX 76051	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____	Date Hand-delivered or Date Postmarked 4-24-24
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Taylor MI: _____ NICKNAME: _____ LAST: Davis SUFFIX: _____	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4206 Green Meadow St E, Colleyville, TX 76034	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 975-5948 EXTENSION: _____	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day Year 4 / 2 / 26 THROUGH 4 / 22 / 26	
11 ELECTION	ELECTION DATE: Month Day Year: 5 / 2 / 26 ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) Place 6, GCISD Trustee
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. COMMITTEE TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE NAME: _____ 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 Sheguit

16 Filer ID (Ethics Commission Filers)

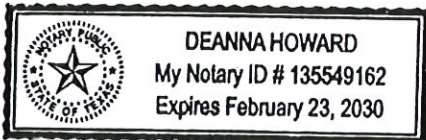
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 290.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,149.91
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,393.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,071.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Lindsey Sheguit
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Lindsey Sheguit this the 24 day of April, 2020, to certify which, witness my hand and seal of office.

Deanna Howard Deanna Howard Elections Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Lindsey Sheguit		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,195.87
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 954.04
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,393.76
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: **7**

2 FILER NAME

Lindsey Sheguit

3 Filer ID (Ethics Commission Filers)

4 Date

04/19/2026

5 Full name of contributor

Dawn Diaz

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

2084 Brookgate Dr, Grapevine, TX 76051

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/02/2026

Full name of contributor

Leah Dixon

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

3708 Cliffwood Drive, Colleyville, TX 76034

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2026

Full name of contributor

Jon Bullock

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

5808 Bettinger Ct. Colleyville, TX 76034

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/05/2026

Full name of contributor

Erika Stickney

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

5305 Cottonwood Ct, Colleyville, TX 76034

Amount of contribution (\$)

100.00

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

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: 7
2 FILER NAME Lindsey Sheguit		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Quinn 6 Contributor address; City; State; Zip Code 1813 Greenhaven Ln, Grapevine, TX 76051	7 Amount of contribution (\$) 105.75
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2026	Full name of contributor out-of-state PAC (ID#: _____) James Fitzgerald Contributor address; City; State; Zip Code 131 West Mill Valley Drive, Colleyville, TX 76034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2026	Full name of contributor out-of-state PAC (ID#: _____) Lisa Sturgeon Hewitt Contributor address; City; State; Zip Code 1308 Ashford, Court, Colleyville, TX 76034	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2026	Full name of contributor out-of-state PAC (ID#: _____) Carrie Mamantov Contributor address; City; State; Zip Code 120 Silkwood, Grapevine, TX 76051	Amount of contribution (\$) 20.00
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: **7**

2 FILER NAME

Lindsey Sheguit

3 Filer ID (Ethics Commission Filers)

4 Date

04/07/2026

5 Full name of contributor out-of-state PAC (ID#: _____)

Shauna Teames

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

4907 Carmel Ct, Colleyville, TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/08/2026

Full name of contributor out-of-state PAC (ID#: _____)

Vickie Walker

Amount of contribution (\$)

53.04

Contributor address; City; State; Zip Code

3204 Ladera Dr, Bedford, TX 76021

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/08/2026

Full name of contributor out-of-state PAC (ID#: _____)

Brian Patrick

Amount of contribution (\$)

105.75

Contributor address; City; State; Zip Code

3004 Starlight Ct, Euless, TX 76039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/2026

Full name of contributor out-of-state PAC (ID#: _____)

Stephanie Williams

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

5205 Braedon Lane, Colleyville, TX, 76034

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

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: 7
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2 FILER NAME Lindsey Sheguit	3 Filer ID (Ethics Commission Filers)
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4 Date 04/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Lara Trevino	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 3317 Briar Cove Grapevine, TX 76051	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 04/10/2026	Full name of contributor out-of-state PAC (ID#: _____) Victoria Butler	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 3543 Red Bird Lane, Grapevine, TX 76051	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/11/2026	Full name of contributor out-of-state PAC (ID#: _____) Jose Garcia	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 2902 Old Mill Run, Grapevine, TX 76051	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/13/2026	Full name of contributor out-of-state PAC (ID#: _____) Kelly Lyons	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 4312 Pembroke Pkwy N, Colleyville, TX 76034	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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: **7**

2 FILER NAME
Lindsey Sheguit 3 Filer ID (Ethics Commission Filers)

4 Date 04/13/2026	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> KELLY HOWZE	7 Amount of contribution (\$) 105.75
	6 Contributor address; <small>City; State; Zip Code</small> 517 Dunn Ct, Grapevine, TX 76051	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 04/16/2026	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Renee Blackburn	Amount of contribution (\$) 50.00
	Contributor address; <small>City; State; Zip Code</small> 106 Bremen Drive Hurst, TX 76054	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 04/16/2026	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Jim Rhea	Amount of contribution (\$) 300.00
	Contributor address; <small>City; State; Zip Code</small> 1801 Cheek Sparger, Colleyville, TX 76034	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 04/16/2026	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Kathy Welch	Amount of contribution (\$) 50.00
	Contributor address; <small>City; State; Zip Code</small> 3353 Pecan Hollow Ct, Grapevine, TX 76051	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Lindsey Sheguit	3 Filer ID (Ethics Commission Filers)
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4 Date 04/17/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Mario Perez	7 Amount of contribution (\$) 263.90
	6 Contributor address; City; State; Zip Code 2744 5th Avenue, Fort Worth, TX 76110	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 04/17/2026	Full name of contributor out-of-state PAC (ID#: _____) Matthew Foust	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 5601 Oak Top Dr, Colleyville, TX 76034	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/19/2026	Full name of contributor out-of-state PAC (ID#: _____) Carlson Sharpless	Amount of contribution (\$) 26.68
	Contributor address; City; State; Zip Code 8965 Vantage Point Dr apt 4309, Dallas, TX 75243	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/22/2026	Full name of contributor out-of-state PAC (ID#: _____) Melynda Wilcox	Amount of contribution (\$) 20.00
	Contributor address; City; State; Zip Code 403 Jackson Place, Alexandria, VA 22302	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7
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2 FILER NAME Lindsey Sheguit	3 Filer ID (Ethics Commission Filers)
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4 Date 04/22/2026	5 Full name of contributor out-of-state PAC (ID#: _____) William C Szendrey	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2228 Lakeridge Dr, Grapevine, TX 76051		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1
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2 FILER NAME Lindsey Sheguit	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$
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5 Date 04/10/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew White	8 Amount of Contribution \$ 954.04	9 In-kind contribution description Mailer
7 Contributor address; City; State; Zip Code 2146 Lakecrest Dr, Grapevine, TX 76039		Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Attorney	11 Employer (FOR NON-JUDICIAL)(See Instructions)
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12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL)(See Instructions)
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14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
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16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
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Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL)(See Instructions)
---	--

Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
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If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 | 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: 3	2 FILER NAME Lindsey Sheguit	3 Filer ID (Ethics Commission Filers)
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4 Date 04/17/2026	5 Payee name Patterson Signs
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6 Amount (\$) 814.04	7 Payee address; City; State; Zip Code 203 S Belt Line Rd, Irving, TX 75060 <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign signs
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/15/2026	Payee name NTX Apparel
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Amount (\$) 75.78	Payee address; City; State; Zip Code 315 Sage Ln, Euless, TX 76039 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign shirts
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/10/2026	Payee name Emblem Inc.
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Amount (\$) 2,500.00	Payee address; City; State; Zip Code 312 Rambling Ct, Euless, TX 76039 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 3	2 FILER NAME Lindsey Sheguit	3 Filer ID (Ethics Commission Filers)
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4 Date 04/15/2026	5 Payee name Print Place
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6 Amount (\$) 114.62	7 Payee address; City; State; Zip Code 1130 Ave H East Arlington, TX 76011 <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign push cards
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/10/2026	Payee name The Mail Room
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Amount (\$) 2,728.12	Payee address; City; State; Zip Code 729 Grapevine Hwy, Hurst, TX 76054 <small>Check if individual's residence address.</small>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign mailer
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/13/2026	Payee name Square Space (Website)
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Amount (\$) 38.38	Payee address; City; State; Zip Code 225 Varick Street 12th floor, New York, NY 10014 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Fee
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | 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: 3	2 FILER NAME Lindsey Sheguit	3 Filer ID (Ethics Commission Filers)
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4 Date 04/22/2026	5 Payee name Donorbox
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6 Amount (\$) 58.62	7 Payee address; City; State; Zip Code 1520 Belle Vielo Blvd, Alexandria, VA 22307 <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Merchant card service fees
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/22/2026	Payee name Stripe
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Amount (\$) 64.20	Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, TX 94080 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Merchant card service fees
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED