### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	Filer ID (Ethics Commission Filers) 00086588		2 Total pages filed: 5			
3	COMMITTEE NAME					OFFICE U	OFFICE USE ONLY	
	All In LISD Politica	I Action Committee			Date Received ELECTRONICALLY FILED 07/14/2024			
4		ADDRESS / PO BOX; APT / SUITE #; CI	Y;	STATE; ZI	P CODE			
	ADDRESS	PO Box 2017				Date Hand-delivered or D	Date Postmarked	
	Change of Address	801 S Highway 183						
		Leander, TX 78646				Receipt #	Amount	
						Date Processed		
						Date Imaged		
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST David	_			MI		
		NICKNAME LAST Barnes				SUFFIX		
6	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); 801 S. Highway 183 #2017		APT / SUITE #;	CITY;	STAT	E; ZIP CODE	
	(Residence or Business)	Leander, TX 78641						
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; PO Box 2017		APT / SUITE #	; CITY	; STA	TE; ZIP CODE	
	Change of Address	Leander, TX 78646						
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (727) 757-0211	EX1	ENSION				
9	REPORT TYPE	January 15 3	)th c	ay before election	Γ	Dissolution (Attach	PAC-DR)	
		X July 15	h da unof	y before election f		10th day after camp termination	paign treasurer	
10	PERIOD COVERED	Month Day Year 01/01/2024 T	HRC	Month DUGH	n Day 06/30/2024	Year 1		
11	ELECTION		Prima			Other		
Ĺ				PAGE 2				
FOI	rms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0							

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)			
All In LISD Political Action	0008658	38					
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2 Magauna	A. Supported					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	380.00			
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	1,560.00			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		1,500.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	380.20			
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,324.45			
CONTRIBUTION BALANCE							
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00			
16 AFFIDAVIT	I		•				
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.							
		David	Barnes				
		Signature of Car	npaign Trea	surer			
AFFIX NOTARY	STAMP / SEAL ABOVE						
Sworn to and subscribed	before me, by the said	, tł	nis the	day			
of	, 20, to certify v	which, witness my hand and seal of office.					
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of o	fficer administering oath			
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0			

## FORM GPAC COVER SHEET PG 3

3 of 5

17 COMMITT	(Ethics Commission Filers)						
All In LISI							
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT						
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	\$					
9.	SCHEDULE E: LOANS	\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	<b>\$</b> 2,324.45					
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$					
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

**SUBTOTALS - GPAC** 

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/5		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		olitical Action Committee			00086588	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	02/12/2024	Bercu, Stephani				\$200.00
		6 Contributor address; City; State; Zip Code				
		Leander, TX 78641				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Community I	Member				
	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/03/2024	Bercu, Stephani	)			\$300.00
	04/03/2024					φ000.00
		Contributor address; City; State; Zip Code				
		Leander, TX 78641				
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	Community I	Member				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/14/2024	Fahnert, Celeste				\$380.00
		Contributor address; City; State; Zip Code				
		Leander, TX 78641				
⊢	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions			
	Sales			)		
	Sales					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/14/2024	Gonzales-Dholakia Ph.D, Gloria				\$300.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78730				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Executive					
⊢						

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimb Fees Office Overhaed/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contrac The Instruction Guide explains how to complete this			t/Reimbursement //Rental Expense e //Contract Labor	Ise Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 5/5			Political Action Co	ommittee					00086588	. , , ,
4	Date	5	Payee name	2							
	01/03/2024			ducational Excelle	nce Found	lation					
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de				
	\$1,600.00		204 W. So								
	+_,		PO Box 21								
	Expenditure from			-							
	corporate funds		Leander, T	X 78646							
8	PURPOSE	(a)	Category (s	See Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			ns/Donations Mac				Check if travel	outsi	de of Texas. Com	nplete Schedule T.
	EXPENDITORE		Candidate/	Officeholder/Politi	cal Comm	ittee				officeholder living	
								Donation to L	EE	F for Gala t	able.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office sou	ght			Office he	eld
	Date		Payee name	2							
	02/26/2024		Wix.com								
				Citru	Ctata	710 00	ala				
	Amount (\$)		Payee addre		State;	Zip Co	ae				
	\$344.25		500 Terry /	A Francois Blvd							
	Expenditure from corporate funds		San Franci	sco, CA 94158							
	PURPOSE	(a)	Category (s	See Categories listed at the	top of this sche	edule)	(b)	Description			
			Advertising								nplete Schedule T.
EXPENDITURE			-	•				Check if Austin	, TX,	officeholder living	g expense
								Website Host	t		
	Complete ONLY if direct	(	Candidate/Of	ficeholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	Н				·	0				
-											