

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088697	2 Total pages filed: 11
3 COMMITTEE NAME The School Board Project		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2020 N California Ave Suite 7 Box 382 Chicago, IL 60647		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Annika	
	NICKNAME	LAST	SUFFIX
		Cole	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2020 N. California Ave. Suite 7 Box 382 Chicago, IL 60647		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2020 N. California Ave. Suite 7 Box 382 Chicago, IL 60647		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(610)	470-5258	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/25/2024 06/30/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME The School Board Project	13 Filer ID (Ethics Commission Filers) 00088697
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	170.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,290.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 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 under Title 15, Election Code.

Ms. Annika Cole

Signature of Campaign Treasurer

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 oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME The School Board Project		18 Filer ID (Ethics Commission Filers) 00088697
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 170.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,587.25
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/11
2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697
4 Date 05/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Connor	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Odessa, FL 33556		
8 Principal occupation / Job title (See Instructions) Partnerships Manager		9 Employer (See Instructions) Vote Early Day
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Connor	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Odessa, FL 33556		
Principal occupation / Job title (See Instructions) Partnerships Manager		Employer (See Instructions) Vote Early Day
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nitschke, Jay	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Berkeley, CA 94703		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nitschke, Jay	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Berkeley, CA 94703		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantilione, Bren	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Phoenix, AZ 85042		
Principal occupation / Job title (See Instructions) Field Director		Employer (See Instructions) ADLCC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/11
2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697
4 Date 06/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantilione, Bren <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85042	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Field Director		9 Employer (See Instructions) ADLCC
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spalding, Shaun <hr/> Contributor address; City; State; Zip Code San Diego, CA 92115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wikimedia Foundation
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Zoe <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CPO		Employer (See Instructions) Relentless
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Zoe <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CPO		Employer (See Instructions) Relentless
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Henry <hr/> Contributor address; City; State; Zip Code Madison, WI 53703	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Deputy Organizing Director		Employer (See Instructions) Democratic Party of Wisconsin

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/6 Rpt: 6/11		2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697	
4 Date 05/05/2024		5 Payee name ActBlue Techincal Services			
6 Amount (\$) 0.40 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip PO Box 382110 Cambridge, MA 02238			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Fees		(b) Description (See instructions regarding type of information required.) Credit Card Processing Fees	
Date 05/12/2024		Payee name ActBlue Techincal Services			
Amount (\$) 1.59 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip PO Box 382110 Cambridge, MA 02238			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Fees		(b) Description (See instructions regarding type of information required.) Credit Card Processing Fees	
Date 05/19/2024		Payee name ActBlue Techincal Services			
Amount (\$) 1.79 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip PO Box 382110 Cambridge, MA 02238			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Fees		(b) Description (See instructions regarding type of information required.) Credit Card Processing Fees	
Date 05/26/2024		Payee name ActBlue Techincal Services			
Amount (\$) 0.40 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip PO Box 382110 Cambridge, MA 02238			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Fees		(b) Description (See instructions regarding type of information required.) Credit Card Processing Fees	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/6 Rpt: 7/11	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 06/09/2024	5 Payee name ActBlue Techincal Services	
6 Amount (\$) 1.59 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 382110 Cambridge, MA 02238	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Credit Card Processing Fees
Date 06/16/2024	Payee name ActBlue Techincal Services	
Amount (\$) 0.60 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 382110 Cambridge, MA 02238	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Credit Card Processing Fees
Date 06/23/2024	Payee name ActBlue Techincal Services	
Amount (\$) 0.40 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 382110 Cambridge, MA 02238	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Credit Card Processing Fees
Date 04/26/2024	Payee name Amalgamated Bank	
Amount (\$) 12.84 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/6 Rpt: 8/11	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 05/24/2024	5 Payee name Amalgamated Bank	
6 Amount (\$) 12.21 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 06/28/2024	Payee name Amalgamated Bank	
Amount (\$) 12.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 05/01/2024	Payee name Intuit	
Amount (\$) 92.65 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94030	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Software
Date 06/03/2024	Payee name Intuit	
Amount (\$) 92.65 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94030	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Software

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/6 Rpt: 9/11	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 05/08/2024	5 Payee name Monday.com	
6 Amount (\$) 76.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 225 Park Ave S New York , NY 10003	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) General Admin Expense	(b) Description (See instructions regarding type of information required.) Software
Date 06/03/2024	Payee name Monday.com	
Amount (\$) 76.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 225 Park Ave S New York , NY 10003	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) General Admin Expense	(b) Description (See instructions regarding type of information required.) Software
Date 05/06/2024	Payee name NGP	
Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1445 New York Ave NW Ste 200 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) General Admin Expense	(b) Description (See instructions regarding type of information required.) Software
Date 06/12/2024	Payee name NGP	
Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1445 New York Ave NW Ste 200 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) General Admin Expense	(b) Description (See instructions regarding type of information required.) Software

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/6 Rpt:		2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697	
4 Date 05/14/2024		5 Payee name Sandler Reiff Lamb Rosenstein & Birkenstock			
6 Amount (\$) 520.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 1090 Vermont Ave NW Ste 250 Washington, DC 20005			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Legal Services		(b) Description (See instructions regarding type of information required.) Legal Services	
Date 05/03/2024		Payee name SquareSpace			
Amount (\$) 35.97 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 225 Varick St FL 12 New York , NY 10014			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) General Admin Expense		(b) Description (See instructions regarding type of information required.) Software	
Date 06/03/2024		Payee name SquareSpace			
Amount (\$) 35.97 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 225 Varick St FL 12 New York , NY 10014			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) General Admin Expense		(b) Description (See instructions regarding type of information required.) Software	
Date 05/20/2024		Payee name SquareSpace			
Amount (\$) 39.24 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 225 Varick St FL 12 New York , NY 10014			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) General Admin Expense		(b) Description (See instructions regarding type of information required.) Software	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/6 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 06/20/2024	5 Payee name SquareSpace	
6 Amount (\$) 39.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 225 Varick St FL 12 New York , NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) General Admin Expense	(b) Description (See instructions regarding type of information required.) Software
Date 05/02/2024	Payee name Zoom	
Amount (\$) 17.43 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Blvd San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) General Admin Expense	(b) Description (See instructions regarding type of information required.) Software
Date 06/03/2024	Payee name Zoom	
Amount (\$) 17.43 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 55 Almaden Blvd San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) General Admin Expense	(b) Description (See instructions regarding type of information required.) Software