GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

| Th | e GPAC Instruction | Guide explains how to complete this form. | 1 | Filer ID (Ethics Commission Filers) 00088697 | | 2 Total pages filed 11 | 1: |
|----|-------------------------|--|----------|--|---------------------|---|-----------------|
| 3 | COMMITTEE NAME | | | | | OFFICE US | SE ONLY |
| | The School Board | Project | | | | Date Received ELECTRONICAL 07/15/2024 | |
| 4 | COMMITTEE | ADDRESS / PO BOX; APT / SUITE #; C | TY; | STATE; ZI | P CODE | | |
| | ADDRESS | 2020 N California Ave | | | | Date Hand-delivered or D | ate Postmarked |
| | Change of Address | Suite 7 Box 382 | | | | | |
| | | Chicago, IL 60647 | | | | Receipt # | Amount |
| | | | | | | | |
| | | | | | | Date Processed | |
| | | | | | | Date Imaged | |
| | | | | | | | |
| 5 | CAMPAIGN | MS / MRS / MR FIRST | | | | MI | |
| | TREASURER NAME | Ms. Annika | | | | | |
| | | | | | | | |
| | | NICKNAME LAST | | | | SUFFIX | |
| | | Cole | | | | | |
| 6 | CAMPAIGN TREASURER | STREET ADDRESS (NO PO BOX PLEASE) 2020 N. California Ave. | ; | APT / SUITE #; | CITY; | STAT | E; ZIP CODE |
| | STREET ADDRESS | Suite 7 Box 382 | | | | | |
| | (Residence or Business) | Chicago, IL 60647 | | | | | |
| 7 | CAMPAIGN | STREET OR PO BOX; | | APT / SUITE # | ; CITY | ; STA | TE; ZIP CODE |
| | TREASURER MAILING | 2020 N. California Ave. | | | | - | , |
| | ADDRESS | Suite 7 Box 382 | | | | | |
| | Change of Address | Chicago, IL 60647 | | | | | |
| 8 | | AREA CODE PHONE NUMBER | FX | TENSION | | | |
| ľ | TREASURER | (610) 470-5258 | <u> </u> | | | | |
| | PHONE | | | | | | |
| 9 | REPORT TYPE | January 15 | 30th | day before election | | Dissolution (Attach | PAC-DR) |
| | | | Bth d | ay before election | | 10th day after camp | baign treasurer |
| | | X July 15 | Runo | ff | | termination | |
| | | | tunio | | | | |
| 10 | PERIOD COVERED | Month Day Year 04/25/2024 | THR | Month OUGH | n Day 06/30/2024 | Year 4 | |
| | | | | | | | |
| 11 | ELECTION | | | ELECTIO | | | |
| | | Month Day Year 11/05/2024 | Prim | | | Other | |
| | | | Gen | eral Specia | 1 | | |
| ⊢ | | | | | | | |
| | | | | | | | |
| | | | то | PAGE 2 | | | |
| Fo | rms provided by Te | xas Ethics Commission www.e | ethio | cs.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) |
|---|---|---|----------------|----------------------------|
| The School Board Proj | ect | | 00088697 | |
| 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. 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 | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 170.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL C OF THE REPORTING | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 3,290.81 |
| OUTSTANDING LOAN TOTALS | 1 | AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | | I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code. | | |
| | | | nika Cole | |
| | | Signature of Car | mpaign Treasu | rer |
| | STAMP / SEAL ABOVE | | | |
| | | , th | nis the | day |
| Signature of officer ac | lministering oath | Printed name of officer administering oath | Title of offic | cer administering oath |
| Forms provided by Texas E | Ethics Commission | www.ethics.state.tx.us | | Version V4.1.0.d378aba |

| SUBTOTALS - GPAC | C | FORM GPAC OVER SHEET PG 3 3 of 11 |
|--|-------------------------|---|
| 17 COMMITTEE NAME The School Board Project | 18 Filer ID 00088697 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | 1 | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 170.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | DR | \$ |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA | ATION OR | \$ |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | GANIZATION | \$ |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | 2 | \$ |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR | ORGANIZATION | \$ |
| 9. SCHEDULE E: LOANS | | \$ |
| 10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI | ONS | \$ |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI | ONS | \$ 1,587.25 |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | The Instru | ction Guide explains how to complete | e this fo | rm. | 1 | Total pages Schedule A1: Sch: 1/2 Rpt: 4/11 | |
|---|--------------------------|--|-----------|-------------------------------------|----------|--|---------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | The School Board Project | | | | | 00088697 | |
| 4 | Date | 5 Full name of contributor out-of-state PA | AC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 05/12/2024 | Duff, Connor | | | | | \$15.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Odessa, FL 33556 | | | | | |
| 8 | | ipation / Job title (See Instructions) | 9 | 9 Employer (See Instructions | 5) | | |
| | Partnerships | Manager | | Vote Early Day | | | |
| | Date | Full name of contributor out-of-state P/ | AC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/06/2024 | Duff, Connor | | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Odessa, FL 33556 | | | | | |
| | Principal occu | Ipation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Partnerships | Manager | | Vote Early Day | | | |
| | Date | Full name of contributor out-of-state PA | AC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/19/2024 | Nitschke, Jay | <u> </u> | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Berkeley, CA 94703 | | | | | |
| | Principal occu | Ipation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Not Employe | , | | Not Employed | | | |
| - | Date | Full name of contributor | AC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 06/16/2024 | Nitschke, Jay | AC (ID | / | | Allount of Contribution (+, | \$15.00 |
| | 00/10/202 | Contributor address; City; State; Zip Code | | | | | Ψ±0.00 |
| | | Continuator audress, City, State, Zip Code | | | | | |
| | | | | | | | |
| | | Berkeley, CA 94703 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Not Employe | | | Not Employed | , | | |
| | Date | | | | <u> </u> | Amount of Contribution (\$) | |
| | 05/26/2024 | Full name of contributor out-of-state P/ Pantilione, Bren | AC (ID# |) | | | \$10.00 |
| | 0012012024 | | | | | | Φ10.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Phoenix, AZ 85042 | | | | | |
| | Dringingl occu | | | Employer (See Instructions | <u> </u> | | |
| | Field Directo | ipation / Job title (See Instructions) | | Employer (See Instructions ADLCC | 5) | | |
| | | ·/f | | ADLCC | | | |
| | | | | | | | |
| | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | The Instruc | ction Guide explains how to complete this f | örm. | 1 | Total pages Schedule A1: Sch: 2/2 Rpt: 5/11 | |
|---|--|--|--|----------|--|---------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | The School I | Board Project | | | 00088697 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/23/2024 | Pantilione, Bren | | | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Phoenix, AZ 85042 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Field Directo | ır | ADLCC | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Ī | Amount of Contribution (\$) | |
| | 05/05/2024 | Spalding, Shaun | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | San Diego, CA 92115 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Attorney | | Wikimedia Foundation | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) | |
| | 05/12/2024 | Stein, Zoe | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code |] | | | |
| | | | | | | |
| | | Westington DC 20000 | | | | |
| | Drizoinal agou | Washington, DC 20009 | | -> | | |
| | CPO | pation / Job title (See Instructions) | Employer (See Instructions Relentless | 5) | | |
| ╘ | | | | <u> </u> | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢25.00 |
| | 06/09/2024 | Stein, Zoe | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Washington, DC 20009 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | CPO | | Relentless | ., | | |
| ╞ | | Full name of contributor out-of-state PAC (ID#: | | Г | Amount of Contribution (\$) | |
| | Date Full name of contributor out-of-state PAC (ID#:) 05/19/2024 Walton, Henry | |) | | | \$30.00 |
| | 00/10/2024 | Contributor address; City; State; Zip Code | | | | 400.00 |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Madison, WI 53703 | | | | |
| ⊢ | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | | anizing Director | Democratic Party of Wis | | nsin | |
| ⊢ | | | | | | |
| | | | | | | |

SCHEDULE |

| Total pages Schedule I: Sch: 1/6 Rpt: 6/11 | 2 FILER NAME The School Board Project | 3 Filer ID (Ethics Commission Filers) 00088697 |
|--|---|---|
| Date 05/05/2024 | 5 Payee name ActBlue Techincal Services | |
| Amount (\$) 0.40 Expenditure from corporate funds | 7 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 05/12/2024 | Payee name ActBlue Techincal Services | |
| Amount (\$) 1.59 | Payee Address; City; State; Zip PO Box 382110 | |
| Expenditure from corporate funds | 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 | Payee Address; City; State; Zip PO Box 382110 | |
| Expenditure from corporate funds | 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 | Payee name | |
| 05/26/2024 | ActBlue Techincal Services | |
| Amount (\$) 0.40 | Payee Address; City; State; Zip PO Box 382110 | |
| Expenditure from corporate funds | 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 |

SCHEDULE |

| Date 5 Payee name 06/09/2024 ActBlue Technical Services Amount (\$) 7 Payee Address; City; State; Zip 1.59 PO Box 382110 Expenditure from corporate tunds Cambridge, MA 02238 PURPOSE OF EXPENDITURE (a) Category (see instructions for examples of acceptable categories) (b) Description (see instructions regarding type of information Credit Card Processing Fees Date Payee name ActBlue Technical Services Amount (\$) Payee Address; City; State; Zip Credit Card Processing Fees 0.60 PO Box 382110 Cambridge, MA 02238 PURPOSE OF EXPENDITURE (a) Category (see instructions for examples of acceptable categories) (b) Description (see instructions regarding type of information Credit Card Processing Fees PURPOSE OF EXPENDITURE (a) Category (see instructions for examples of acceptable categories) (b) Description (see instructions regarding type of information Credit Card Processing Fees Date Payee name ActBlue Technical Services ActBlue Technical Services Amount (\$) Payee Address; City; State; Zip (b) Description (see instructions regarding type of information Credit Card Processing Fees Date O_400 PO Box 382110 (b) Description (see instructions regarding type of infor | Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers |
|--|-------------------------|---------------------------------|--|
| 06/09/2024 ActBlue Technical Services Amount (\$) 7 Payee Address; City; State; Zip 1.59 PO Box 382110 Cambridge, MA 02233 PURPOSE Expenditure from OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name ActBlue Technical Services Credit Card Processing Fees Amount (\$) Payee Address; City; State; Zip Credit Card Processing Fees 0.60 PO Box 382110 Cambridge, MA 02233 PURPOSE Expenditure from Corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name Carbridge, MA 02233 (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name ActBlue Technical Services Credit Card Processing Fees Amount (\$) Payee name Cambridge, MA 02238 PURPOSE Expenditure from Corporate funds Cambridge, MA 02238 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description Date Payee name Carbridge, MA 02238 (b) Description (See instructores regarding t | Sch: 2/6 Rpt: 7/11 | The School Board Project | 00088697 |
| Amount (\$) 7 Payee Address; City; State; Zip 1.59 PO Box 382110 Expenditure from corporate funds Cambridge, MA 02238 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name ActBlue Techincal Services City; State; Zip Credit Card Processing Fees Amount (\$) Payee Address; City; State; Zip Credit Card Processing Fees Ocfo PO Box 382110 Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name ActBlue Techincal Services City; State; Zip Credit Card Processing Fees 0.40 Payee Address; City; State; Zip Credit Card Processing Fees Credit Card Processing Fees PuRPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructors regarding type of information Credit Card Processing Fees | | · · | |
| 1.59 PO Box 382110 Cambridge, MA 02238 Cambridge, MA 02238 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date 06/16/2024 Payee name ActBlue Technical Services City: State; Zip PO Box 382110 Amount (\$) Payee Address; 0.60 City: State; Zip PO Box 382110 PuRPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees PURPOSE of Expenditure from 10 corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date 06/23/2024 Payee name ActBlue Technical Services (b) Description (See instructions regarding type of information Credit Card Processing Fees Purpose op Expenditure from 10 corporate funds Payee Address; City; State; Zip PO Box 382110 City State; Zip PO Box 382110 Date 0.40 Payee name (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date 0.426/2024 Payee name Actalgamated Bank (b) Description (See instructions regarding type of information Credit Card Processing Fees Date 0.426/2024 Payee Address; Fees City; State; Zip < | 06/09/2024 | ActBlue Techincal Services | |
| 1.39 Cambridge, MA 02238 PURPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) OF Expenditure from Credit Card Processing Fees Date Payee name 06/16/2024 ActBlue Techincal Services Amount (\$) Payee Address; City; State; Zip 0.60 PO Box 382110 Cambridge, MA 02238 (b) Description PURPOSE of Expenditure from corporate funds (a) Category (See instructions for examples of acceptable categories) PURPOSE of Expenditure from corporate funds (a) Category (See instructions for examples of acceptable categories) Date Payee name 06/23/2024 ActBlue Techincal Services Amount (\$) Payee Address; City; State; Zip 0.40 PO Box 382110 Corporate funds Cambridge, MA 02238 PURPOSE of Expenditure from corporate funds (a) Category (See instructions for examples of acceptable categories) 0.40 PO Box 382110 Cambridge, MA 02238 City; State; Zip PURPOSE of Expenditure from corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description 0.40 PO Box 382110 City; State; Zip (b) Description | Amount (\$) | | |
| corporate funds Cambridge, MA 02238 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name ActBlue Techincal Services Amount (\$) Payee Address; City; State; Zip PO Box 382110 Cambridge, MA 02238 purpose Expenditure from Corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees purpose Expenditure from Corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date 06/23/2024 Payee name ActBlue Techincal Services (b) Description (See instructions regarding type of information Credit Card Processing Fees PURPOSE OF Expenditure from Corporate funds Payee Address; City; State; Zip PO Box 382110 (b) Description (See instructions regarding type of information Credit Card Processing Fees putpeose OF Expenditure from Corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date OF Expenditure from Carabridge, MA 02238 (a) Category (See instructions for examples of acceptable categories) (b) Description (Credit Ca | 1.59 | PO Box 382110 | |
| PURPOSE OF EXPENDITURE (a) Category (see instructions for examples of acceptable categories) Fees (b) Description Credit Card Processing Fees Date 06/16/2024 Payee name ActBlue Technical Services (b) Description Credit Card Processing Fees Amount (\$) Payee Address; 0.60 City; State; Zip PO Box 382110 (b) Description Credit Card Processing Fees PurPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information Credit Card Processing Fees Date 06/23/2024 Payee name ActBlue Technical Services (b) Description (See instructions regarding type of information Credit Card Processing Fees Date 06/23/2024 Payee name ActBlue Technical Services (b) Description (See instructions regarding type of information Credit Card Processing Fees Date 06/23/2024 Payee Address; 0.40 City; State; Zip PO Box 382110 (See instructions regarding type of information Credit Card Processing Fees PURPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) 0.10 (b) Description (See instructions regarding type of information Credit Card Processing Fees Date 0/26/2024 Payee name Armalgamated Bank Amount (\$) Payee name Amalgamated Bank (b) Description Credit Card Processing Fees | | Cambridge MA 02238 | |
| OF Fees Credit Card Processing Fees Date Payee name Od/16/2024 ActBlue Techincal Services ActBlue Techincal Services Amount (\$) Payee Address; City; State; Zip 0.60 PO Box 382110 Expenditure from Cambridge, MA 02238 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name Od/23/2024 ActBlue Technical Services Amount (\$) Payee Address; City; State; Zip 0.40 PO Box 382110 Cambridge, MA 02238 PURPOSE Payee Address; City; State; Zip 0.40 PO Box 382110 Cambridge, MA 02238 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees PURPOSE Fees Cambridge, MA 02238 (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name (A/26/2024 Amalgamated Bank (b) Description (See instructions regarding type of information Credit Car | | - | Description (See instructions regarding type of information required |
| Date Payee name 06/16/2024 ActBlue Techincal Services Amount (\$) Payee Address; City; State; Zip 0.60 PO Box 382110 Expenditure from corporate funds Cambridge, MA 02238 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Fees (b) Description Date Payee name 06/23/2024 ActBlue Techincal Services Amount (\$) Payee Address; City; State; Zip 0.40 PO Box 382110 Expenditure from corporate funds Cambridge, MA 02238 PURPOSE OF EXPENDITURE Payee name 0.40 PO Box 382110 Expenditure from corporate funds Cambridge, MA 02238 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Fees PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Fees Date Of EXPENDITURE Payee name Odd Payee name Odd Payee name Odd Payee name Of 26/2024 Amalgamated Bank Amount (\$) Payee Address; City; State; Zip 1295 K St NW Payee Address; City; State; Zip | OF | | |
| 06/16/2024 ActBlue Techincal Services Amount (\$) Payee Address; O.60 City; State; Zip PO Box 382110 Lexpenditure from corporate funds Cambridge, MA 02238 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name 0.400 Payee name PO Box 382110 Expenditure from corporate funds Cambridge, MA 02238 Purpose EXPENDITURE Payee Address; O.400 City; State; Zip PO Box 382110 Purpose OF EXPENDITURE Cambridge, MA 02238 Purpose OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Purpose OF EXPENDITURE Cambridge, MA 02238 (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Of EXPENDITURE Payee name Ad/26/2024 (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Od/26/2024 Payee name Amount (\$) Payee Address; Payee Address; Othy: State; Zip | EXPENDITURE | | - |
| 06/16/2024 ActBlue Techincal Services Amount (\$) Payee Address; O.60 City; State; Zip PO Box 382110 Expenditure from corporate funds Cambridge, MA 02238 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name 0.400 Payee name ActBlue Techincal Services PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee Address; 0.40 City; State; Zip PO Box 382110 (b) Description (See instructions regarding type of information Cambridge, MA 02238 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name (ActBlue Techincal Services) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name (Actegory (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name (Armalgamated Bank (Techit Card Processing Fees Mount (\$) Payee Address; Payee Address; (Ty; State; Zip <td></td> <td></td> <td></td> | | | |
| Amount (\$) Payee Address; City; State; Zip 0.60 PO Box 382110 PO Box 382110 Cambridge, MA 02238 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name ActBlue Techincal Services City; State; Zip Cambridge, MA 02238 Amount (\$) Payee Address; City; State; Zip O.40 PO Box 382110 Lexpenditure from Cambridge, MA 02238 PO Box 382110 See instructions regarding type of information Credit Card Processing Fees PURPOSE Po Box 382110 Po Box 382110 See instructions for examples of acceptable categories) purprose (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card Processing Fees Date Payee name Amalgamated Bank Amount (\$) Payee Address; City; State; Zip 1926 K St NW Payee Address; City; State; Zip State; Zip | Date | Payee name | |
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| 1825 K St NW | 04/26/2024 | Amalgamated Bank | |
| 1825 K St NW | Amount (\$) | Payee Address; City; State; Zip | |
| 12.84 1025 K St NW | 12.84 | 1825 K St NW | |
| - Expenditure from | Expenditure from | | |
| corporate funds Washington, DC 20006 | corporate funds | | |
| | | | |
| EXPENDITURE Accounting/Banking Bank Fee | | | Dalik Fee |
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SCHEDULE I

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

SCHEDULE I

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

| | The Instruction Guide explains how to | · |
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| Total pages Schedule I: Sch: 5/6 Rpt: | 2 FILER NAME The School Board Project | 3 Filer ID (Ethics Commission Filers 00088697 |
| Date 05/14/2024 | 5 Payee name Sandler Reiff Lamb Rosenstein & Birkenstock | |
| Amount (\$) 520.00 Expenditure from corporate funds | 7 Payee Address; City; State; Zip 1090 Vermont Ave NW Ste 250 Washington, DC 20005 | |
| 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 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 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 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 |

SCHEDULE I

| | The Instruction Guide explains how to co | | |
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| Total pages Schedule I: Sch: 6/6 Rpt: | 2 FILER NAME The School Board Project | | 3 Filer ID (Ethics Commission File 00088697 |
| Date 06/20/2024 | 5 Payee name SquareSpace | | |
| Amount (\$) 39.24 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) (b) General Admin Expense |) Description Software | (See instructions regarding type of information require |
| Date 05/02/2024 | Payee name Zoom | | |
| Amount (\$) 17.43 Expenditure from | Payee Address; City; State; Zip 55 Almaden Blvd | | |
| PURPOSE OF EXPENDITURE | San Jose, CA 95113 (a) Category (See instructions for examples of acceptable categories) (b) General Admin Expense |) Description Software | (See instructions regarding type of information require |
| Date 06/03/2024 | Payee name Zoom | | |
| Amount (\$) 17.43 Expenditure from | Payee Address; City; State; Zip 55 Almaden Blvd | | |
| corporate funds | San Jose, CA 95113 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) (b) General Admin Expense | Description Software | (See instructions regarding type of information require |
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