

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: 32
3 COMMITTEE NAME The School Board Project		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/14/2025	
4 COMMITTEE ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1110 N Virgil Ave #375 Los Angeles, CA 90029		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Annika		
	NICKNAME LAST SUFFIX Cole		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1110 N Virgil Ave #375 Los Angeles, CA 90029		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1110 N Virgil Ave #375 Los Angeles, CA 90029		
7 CAMPAIGN TREASURER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1110 N Virgil Ave #375 Los Angeles, CA 90029		
	AREA CODE PHONE NUMBER EXTENSION (610) 470-5258		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input 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 07/01/2024 01/14/2025		
	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

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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
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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) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 41,310.00
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	\$ 39,806.36
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	\$ 41,310.00
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	\$ 4,794.45
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: 1/8 Rpt: 4/32
2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Connor <hr/> 6 Contributor address; City; State; Zip Code Odessa, FL 33556	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Partnerships manager		9 Employer (See Instructions) Vote early day
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Connor <hr/> Contributor address; City; State; Zip Code Odessa, FL 33556	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Partnerships manager		Employer (See Instructions) Vote early day
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Connor <hr/> Contributor address; City; State; Zip Code Odessa, FL 33556	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Partnerships manager		Employer (See Instructions) Vote early day
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Connor <hr/> Contributor address; City; State; Zip Code Odessa, FL 33556	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Partnerships manager		Employer (See Instructions) Vote early day
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Connor <hr/> Contributor address; City; State; Zip Code Odessa, FL 33556	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Partnerships manager		Employer (See Instructions) Vote early day

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/32
2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697
4 Date 12/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Connor 6 Contributor address; City; State; Zip Code Odessa, FL 33556	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Partnerships manager		9 Employer (See Instructions) Vote early day
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duff, Connor Contributor address; City; State; Zip Code Odessa, FL 33556	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Partnerships manager		Employer (See Instructions) Vote early day
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Deborah Contributor address; City; State; Zip Code Berkeley, CA 94703	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hennessey, Judy Contributor address; City; State; Zip Code Kensington, CA 94707	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudzik, Deborah Contributor address; City; State; Zip Code STARLIGHT, PA 18461	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/32
2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697
4 Date 07/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huntington, Andy	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Oakland, CA 94618-1850		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Regents of the University of California
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Frank	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Clemmons, NC 27012		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2024	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 08/18/2024	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 09/15/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/32
2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nitschke, Jay <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94703	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nitschke, Jay <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94703	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nitschke, Jay <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94703	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Sarah <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$15,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantilione, Bren <hr/> Contributor address; City; State; Zip Code PHOENIX, AZ 85042	Amount of Contribution (\$) \$10.00
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: 5/8 Rpt: 8/32
2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantilione, Bren	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code PHOENIX, AZ 85042		
8 Principal occupation / Job title (See Instructions) Field Director		9 Employer (See Instructions) ADLCC
Date 09/22/2024	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
Date 10/20/2024	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
Date 11/24/2024	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
Date 12/22/2024	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: 6/8 Rpt: 9/32
2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Isabel <hr/> 6 Contributor address; City; State; Zip Code Charlotte, NC 28206	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) State of North Carolina
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Isabel <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28206	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) State of North Carolina
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Isabel <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28206	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) State of North Carolina
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Isabel <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28206	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) State of North Carolina
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Sarah <hr/> Contributor address; City; State; Zip Code St Louis, MO 63116	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) Real Estate Project Manager		Employer (See Instructions) Dutchtown South Community Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/32
2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schreiber, Lizett <hr/> 6 Contributor address; City; State; Zip Code Lewis Center, OH 43035	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Supreme Court of Ohio
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanger, Howie <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90004	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Pocketbook Strategies
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Claudia <hr/> Contributor address; City; State; Zip Code Gainesville, GA 30506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	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 08/11/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/32
2 FILER NAME The School Board Project		3 Filer ID (Ethics Commission Filers) 00088697
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) stein, zoe <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20009	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) CPO		9 Employer (See Instructions) Relentless
Date 10/13/2024	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 11/10/2024	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 12/08/2024	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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 12/29/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) 0.79	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 12/22/2024	Payee name ActBlue Technical Services	
Amount (\$) 0.40	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 12/15/2024	Payee name ActBlue Technical Services	
Amount (\$) 0.60	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 12/08/2024	Payee name ActBlue Technical Services	
Amount (\$) 1.59	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: 2/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 12/01/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) 1.98	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 11/30/2024	Payee name ActBlue Technical Services	
Amount (\$) 0.79	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 11/24/2024	Payee name ActBlue Technical Services	
Amount (\$) 0.40	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 11/17/2024	Payee name ActBlue Technical Services	
Amount (\$) 4.55	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: 3/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 11/10/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) 1.59	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 10/27/2024	Payee name ActBlue Technical Services	
Amount (\$) 7.71	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 10/20/2024	Payee name ActBlue Technical Services	
Amount (\$) 0.40	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 10/16/2024	Payee name ActBlue Technical Services	
Amount (\$) 0.60	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: 4/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 10/13/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) 0.99	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 10/06/2024	Payee name ActBlue Technical Services	
Amount (\$) 0.60	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 09/29/2024	Payee name ActBlue Technical Services	
Amount (\$) 0.79	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 09/22/2024	Payee name ActBlue Technical Services	
Amount (\$) 0.40	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: 5/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 09/15/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) 10.48	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 09/08/2024	Payee name ActBlue Technical Services	
Amount (\$) 1.59	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 08/25/2024	Payee name ActBlue Technical Services	
Amount (\$) 0.40	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 08/18/2024	Payee name ActBlue Technical Services	
Amount (\$) 6.53	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: 6/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 08/11/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) 1.59	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 07/21/2024	Payee name ActBlue Technical Services	
Amount (\$) 4.95	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 07/07/2024	Payee name ActBlue Technical Services	
Amount (\$) 1.59	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 01/12/2025	Payee name ActBlue Technical Services	
Amount (\$) 0.60	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: 7/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 12/30/2024	5 Payee name Amalgamated Bank	
6 Amount (\$) 14.46	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) Fees	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 12/30/2024	Payee name Amalgamated Bank	
Amount (\$) 12.00	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 11/27/2024	Payee name Amalgamated Bank	
Amount (\$) 14.21	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 11/27/2024	Payee name Amalgamated Bank	
Amount (\$) 12.00	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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: 8/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 10/29/2024	5 Payee name Amalgamated Bank	
6 Amount (\$) 12.00	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) Fees	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 09/26/2024	Payee name Amalgamated Bank	
Amount (\$) 12.25	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 08/29/2024	Payee name Amalgamated Bank	
Amount (\$) 12.00	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Fee
Date 07/26/2024	Payee name Amalgamated Bank	
Amount (\$) 13.89	Payee Address; City; State; Zip 1825 K St NW Washington, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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: 9/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 12/20/2024	5 Payee name Calendly	
6 Amount (\$) 33.49	7 Payee Address; City; State; Zip 271 17th St NW FI 10 Atlanta, GA 30363	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 12/20/2024	Payee name Calendly	
Amount (\$) 12.56	Payee Address; City; State; Zip 271 17th St NW FI 10 Atlanta, GA 30363	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 12/19/2024	Payee name Calendly	
Amount (\$) 39.24	Payee Address; City; State; Zip 271 17th St NW FI 10 Atlanta, GA 30363	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 10/17/2024	Payee name EveryAction, Inc.	
Amount (\$) 250.00	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) Office Overhead/Rental 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: 10/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 10/17/2024	5 Payee name EveryAction, Inc.	
6 Amount (\$) 250.00	7 Payee Address; City; State; Zip 1445 New York Ave NW Ste 200 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 10/07/2024	Payee name EveryAction, Inc.	
Amount (\$) 250.00	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) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 07/05/2024	Payee name EveryAction, Inc.	
Amount (\$) 250.00	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) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 12/02/2024	Payee name Intuit	
Amount (\$) 107.91	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental 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: 11/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 11/04/2024	5 Payee name Intuit	
6 Amount (\$) 107.91	7 Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 10/02/2024	Payee name Intuit	
Amount (\$) 107.91	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 09/03/2024	Payee name Intuit	
Amount (\$) 107.91	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 08/01/2024	Payee name Intuit	
Amount (\$) 92.65	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental 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: 12/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 07/01/2024	5 Payee name Intuit	
6 Amount (\$) 92.65	7 Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 01/02/2025	Payee name Intuit	
Amount (\$) 107.91	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 11/25/2024	Payee name Left Ledger	
Amount (\$) 450.00	Payee Address; City; State; Zip 1110 N Virgil Ave #375 Los Angeles, CA 90029	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Compliance Services
Date 08/15/2024	Payee name Left Ledger	
Amount (\$) 637.50	Payee Address; City; State; Zip 1110 N Virgil Ave #375 Los Angeles, CA 90029	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Compliance Services

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 13/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 12/09/2024	5 Payee name Monday.com	
6 Amount (\$) 76.30	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) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 11/07/2024	Payee name Monday.com	
Amount (\$) 76.30	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) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 10/08/2024	Payee name Monday.com	
Amount (\$) 76.30	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) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 09/09/2024	Payee name Monday.com	
Amount (\$) 76.30	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) Office Overhead/Rental 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: 14/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 08/08/2024	5 Payee name Monday.com	
6 Amount (\$) 76.30	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) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 07/08/2024	Payee name Monday.com	
Amount (\$) 76.30	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) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 01/08/2025	Payee name Monday.com	
Amount (\$) 77.70	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) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 12/10/2024	Payee name Sandler Reiff Lamb Rosenstein & Birkenstock	
Amount (\$) 195.00	Payee Address; City; State; Zip 1090 Vermont Ave 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 15/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 12/20/2024	5 Payee name SquareSpace	
6 Amount (\$) 39.24	7 Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 12/03/2024	Payee name SquareSpace	
Amount (\$) 35.97	Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 11/20/2024	Payee name SquareSpace	
Amount (\$) 39.24	Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 11/04/2024	Payee name SquareSpace	
Amount (\$) 35.97	Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental 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: 16/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 10/21/2024	5 Payee name SquareSpace	
6 Amount (\$) 39.24	7 Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 10/03/2024	Payee name SquareSpace	
Amount (\$) 35.97	Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 09/20/2024	Payee name SquareSpace	
Amount (\$) 39.24	Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 09/03/2024	Payee name SquareSpace	
Amount (\$) 35.97	Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental 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: 17/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 08/20/2024	5 Payee name SquareSpace	
6 Amount (\$) 39.24	7 Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 08/05/2024	Payee name SquareSpace	
Amount (\$) 35.97	Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 07/22/2024	Payee name SquareSpace	
Amount (\$) 39.24	Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 07/05/2024	Payee name SquareSpace	
Amount (\$) 20.00	Payee Address; City; State; Zip 225 Varick St FI 12 New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental 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: 18/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 07/03/2024	5 Payee name SquareSpace	
6 Amount (\$) 35.97	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) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 01/03/2025	Payee name SquareSpace	
Amount (\$) 33.00	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) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 07/25/2024	Payee name USPS	
Amount (\$) 165.00	Payee Address; City; State; Zip 1825 Vermont Ave Los Angeles, CA 90027	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) PO Box
Date 07/05/2024	Payee name USPS	
Amount (\$) 220.00	Payee Address; City; State; Zip 1825 Vermont Ave Los Angeles, CA 90027	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) PO Box

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 19/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 12/02/2024	5 Payee name Zoom	
6 Amount (\$) 17.43	7 Payee Address; City; State; Zip 55 Almaden Blvd San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 11/04/2024	Payee name Zoom	
Amount (\$) 17.43	Payee Address; City; State; Zip 55 Almaden Blvd San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 10/02/2024	Payee name Zoom	
Amount (\$) 17.43	Payee Address; City; State; Zip 55 Almaden Blvd San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 09/03/2024	Payee name Zoom	
Amount (\$) 17.43	Payee Address; City; State; Zip 55 Almaden Blvd San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental 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: 20/20 Rpt:	2 FILER NAME The School Board Project	3 Filer ID (Ethics Commission Filers) 00088697
4 Date 08/02/2024	5 Payee name Zoom	
6 Amount (\$) 17.43	7 Payee Address; City; State; Zip 55 Almaden Blvd San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 07/02/2024	Payee name Zoom	
Amount (\$) 17.43	Payee Address; City; State; Zip 55 Almaden Blvd San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 01/02/2025	Payee name Zoom	
Amount (\$) 17.75	Payee Address; City; State; Zip 55 Almaden Blvd San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software

**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC-DR

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The Instruction Guide explains how to complete this form. ****Complete only if "Report Type" on page 1 is marked "Dissolution" ****

1 COMMITTEE NAME The School Board Project	2 Filer ID (Ethics Commission Filers) 00088697
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3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Ms. Annika Cole

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED

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