

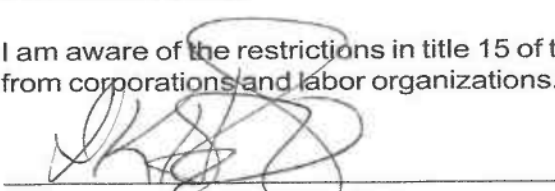
## APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

<b>APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees</u> GENERAL ELECTION BALLOT</b>					
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <b>KISD Board of Trustees, Place 7</b>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <b>DaLana K. Hambrick-Barsanti</b>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <b>DaLana Barsanti</b>		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <b>12241 Hedge Apple Court</b>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY <b>Ft Worth</b>	STATE <b>TX</b>	ZIP <b>76244</b>	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) <b>mysixboys.db@gmail.com</b>		OCCUPATION (Do not leave blank) <b>Parent Advocate</b>	DATE OF BIRTH <b>[REDACTED]</b>	VOTER REGISTRATION VOID NUMBER <sup>2</sup> (Optional) <b>1047131160</b>	
TELEPHONE CONTACT INFORMATION (Optional) Home:      Office:      Cell: <b>(817) 993-9756</b>					
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>			IN THE STATE OF TEXAS <b>55</b> year(s) <b>7</b> month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <b>15</b> year(s) <b>5</b> month(s)
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>DaLana Barsanti</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>DaLana Barsanti</u> , of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>KISD Board of Trustees, Place 7</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
			<b>X</b>		
			SIGNATURE OF CANDIDATE		
Sworn to and subscribed before me this the <u>17<sup>th</sup></u> day of <u>June</u> , <u>2024</u> by <u>DaLana Barsanti</u> (name of candidate)					
Signature of Officer Authorized to Administer Oath <sup>4</sup>			Printed Name of Officer Authorized to Administer Oath		
Notary					
Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <u>N/A</u>					
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.					
This document and \$ <u>N/A</u> filing fee or a nominating petition of <u>N/A</u> pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified					
<u>01 / 17 / 2024</u>		<u>01 / 18 / 2024</u>		(See Section 1.007)	
Date Received		Date Accepted		Signature of Filing Officer or Designee 	

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed: 1	
2 CANDIDATE NAME	MS/MRS/MR <input checked="" type="radio"/> MRS	FIRST Dalana	MI K.
	NICKNAME	LAST Barsanti	SUFFIX
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	12241 Hedge Apple Ct. Ft Worth, TX 76244		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817) 993-9756		
5 OFFICE HELD (if any)			Date Imaged
6 OFFICE SOUGHT (if known)	KISD Board Trustee, Plc 17		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR <input checked="" type="radio"/> MRS	FIRST	MI NICKNAME LAST SUFFIX
	Randall L. Barsanti		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;	APT / SUITE #;	CITY; STATE; ZIP CODE
	12241 Hedge Apple Ct FtWorth TX 76244		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817) 380-4329		
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.		
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.		
I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.			
 Signature of Candidate			1/17/2024 Date Signed
<b>GO TO PAGE 2</b>			

**AMENDMENT: APPOINTMENT OF A  
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA  
PG 1**

1 CANDIDATE NAME <i>Dalana Barsanti</i>	2 FILER ID#	3 Total pages filed: <i>1</i>
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See ACTA Instruction Guide for detailed instructions.  
Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE NAME	NEW	MS / MRS / MR	FIRST <i>Dalana</i>	MI <i>K.</i>	<b>OFFICE USE ONLY</b>	
			NICKNAME <i>Barsanti</i>	SUFFIX		
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<i>12241 Hedge Apple Ct. Ft. Worth, TX 76244</i>					
6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION		
	<i>(817) 993-9756</i>					

7 OFFICE HELD (if any)  NEW

8 OFFICE SOUGHT (if known)  NEW  
*Keller ISD Trustee, Place 7*

9 CAMPAIGN TREASURER NAME	NEW	MS / MRS / MR	FIRST <i>Randall L.</i>	MI	NICKNAME <i>Barsanti</i>	LAST	SUFFIX

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<i>12241 Hedge Apple Ct Ft. Worth, TX 76244</i>					

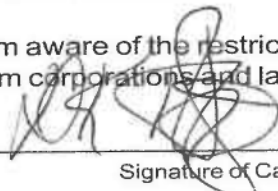
11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(817) 380-4329</i>			

12 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

  
 \_\_\_\_\_  
 Signature of Candidate

*1/17/2024*  
 \_\_\_\_\_  
 Date Signed

**GO TO PAGE 2**



# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP  
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

**1 ACCOUNT NUMBER**  
(Ethics Commission Filers)

**2 TYPE OF FILER**

CANDIDATE

POLITICAL COMMITTEE

*If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.*

*If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.*

**3 NAME OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mrs.

Da Lana

K.

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Barsanti

**4 TELEPHONE NUMBER OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(817) 993-9756

**5 ADDRESS OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

STREET / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

12241 Hedge Apple Ct Ft Worth TX 76244

**6 OFFICE SOUGHT BY CANDIDATE**  
(PLEASE TYPE OR PRINT)

KTSD Board of Trustees, Place 7

**7 NAME OF COMMITTEE**  
(PLEASE TYPE OR PRINT)

**8 NAME OF CAMPAIGN TREASURER**  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Randall

L

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Barsanti

**GO TO PAGE 2**


## CODE OF FAIR CAMPAIGN PRACTICES

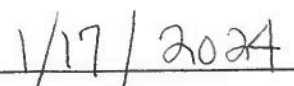
There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date







# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> DaLana Barsanti		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2420.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2169.09
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME DaLana Barsanti		3 Filer ID (Ethics Commission Filers)
4 Date  2/7/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel McClelland ----- 6 Contributor address; City; State; Zip Code 479 W. Highland Street Southlake, TX 76092	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Homemaker
Date  2/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Brewer ----- Contributor address; City; State; Zip Code 12340 Dogwood Springs Drive Ft Worth TX 76244	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date  1/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Booher ----- Contributor address; City; State; Zip Code 5232 Bellis Drive Ft Worth, TX 76244	Amount of contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date  2/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David and Renee Keas ----- Contributor address; City; State; Zip Code 3211 Steamers Ct Granbury, TX 76049	Amount of contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) IT Technical Support		Employer (See Instructions) AT&T
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: <b>4</b>
2 FILER NAME DaLana Barsanti		3 Filer ID (Ethics Commission Filers)
4 Date  2/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faith Crissman ----- 6 Contributor address; City; State; Zip Code 5200 Rush Creek Ct Ft Worth TX 76244	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) EMJ Construction
Date  2/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Groene ----- Contributor address; City; State; Zip Code 10317 Grayhawk Ft Worth TX 76244	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date  02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tami Healy ----- Contributor address; City; State; Zip Code 1601 Stone Court Keller , TX 76248	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Medically Fragile Teacher		Employer (See Instructions) KISD
Date  3/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendyl Hambrick ----- Contributor address; City; State; Zip Code 221 CR 144 A Marble Falls TX 78654	Amount of contribution (\$)  \$575.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: <b>4</b>
2 FILER NAME DaLana Barsanti		3 Filer ID (Ethics Commission Filers)
4 Date  2/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byron and Rebekah Mitchell ----- 6 Contributor address; City; State; Zip Code 1019 Cartha Valley Irving TX 75063	7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions) Los Colinas Dental
Date  2/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamara McKamy ----- Contributor address; City; State; Zip Code 3020 High Ranch View Rd Cresson TX 76035	Amount of contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Genetic Genealogist		Employer (See Instructions) Family Link Ancestry Detectives
Date  03/6//2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Tittle ----- Contributor address; City; State; Zip Code 11868 Moorhen Cir Ft Worth TX 76244	Amount of contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Medically Fragile Teacher		Employer (See Instructions) KISD
Date  3/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Ramsey ----- Contributor address; City; State; Zip Code 12236 Hedge Apple Ct Ft Worth TX 76244	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Fire fighter		Employer (See Instructions) Hurst Fire Department
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

4

2 FILER NAME

DaLana Barsanti

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/2024

5 Full name of contributor

Tina Barsanti

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

2400 Meadowview

City;

Bedford

State;

TX

Zip Code

76021

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

4/2/2024

Full name of contributor

Anne Booher

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200.00

Contributor address;

5232 Bellis Dr

City;

Ft Worth

State;

TX

Zip Code

76244

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Homemaker

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME DaLana Barsanti	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/18/2024	<b>5</b> Payee name Go Daddy	
<b>6</b> Amount (\$) \$12.17	<b>7</b> Payee address; 2150 E. Warner Rd	City; State; Zip Code Tempe AZ 85284
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Website Domain Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/25/2024	Payee name Go Daddy	
Amount (\$) \$31.97	Payee address; 2150 Warner Rd.	City; State; Zip Code Tempe AZ 85284
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee	Description Monthly Website Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/26/2024	Payee name Metro Mailer	
Amount (\$) \$581.30	Payee address; 576 N, Beach St.	City; State; Zip Code Ft Worth TX 76111
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description 5x8 Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME DaLana Barsanti	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/29/2024	<b>5</b> Payee name Vistago Print	
<b>6</b> Amount (\$) \$869.12	<b>7</b> Payee address; 6706 Lohman Ford Rd	City; State; Zip Code Lago Vista TX 78645
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description 12x18 and 18x24 Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/29/2024	Payee name Vistago Print	
Amount (\$) \$48.71	Payee address; 6706 Lohman Ford Rd	City; State; Zip Code Lago Vista TX 78645
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee	Description Custom Color Match Fee for Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/21/2024	Payee name Axiom Coffee	
Amount (\$) \$162.38	Payee address; 4005 Golden Triangle Blvd	City; State; Zip Code Ft Worth TX 76244
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Meet and Greet
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>		<b>2</b> FILER NAME DaLana Barsanti		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/20/2024		<b>5</b> Payee name Trade Graphics			
<b>6</b> Amount (\$) \$378.88		<b>7</b> Payee address; 2935 Irving Blvd #201		City; Dallas	State; TX
				Zip Code 75247	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description 4x4 signs		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date 03/25/2024		Payee name Go Daddy			
Amount (\$) \$31.97		Payee address; 2150 E. Warner Rd		City; Tempe	State; AZ
				Zip Code 85284	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee		Description Website Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date 04/03/2024		Payee name Kroger Fuel Center			
Amount (\$) \$52.59		Payee address; 12600 N. Beach St.		City; Ft Worth	State; TX
				Zip Code 76244	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel Expense		Description Gas for block walking		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received  <i>April 26, 2024</i>  Date <u>Hand-delivered</u> or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged		
	Mrs.	DaLana	K			
NICKNAME	LAST	SUFFIX				
	Barsanti					
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE					
Change of Address	12241 Hedge Apple Ct    Ft Worth TX 76244					
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(817 )	993-9756				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	Mr.	Randall	L			
	NICKNAME	LAST	SUFFIX			
		Barsanti				
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE					
(Residence or Business)	12241 Hedge Apple Ct    Ft Worth TX 76244					
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(817 )	380-4329				
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year
	4	4	23	THROUGH	4	24 / 24
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	5	4	24	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)		
				Keller ISD Trustee, Place 7		
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
Additional Pages						

**GO TO PAGE 2**

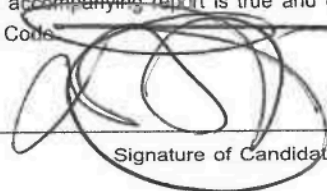


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME DaLana Barsanti		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,505.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,360.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,144.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

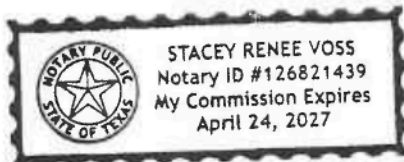
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by DaLana Barsanti this the 24 day of April, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Stacey R. Voss Printed name of officer administering oath: Stacey R. Voss Title of officer administering oath: Notary

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <b>DaLana Barsanti</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,085.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 191.31
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1</b>
2 FILER NAME <b>DaLana Barsanti</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/08/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Doug Hinds</b>	<b>50.00</b>
	6 Contributor address; City; State; Zip Code <b>1500 Sage Canon Dr Keller TX 76248</b>	
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>04/13/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jason Cullen</b>	<b>35.00</b>
	Contributor address; City; State; Zip Code <b>5304 White Willow Keller TX 76248</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/16/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Robert Slattery</b>	<b>1,000.00</b>
	Contributor address; City; State; Zip Code <b>812 Gallant Fox Keller TX 7628</b>	
Principal occupation / Job title (See Instructions) <b>Entrepreneur</b>		Employer (See Instructions) <b>Self Employed</b>
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>2</b>	<b>2</b> FILER NAME <b>DaLana Barsanti</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/07/2024</b>	<b>5</b> Payee name <b>Axion Coffee</b>	
<b>6</b> Amount (\$) <b>54.13</b>	<b>7</b> Payee address; City; State; Zip Code <b>4005 Golden Triangle Ft Worth TX 76244</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Food Fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>04/17/2024</b>	Payee name <b>Texas Trade Graphics</b>	
Amount (\$) <b>41.12</b>	Payee address; City; State; Zip Code <b>2935 Irving Blvd. #201 Dallas TX 75247</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>04/14/2024</b>	Payee name <b>Kroger Fuel Center</b>	
Amount (\$) <b>25.25</b>	Payee address; City; State; Zip Code <b>12600 N. Beach St. Ft Worth TX 76244</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Travel in District</b>	Description <b>gas for block walking</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>2</b>	<b>2</b> FILER NAME <b>DaLana Barsanti</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/24/2024</b>	<b>5</b> Payee name <b>Go Daddu</b>	
<b>6</b> Amount (\$) <b>70.81</b>	<b>7</b> Payee address; City; State; Zip Code <b>2150 E. Warner Rd Tepmpe AZ 85284</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Website and email fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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