CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Et	nics Commission Filers)	2 Total pages fil	^{ed:} 6	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST John		мі С		OFFICE USE ONLY	
NAME	NICKNAME	Classe	•••••	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	14688 Balle Frisco, TX 7	ntrae Drive	CITY; STA	TE; ZIP CODE	JUL 08 2021		
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	PHONE NUMBER 336-5557	EXT	ENSION		or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR Mr.	FIRST John		мі С	Receipt #	Amount S	
NAME	NICKNAME	LAST		SUFFIX	Date Processed		
		Classe			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	(Same)	NO PO BOX PLEASE); APT / S	SUITE #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION			
9 REPORT TYPE	January 15 July 15	30th day before		Runoff Exceeded Modified	treasurer and (Officeholde		
40 DEDIOD				Reporting Limit			
10 PERIOD COVERED	Month 01	/ 01 / 21	THROUGH	06	/ 30 / 21		
11 ELECTION	Month Day 05 / 01	Year Primary 21 General		Other Description			
12 OFFICE	Frisco ISD Bo	oard of Trustees, I		ISD Board	of Trustees, F	ય 6	
14 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					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	REASURER ADDRES	SS .			
GO TO PAGE 2							

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME John C. Classe		16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 75.00	
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 1,355.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 460.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1202.81	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS O OF REPORTING PERIOD	F THE LAST DAY	\$ 7159.31
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO. LAST DAY OF THE REPORTING PERIOD	ANS AS OF THE	\$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying required to be reported by me under Title 15, Election Code.	port is true and co	orrect and includes all information
Tec	quired to be reported by the under Title 15, Election Code.	NO 20	
		A-4 19	ipsl
	Signal	ture of Candidate	or Officeholder
		2 12	
	Please complete either option	n below:	
(1) Affidavit			
NOTARY STAMP/SEA	L		
Swom to and subscribed	before me by	this the	day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer administering oath		Title of officer administering oath
	OR		
(2) Unsworn Declarati	on		
My name is	John Christopher Classe, and my date	of birth is	10/20/1976
My address is	14688 Ballentrae Drive Frisco		75035 , USA .
SHIPER S	(street) (city)	(state)	(zip code) (country)
Executed inCol	lin County, State of TX , on the 8 day	of July (month)	, 20 <u>21</u> . (year)
	Signature	of Candidate/Offi	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME hn C. Classe 20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 1,280.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	s
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 742.81
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OR	н S
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 1/2		
² FILER NAME John C. Cla	sse	3 Filer ID (Ethics Commission Filers)		
4 Date 1/13/2021	5 Full name of contributor out-of-state PAC (ID#:	250.00		
8 Principal occup	pation / Job title (See Instructions) 9 Employer (S	See Instructions)		
Date 1/15/2021	Full name of contributor out-of-state PAC (ID#:	250.00		
Principal occup	ation / Job title (See Instructions) Employer (S	ee Instructions)		
Date 2/5/2021	Full name of contributor out-of-state PAC (ID#:	150.00		
Principal occup	ation / Job title (See Instructions) Employer (S	ee Instructions)		
Date 2/18/2021	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions) Employer (S	ee Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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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: 2/2
2 FILER NAME John C. Cla		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2021	5 Full name of contributor Tim Nelson 6 Contributor address; City; State; Zip Code 6624 Waverly Ln., Frisco, TX 75035	
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date 5/3/2021	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)
Date 1/21/2021	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code) Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	

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Revised 8/17/2020

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Other (enter a category not listed above)

	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1: 1/1	2 FILER NAME John C. Classe		3 Filer ID (Ethic	s Commission Filers)	
4 Date 2/23/2021	5 Payee name Fred Lusk				
6 Amount (\$) 242.81	7 Payee address; 9912 Mallory, Frisco, TX 75035	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign sign and removal	n placement,	management,	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date 3/26/2021	Payee name René Archambault Campaign				
Amount (\$) 500.00	Payee address; 11542 La Cantera, Frisco, TX 75033	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution made by candidate/ officeholder	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		
Forms provided by Texas Eth	ics Com Boost Form cs.s			Revised 8/17/2020	