

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 24pt; text-align: center;">4</div>																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8pt;">MS / MRS / MR</td> <td style="width:40%; font-size: 8pt;">FIRST</td> <td style="width:20%; font-size: 8pt;">MI</td> </tr> <tr> <td style="text-align: center;">MR.</td> <td style="text-align: center;">JOHN</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="font-size: 8pt;">NICKNAME</td> <td style="font-size: 8pt;">LAST</td> <td style="font-size: 8pt;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; padding-top: 10px;">CLASSE</td> </tr> </table>	MS / MRS / MR	FIRST	MI	MR.	JOHN	C	NICKNAME	LAST	SUFFIX	CLASSE			<div style="text-align: center; border: 1px solid black; padding: 2px; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; border: 1px solid black; font-size: 8pt;">Receipt #</td> <td style="width:50%; border: 1px solid black; font-size: 8pt;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px; font-size: 8pt;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px; font-size: 8pt;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged				
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8pt;">ADDRESS / PO BOX;</td> <td style="width:20%; font-size: 8pt;">APT / SUITE #;</td> <td style="width:20%; font-size: 8pt;">CITY;</td> <td style="width:10%; font-size: 8pt;">STATE;</td> <td style="width:17%; font-size: 8pt;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding-top: 5px;">14688 BALLENTRAE DR.</td> </tr> <tr> <td colspan="5" style="padding-top: 5px;">FRISCO, TX 75035</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	14688 BALLENTRAE DR.					FRISCO, TX 75035										
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12 OFFICE	OFFICE HELD (if any) FRISCO ISD BOARD OF TRUSTEES, PL. 6	13 OFFICE SOUGHT (if known)																						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME JOHN C. CLASSE 15 Filer ID (Ethics Commission Filers)

16 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.

GENERAL
 SPECIFIC

COMMITTEE TYPE

COMMITTEE NAME
FRISCO EDUCATION ALLIANCE PAC

COMMITTEE ADDRESS
8745 GARY BURNS DR., STE. 160-190
FRISCO, TX 75034

COMMITTEE CAMPAIGN TREASURER NAME
S.K. WORTHAM

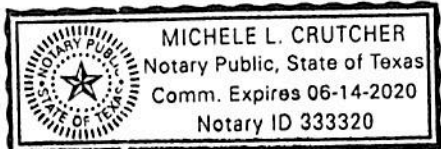
COMMITTEE CAMPAIGN TREASURER ADDRESS
8310 SILVERTON DR.
FRISCO, TX 75034

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>Ø</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>78.17</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>666.68</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7,006.18</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

18 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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOHN CLASSE, this the 15TH day of JANUARY, 20 19, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
MICHELE L. CRUTCHER Printed name of officer administering oath
NOTARY Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME JOHN C. CLASSE		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 588.51
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 1 OF 1	2 FILER NAME JOHN C. CLASSE	3 Filer ID (Ethics Commission Filers)
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4 Date 10-23-2018	5 Payee name FACEBOOK ADS
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6 Amount (\$) 348.51 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 WILLOW RD. BLDG. 10 MENLO PARK, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-23-2018	Payee name FACEBOOK ADS
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Amount (\$) 240.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 WILLOW RD. BLDG. 10 MENLO PARK, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING FOR FUSD FORWARD	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name A/K/A : FRISCO RESIDENTS FOR PUBLIC EDUCATION PAC	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED