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	(Ethics Commission Filers)	2 Total pages fil	ed: 4
3 CANDIDATE / OFFICEHOLDER	Ms/Mrs/Mr First Mr. John			MI C	OFFICE USE ONLY	
NAME	NICKNAME	Classe		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	14688 Ba Frisco, T	llentrae Drive	CITY;	STATE; ZIP CODE	'AUG.	1 2 2022
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	336-5557		EXTENSION		f or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mr.	John		MI C	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		Classe			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE): APT / SI		o, TX 75035	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(214)	940NE NUMBER 336-5557		EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before e	L	Runoff Exceeded Modified	treasurer a (Officehold	fter campaign ppointment er Only) rt (Attach C/OH - FR)
40 DEDIOD			L	Reporting Limit		
10 PERIOD COVERED	Month 1	Day Year / 1 / 22	THRO	UGH 6	/ 30 / 22	
11 ELECTION	ELECTION DA	Year Primary General	Run	Description		
12 OFFICE	Frisco ISI	D BoT Place 6		OFFICE SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIL COMMITTEE NAME	S MAY HAVE BE	EN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	ASURER NAM	F		
	SPECIFIC	COMMITTEE CAMPAIGN TRI				
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer	ID (Ethics Commission Filers)			
John C. Classe						
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	'	\$ 0.12			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.12			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.				
	4. TOTAL POLITICAL EXPENDITURES		\$ 7,158.28			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 0.00			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$ 0.00			
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and con	rect and includes all information			
		Jajue				
	Signature of Ca	indidate o	or Officeholder			
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn 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	ering oath Printed name of officer administering oath		Title of officer administering oath			
OR						
(2) Unsworn Declarati	on					
My name is John C	Classe and my data of high in	10/2	0/1976			
My name is John C. Classe , and my date of birth is 10/20/1976 My address is 14688 Ballentrae Drive , Frisco , TX , 75035, USA						
	(street) (city) (state) (zip code) (country)			
Executed in Collin	County, State of Texas, on the 12 day of Auc	ust	_, 20 <u>22</u>			
		Dane	(year)			
	Signature of Candi	date/Office	eholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	phn C. Classe	ID (Ethics Commission Filers)
21 5	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4.	SCHEDULE E: LOANS	s
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$ 7,083.95
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	JTIONS \$
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	S OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	ons \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET	TURNED \$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

(c)

OF EXPENDITURE

9 Complete ONLY if direct

8

SCHEDULE F1

Office held

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

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

		аррисавия, в с т.с.	oiddo t	mo page in the i	cport.	
		EXPENDITURE CATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Coffice Overhead/Rental Expense Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Coffice Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:		C. Classe			3 Filer ID (Ethics	Commission Filers)
4 Date 06/27/2022	5 Payee n	_{ame} s J Classe				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
3,541.97	401 F	Redhead Court, N	∕lcKinr	ney, TX 750	072	
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Othe	r		Return of	contributio	n (12/2016)

Office sought

Check if Austin, TX, officeholder living expense

expenditure to benefit C/OF	1						
Date	Payee name						
06/27/2022	Wayne L. Hellman						
Amount (\$)	Payee address;	City;	State;	Zip Code			
3,541.98	1205 E Sandy Lake Rd, Ste 330, Coppell, TX 75019						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Other	Return of co	ntributio	n (12/201	6)		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living	expense			
Complete ONLY 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			19		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	N. S.	Office held			