

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="text-align: center; font-size: 2em;">4</div>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center;">John H</div>	OFFICE USE ONLY <div style="border: 2px solid red; padding: 10px; font-size: 2em; color: red; margin: 10px 0;">RECEIVED</div> <div style="color: blue; font-size: 1.5em;">9/25/25</div> <div style="border-top: 1px solid black; padding-top: 5px;">Date Received</div> <div style="border-top: 1px solid black; padding-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border-top: 1px solid black; padding-top: 5px;">Receipt # Amount \$</div> <div style="border-top: 1px solid black; padding-top: 5px;">Date Processed</div> <div style="border-top: 1px solid black; padding-top: 5px;">Date Imaged</div>			
	NICKNAME LAST SUFFIX <div style="text-align: center;">Harper Weaver</div>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <div style="text-align: center;">Change of Address</div>	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Plano; TX; 75074				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center;">Mr John H</div>				
	NICKNAME LAST SUFFIX <div style="text-align: center;">Weaver</div>				
7 CAMPAIGN TREASURER ADDRESS <div style="text-align: center;">(Residence or Business)</div>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1464 Ridge Meadow Dr, Plano; TX; 75074				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 500 7830				
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit </div> <div> <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 04 / 04 / 25 </div> <div>THROUGH</div> <div> Month Day Year 4 / 25 / 25 </div> </div>				
11 ELECTION	ELECTION DATE				
	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 5 / 3 / 25 </div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>				
12 OFFICE	OFFICE HELD (if any) None				
13 OFFICE SOUGHT (if known)	Plano ISD Board of Trustees, Place 3				
14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="text-align: center; font-size: 0.8em;">Additional Pages</div>	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			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
John Harper Weaver

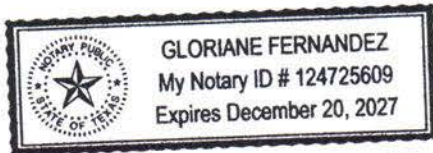
16 Filer ID (Ethics Commission Filers)

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)	\$ 1,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 817.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 532.50
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.

John Harper Weaver

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by John Harper Weaver this the 25th day of April, 2025, to certify which, witness my hand and seal of office.

Gloriana Fernandez Gloriana Fernandez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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****John Harper Weaver****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,350.00
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	\$ 817.50
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: 1
2 FILER NAME John Harper Weaver			3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Meghan Vecchio	7 Amount of contribution (\$) 1,000.00	
6 Contributor address; City; State; Zip Code Unknown			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Cody Weaver	Amount of contribution (\$) 100.00	
Contributor address; City; State; Zip Code 3624 Stagecoach Trail, Plano, TX 75023			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Jordan Baker Jr	Amount of contribution (\$) 50.00	
Contributor address; City; State; Zip Code Unknown			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Robyn Wagnon	Amount of contribution (\$) 200.00	
Contributor address; City; State; Zip Code Unknown			
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
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

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 complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME John Harper Weaver	3 Filer ID (Ethics Commission Filers)
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4 Date 04/21/2025	5 Payee name Executive Press, Inc.
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6 Amount (\$) 741.51	7 Payee address; 1400 Presidential Dr. # 110, Richardson, TX, 75081	City; TX	State; TX	Zip Code 75081
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signage
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/21/2025	Payee name Vistaprint
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Amount (\$) 75.99	Payee address; 275 Wyman St, Waltham, MA 02451	City; MA	State; MA	Zip Code 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Hand outs
	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	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED