CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4		
3 CANDIDATE /	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mr.	John	R.	Date Received		
	NICKNAME	Ames	SUFFIX	Date Received		
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	202		
OFFICEHOLDER MAILING	1408 Arm	strong Dr.	J. G.			
ADDRESS						
Change of Address	DeSoto,	17 73113		12		
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand delivered or Date Postmarked		
OFFICEHOLDER PHONE	(972)	230.9474		日本安全 3		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$		
TREASURER NAME	Mrs.	Shay		Date Processed		
NAME	NICKNAME	LAST	SUFFIX	Data Income		
		Wyrick-Ca	Date Imaged			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE		
ADDRESS	3308 Pott	ter's House W	'av			
(Residence or Business)	Dallas T					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(214)	372.7371				
X11000	(214)	312.1311				
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	7 /	/ 1 / 22	THROUGH 12	/ 31 / 22		
11 ELECTION	ELECTION DA	TE	ELECTION TYPE			
	Month Day	Year Primary	Runoff Other Description			
	/ /	/ General	Special			
			T			
12 OFFICE	OFFICE HELD (if any)	ccor/Collector	Tax Assessol			
		ssor/Collector				
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(3)	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL COMMITTEE ADDRESS					
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME John R. Ames		16 Filer ID	O (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 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)		\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 20,925.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$ 50,000.00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and corre	ect and includes all information
rec	quired to be reported by me under Title 15, Election Code.	\cap	
ii		Sh	~
	Signature of Ca	indidate or	Officeholder
	/ Signature of our	indidate of	o moorroider
	Please complete either option below	/ :	
	Laura Mati		
(1) Affidavit	My Commission Expires 10/22/2025 Notary ID		
(1)/1	129600804		
NOTARY STAMP/SEA			
Sworn to and subscribed	before me by John R. Ames this the	124=	day of January.
0.	which, witness my hand and seal of office.	0 /	C, O R.bl-
Jamas	Y ple Lavra Matt		other of the contract of the c
Signature of officer administe			itle of officer administering oath
	OR	A0 8 0.	
(2) Unsworn Declaration	on		
My name is	, and my date of birth is	8	
8			ip code) (country)
Executed in	County, State of , on the day of(month	1)	, 20
	(monu)	.,	(1001)
	Signature of Candid	date/Officer	nolder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHÉDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	\$ 1,500.00			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	\$			

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/M The Instruction Guide explains how to c	ages/Contract Labor omplete this form.	Other (enter a catego	ry not listed above)	
1 Total pages Schedule F1:	John R. Ames		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name JRA / DCDP				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
250.00					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense	Sponsorship for DCDP Fish Fry			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
	JRA / Stonewall Democrats				
Amount (\$)	Payee address;	City;	State;	Zip Code	
250.00					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contributions	GOTV for Elections			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
	Public Policy Polling				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,000.00					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Polling Expense	Name ID P	oll		
e	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
A	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		