CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR                FIRST                      MI                NICKNAME
John                               F                      Warren
LAST                      SUFFIX

CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
PO Box 222134, Dallas, Texas 75222-2134

CANDIDATE / OFFICEHOLDER PHONE
PHONE NUMBER                           EXTENSION
(972) 523-0793

CAMPAIGN TREASURER NAME
MS / MRS / MR                FIRST                      MI                NICKNAME
Karl                               F                      Warren
LAST                      SUFFIX

CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
1304 Boardwalk Street, Arlington, Texas 76011

CAMPAIGN TREASURER PHONE
PHONE NUMBER                           EXTENSION
(817) 800-5016

REPORT TYPE
X January 15
☐ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15
☐ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (Attach COH-FR)

PERIOD COVERED
Month    Day    Year
07    01    2022
THROUGH
Month    Day    Year
12    31    2022

GO TO PAGE 2

Additional Pages
<table>
<thead>
<tr>
<th>17 CONTRIBUTION TOTALS</th>
<th>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>4. TOTAL POLITICAL EXPENDITURES</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td>
<td>$1,125.00</td>
</tr>
<tr>
<td></td>
<td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td>
<td>$</td>
</tr>
</tbody>
</table>

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by John F. Warren this the 17th day of January, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Stephanie L. Granberry

Signature of Candidate/Officeholder (Declarant)

(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__.

Signature of Candidate/Officeholder (Declarant)