CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** John NAME Date Received LAST SUFFIX Warren 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #. ZIP CODE **OFFICEHOLDER** PO Box 222134, Dallas, Texas 75222-2134 MAILING ADDRESS Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or the Postmarked **OFFICEHOLDER** (972)523-0793 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Karl Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Warren STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN TREASURER Texas 76011 1304 Boardwalk Street Arlington, **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION 8 CAMPAIGN AREA CODE **TREASURER** PHONE (817) 800-5016 9 REPORT TYPE 15th day after campaign Runoff X January 15 30th day before election treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year 10 PERIOD Month Month COVERED 2022 2022 07 / 01 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Month Day Year Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$1,125.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
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.		
Together to be reported by the dilater visite to, Election of the		
Signature of Candidate or Officeholder		
Please complete either option below:		
(1) Affidavit	Stephanie L Granberry My Commission Expires 10/23/2023 ID No 132221969	
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by John F. Warren this the 17th day of January,		
20 2.5 , to certify which, witness my hand and seal of office.		
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		
Foresidad in	72. E 2.70 7. Sept. 13	state) (zip code) (country)
Executed in County, State of, on the day of, 20 (month) (year)		
	Signature of Candi	date/Officeholder (Declarant)