

**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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. John NICKNAME LAST SUFFIX Ames	FIRST MI John R.	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> FILED 2023 JUL -7 PM 1:36 JOHN F. WANKEN COUNTY CLERK DALLAS COUNTY TEXAS RECEIVED BY </div> Date Hand Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1408 Armstrong Dr. DeSoto, TX 75115			
5 CANDIDATE/OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 230-9474	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. Shay NICKNAME LAST SUFFIX Wyrick-Cathey	FIRST MI Shay		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3308 Potters House, Dallas, TX 75236			
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 372-7371	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 1 / 1 / 23 THROUGH 6 / 30 / 23 Month Day Year			
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) Tax Assessor/Collector		13 OFFICE SOUGHT (if known) Tax Assessor/Collector	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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**CANDIDATE / OFFICEHOLDER
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**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		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)	\$ 36,283.69
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,904.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 48,111.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,000.00

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.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by John R. Ames this the 7th day of July, 2023, to certify which, witness my hand and seal of office.

Laura Mati Signature of officer administering oath Laura Mati Printed name of officer administering oath Notary Public 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,283.69
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,904.16
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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 OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$