

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

18

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	2022 FEB 22 PM 2:14 FILED JOHN F. WARREN COUNTY CLERK DALLAS COUNTY TEXAS BY _____	
<input type="checkbox"/> Change of Address	PO Box 131205, Dallas, Texas 75313						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Handled	Date Marked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount		
	NICKNAME	LAST	SUFFIX	Date Processed	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY	STATE	ZIP CODE	
(Residence or Business)	2010 N. Hampton Road, Dallas, Texas 75115						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	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 type="checkbox"/> July 15 <input checked="" 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	THROUGH	Month	Day	Year
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	03 / 01 / 2022			<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
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.						
<input type="checkbox"/> Additional Pages	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



# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

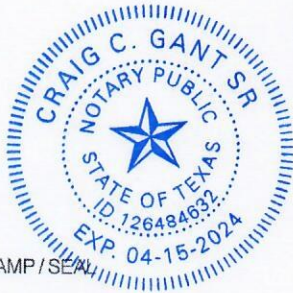
15 JC/OH NAME Ingrid M. Warren		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 51.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,101.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 477.38
	4. TOTAL POLITICAL EXPENDITURES	\$ 64,809.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 74,528.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

*[Handwritten Signature]*  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ingrid M. Warren this the \_\_\_\_\_ day of February, 2022, to certify which, witness my hand and seal of office.

Craig C. Gant Sr. Signature of officer administering oath  
Craig C. Gant, Sr. 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 - JC/OH**

**FORM JC/OH  
COVER SHEET PG 3**

19 FILER NAME

Ingrid M. Warren

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,101.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 64,809.98
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jesse Rocha	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3056 El Tovar Circle, Dallas, Texas 75233		
8 Contributor's principal occupation Property Management		9 Contributor's job title Property Management
10 Contributor's employer/law firm Triple LLL Place, LLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Valencia Nash-McShann	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3714 Tioga Street, Dallas, Texas 75241		
Contributor's principal occupation Judge		Contributor's job title Judge
Contributor's employer/law firm Dallas County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ John Peyton	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 4325 Caruth Blvd., Dallas, Texas 75225		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any) Burdette Law Firm
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lisa Leffingwell	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 9406 Alta Mira, Dallas, Texas 75218		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Self-Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jack Hales	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 10440 N. Central Expressway, Suite 800, Dallas, Texas 75231		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Hales & Sellers, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/2/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ P. Keith Staubus	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 1760 Bison Meadow Lane, Heath, Texas 75032		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Staubus & Randall LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Demetris Sampson	7 Amount of contribution (\$) 250.00
6 Contributor address: City: State: Zip Code P.O. Box 763834, Dallas, Texas 75376		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Self-Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/9/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Brad Monceaux	Amount of contribution (\$) 500.00
Contributor address; City: State: Zip Code 10440 N. Central Expresway, Dallas, Texas 75238		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Monceaux Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ben Taylor	Amount of contribution (\$) 100.00
Contributor address; City: State: Zip Code 2654 Lakeforest Court, Dallas, Texas 75214		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Ted B. Lyon & Associates, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Thomas Cantrill	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 11804 Preston Brook Place, Dallas, Texas 75230		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Hunton Andrews & Kurth, LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/15/2022	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC ID#: _____ Natalie Pearson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6688 N. Central Expressway, Suite 450, Dallas, Texas 75206		
Contributor's principal occupation Office Manager		Contributor's job title Office Manager
Contributor's employer/law firm Sharpe Law Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Chris Klemme	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9525 Milltrail Drive, Dallas, Texas 75238		
Contributor's principal occupation Attorney/Trust Officer		Contributor's job title Attorney/Trust Officer
Contributor's employer/law firm Happy State Bank		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Paul Stafford	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3142 Ross Avenue, Dallas, Texas 75204		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Stafford Law Firm, P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/17/2022	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC ID#: _____ Michael Uhl	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 500 North Akard, Suite 2140, Dallas, Texas 75201		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Nathan Griffin	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 13355 Noel Road, Suite 1100, Dallas, Texas 75240		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Claire Collins	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 12553 Montego Plaza, Dallas, Texas 75230		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Self-Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Adriane Grace	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 6409 Willowdale Drive, Plano, Texas 75093		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Adriane S. Grace, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ James Balen	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 13355 Noel Road, Suite 1100, Dallas, Texas 75240		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joseph Kemp	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation Real Estate Developer		9 Contributor's job title Real Estate Developer
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Zachary E. Johnson	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 4360 San Carlos Drive, Dallas, Texas 75203		
Contributor's principal occupation Spencer Johnson & Harvell, PLLC		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any) Spencer Johnson & Harvell, PLLC
If contributor is a child, law firm of parent(s) (if any)		
Date 2/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Will Hartnett	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2920 N. Pearl Street, Dallas, Texas 75201		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>The Holmes Firm PC</b>	7 Amount of contribution (\$) <b>1,500.00</b>
6 Contributor address; City; State; Zip Code <b>1421 Dallas Parkway, Suite 800, Dallas, Texas 75254</b>		
8 Contributor's principal occupation <b>Law Firm</b>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>250.00</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1	<b>2</b> FILER NAME Ingrid M. Warren	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/21/2022	<b>5</b> Payee name Stella Allen	
<b>6</b> Amount (\$) 819.88	<b>7</b> Payee address; City; State; Zip Code 97 Eagle Point Drive, Waxahachie, Texas 75165	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Campaign T-Shirts
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/25/2021	Payee name Elite News	
Amount (\$) 700.00	Payee address; City; State; Zip Code 3155 N. Lancaser Rd., #201, Dallas, Texas 75216	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Advertising	Description Advertising Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/26/2022	Payee name Singing Hills Baptist Church	
Amount (\$) 200.00	Payee address; City; State; Zip Code 6550 University Hills Blvd., Dallas, Texas 75241	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contribution/Donations Made By Candidate	Description Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)
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4 Date 1/27/2021	5 Payee name Interdenominational Ministerial Alliance
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6 Amount (\$) 250.00	7 Payee address; 8350 Forest Lane, Dallas, Texas 75243	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Candidate	(b) Description Contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/28/2022	Payee name Lincoln Monroe
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Amount (\$) 300.00	Payee address; 1201 Elm Street, Dallas, Texas 75270	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Return of Campaign Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/3/2022	Payee name Johnson Price Photography
------------------	---

Amount (\$) 433.00	Payee address; P.O. Box 1923, Cedar Hill, Texas 75106	City;	State;	Zip Code
-----------------------	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Photography Services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY 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**



**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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)
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4 Date 2/3/2022	5 Payee name Dallas Voice
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6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 1825 Market Center Blvd., Suite 240, Dallas, Texas 75207
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper Ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/7/2022	Payee name Texas Democratic Party
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Amount (\$) 775.00	Payee address; City; State; Zip Code P. O. Box 15707, Austin, Texas 78761
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description VAN Access (Texas Voter File)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/8/2022	Payee name Rambler Newspaper
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Amount (\$) 1,126.80	Payee address; City; State; Zip Code P.O. Box 1377731, Irving, Texas 75060
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ingrid M. Warren	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/8/2022	<b>5</b> Payee name Focus Newspaper of DFW, Inc.	
<b>6</b> Amount (\$) 1,600.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1714, DeSoto, Texas 75123	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Newspaper Ad
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/11/2022	Payee name K&R Screen Graphics	
Amount (\$) 5,688.54	Payee address; City; State; Zip Code 3915 Main Street, Dallas, Texas 75226	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign T-Shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/11/2022	Payee name IMessenger Media	
Amount (\$) 2,000.00	Payee address; City; State; Zip Code 350 S. RL Thornton Freeway, Suite #100, Dallas, Texas 75203	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1	<b>2</b> FILER NAME Ingrid M. Warren	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/13/2022	<b>5</b> Payee name Shot By D. Porter	
<b>6</b> Amount (\$) 550.00	<b>7</b> Payee address; City; State; Zip Code dporterproductions@gmail.com	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Photography Service
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/17/2022	Payee name Nora Jackson	
Amount (\$) 1,707.00	Payee address; City; State; Zip Code 5435 N. Garland Ave., Suite 140-225, Garland, Texas 75040	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Administrative Services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/17/2022	Payee name Hornbuckle Photography	
Amount (\$) 1,732.00	Payee address; City; State; Zip Code P.O. Box 227382, Dallas, Texas 75222	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Photography Services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ingrid M. Warren	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/18/2022	<b>5</b> Payee name Dallas Examiner	
<b>6</b> Amount (\$) 810.00	<b>7</b> Payee address; City; State; Zip Code 400. S. Zang Blvd., Suite 1022, Dallas, Texas 75208	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Newspaper Ad
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/18/2022	Payee name Mail Logix	
Amount (\$) 4,220.80	Payee address; City; State; Zip Code 4834 Topline Drive, Dallas, Texas 75247-6315	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mail Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/18/2022	Payee name US Postal Service Marketing Mail	
Amount (\$) 21,726.87	Payee address; City; State; Zip Code USPS, Dallas, Texas	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Mail Processing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ingrid M. Warren	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/18/2022	<b>5</b> Payee name Southwest Printing	
<b>6</b> Amount (\$) 17,027.51	<b>7</b> Payee address; City: State: Zip Code 4545 S. Westmoreland Road, Dallas, Texas 75237	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Push Cards & Mailers for Advertising
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/19/2022	Payee name NationBuilder	
Amount (\$) 415.20	Payee address; City: State: Zip Code Los Angeles, California	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Contribution Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/20/2022	Payee name Park Cities Baptist Church	
Amount (\$) 250.00	Payee address; City: State: Zip Code 3933 Northwest Pkwy, Dallas, Texas 75225	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by Candidate	Description Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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