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: 3 CANDIDATE! 12 MS / MRS / MR OFFICEHOLDER MI Ms. OFFICE USE ONLY NAMEIngrid M. NICKNAME Date Received LAST SUFFIX Warren 4 CANDIDATE ADDRESS / PO BOX: APT / SUITE #; OFFICEHOLDER STATE: ZIP CODE MAILING P. O. Box 131205, Dallas, tX 75313 **ADDRESS** Change of Address 5 CANDIDATE AREA CODE PHONE NUMBER OFFICEHOLDER EXTENSION Date Hand-delivered of Date Postmarked PHONE (214) 524-6400 6 CAMPAIGN MS / MRS / MR FIRST Receipt # TREASURER Amoun(s) MI Mr. NAME Algernon NICKNAME Date Processed LAST SUFFIX Date Imaged Herron STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #; CAMPAIGN TREASURER STATE: ZIP CODE 4303 N. Nicholas Court, Grand Prairie, TX 75052 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER TREASURER EXTENSION PHONE 214 388-1871 9 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** Final Report (Attach C/OH - FR) 10 PERIOD Reporting Limit Month Year COVERED Day 07 / 01 2023 THROUGH 12 / 31 /2023 11 ELECTION ELECTION DATE ELECTION TYPE Other Description Month Primary Day Runoff General Special Officeholder 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Dallas County Judge, Probate Court No. 2 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE ADDRESS GENERAL Additional Pages 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 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0 TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0 EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS \$ 42.00 4. TOTAL POLITICAL EXPENDITURES \$ 7,772.51 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. BALANCE OF REPORTING PERIOD 34,286.64 OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS 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. Signature of Candidate/Officeholder Please complete either option below: ANNIE GRAVES (1) Affidavit Notary ID # 3851219 My Commission Expires 03-02-2027 NOTARY STAMP/SEAL Sworn to and subscribed before me by Ingrid M. Warren _ this the 16th day of January _, to certify which, witness my hand and sgal of office. Traver Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration My name is _

My address is

(city)

_____, and my date of birth is _

_____, on the _ __ day of _ (state)

(zip code)

(year)

(country)

(month) Signature of Candidate/Officeholder (Declarant)

Forms provided by Texas Ethics Commission

Executed in _____ County, State of _____

(street)

www.ethics.state.tx.us

Revised 11/15/2022

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	Ingri	NAME d M. Warren	r ID (Ethics Commi	ssion Filers)
21	SCHED NAME (DULE SUBTOTALS DF SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	s	
4.		SCHEDULE E: LOANS	\$	
5.	\square	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION		4,027.77
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	1,021.11
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBL	JTIONS \$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	V	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s	3,952.74
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS		0,002.14
1.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION		
2.	V	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER		822.69

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 Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Printing Expense Salaries/Wages/Contract Labor Legal Services Travel Out Of District Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ingrid M. Warren 4 Date 5 Payee name 7/7/2023-12/7/2023 MailChimp 6 Amount (\$) 7 Payee address; City; State: Zip Code The Rocket Science Group, LLC, 675 Ponce de Leon Ave., NE, Suite 5000, Atlanta, 642.95 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Advertising Expense Electronic Mail Distribution EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 7/23/2023 Nora Jackson Amount (\$) Payee address; City; State: Zip Code 5435 N. Garland Ave., Suite 140-225, Garland, Texas 75040 758.19 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Salaries/Wages/Contract Labor Administrative Services Check if travel outside of Texas. Complete Schedulo T. Check if Austiri, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held

SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations M Candidate/Officeholder/F Credit Card Payment	ade By Food/Beverage Expense Cilt/Awards/Memorials Expense Polling E Printing Salaries/ The Instruction Guide explains how to	ppayment/Reimbursement iverhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)
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4 Date	5 Payee name		
8/11/2023	Beaux Arts Dallas		
6 Amount (\$) 378.88	7 Payee address; 154 Glass St., Ste. 104, Dallas, TX 752	City;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead	Frame Certific	ate of Election
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought	Office held
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8/23/2023	Dallas AFLCIO		
Amount (\$) 185.00	Payee address;	Cih	
103.00	1408 N. Washington Ave., Dallas, TX	City; C 75204	State; Zip Code
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Date	Candidate / Officeholder name H	The state of the s	Office held
expenditure to benefit C/C Date /27/2023	Candidate / Officeholder name Payee name Harmony CDC Payee address;	Office sought	
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expenditure to benefit C/C Date /27/2023 Amount (\$)	Payee name Harmony CDC Payee address; 6969 Pastor Bailey Dr., Dallas, TX 75237	Office sought	Office held
expenditure to benefit C/C Date /27/2023 Amount (\$) 500.00 PURPOSE OF EXPENDITURE	Payee name Harmony CDC Payee address: 6969 Pastor Bailey Dr., Dallas, TX 75237 Category (See Categories listed at the top of this schedule) Contribution/Donation by Officeholder	Office sought City; Description Contribution	Office held State; Zip Code
expenditure to benefit C/C Date /27/2023 Amount (\$) 500.00 PURPOSE OF	Payee name Harmony CDC Payee address; 6969 Pastor Bailey Dr., Dallas, TX 75237 Category (See Categories listed at the top of this schedule) Contribution/Donation by Officeholder Check if travel outside of Texas, Complete Schedule T.	Office sought City; Description Contribution	Office held

SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mi Candidate/Officaholder/P Credit Card Payment	Event Expense Loar Fees Office add By Gift/Awarda/Memorials Expense Print	n Repayment/Reimbursement de Overhead/Rental Expense ng Expense ling Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule	F1: 2 FILER NAME	to complete this form.	
	Ingrid M. Warren		3 Filer ID (Ethics Commission Filer
4 Date 9/29/2023	5 Payee name		
6 Amount (\$)	National College of Probate Judges		
200.00	7 Payee address; 300 Newport Avenue, Williamsburg,	City; VA 23185	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule	W (4) B	
PURPOSE OF EXPENDITURE	Other		rship Dues - National Judicia
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	1, TX, officeholder living expense
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10/11/.2023	* 0.524600	h D-U 0	
10/11/.2023 Amount (\$)	Delta Sigma Theta Sorority, Inc. Nort	h Dallas Suburban /	Alumnae Chapter
Amount (\$)	Delta Sigma Theta Sorority, Inc. Nort	City;	Alumnae Chapter State; Zip Code
	Delta Sigma Theta Sorority, Inc. Nort	City;	
Amount (\$)	Delta Sigma Theta Sorority, Inc. Nort Payee address; P. O. Box 830604, Richardson, TX	City; 75083-0604	
Amount (\$)	Delta Sigma Theta Sorority, Inc. Nort	City;	State; Zip Code
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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 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 12 Ingrid M. Warren 4 Date 5 Payee name 11/17/2023 National Bar Association 6 Amount (\$) 7 Payee address; City; State; Zip Code 350.00 1816 12th St., NW, Washington, DC 20009 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Annual Membership Dues - National Other EXPENDITURE Legal Association (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 12/14/2023 Greenburg Turkeys Amount (\$) Payee address; City; State; Zip Code 221 N McMurrey Dr, Tyler, TX 75702 486.75 Category (See Categories listed at the top of this schedule) Description PURPOSE Food Beverage Expense Thanks Giving Appreciation (Turkeys) **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

Advertising Expense	EXPENDITURE	ATEGORIES	FOR BOX 8(a)		
Accounting/Banking Consulting Expense Contributions/Donations M Candidate/Officeholder/F Credit Card Payment	Event Expense Fees Food/Beverage Expense	Loan Rep Office Ov Polling E: Se Printing E Salaries/V	ayment/Reimbursement erhead/Rental Expense erhead/Rental Expense xpense Vages/Contract Labor	Travel Out Of Distr	ipment & Related Expens
1 Total pages Schedule	G: 2 FILER NAME	- Promo now (o)	complete this form.		
4	Ingrid M. Warren			3 Filer ID (Ethic	s Commission Filers)
⁴ Date 7/23/2023	5 Payee name New Hope Baptist Church	****			
6 Amount (\$) 250.00 Reimbursement from political contributions intended	7 Payee address;	Dallas, Te	City;	State;	Zip Code
8 / PURPOSE OF	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
EXPENDITURE	Contribution/Donation by Offi	ceholder	Conation for Churc	sh 1504 \	
	(c) Check if travel outside of Texas. Complete		Donation for Churc	il louth Year A	nniversary
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name		Office sought	TX, officeholder living e	office held
experience to penetit C/OI	1				Office Held
Date 8/9/2023	Payee name MesoMaya				
	Paves address:				
Reimbursement from political contributions intended	Payee address; 1611 McKinney Ave., Dallas, T	Texas 7520	City;	State;	Zip Code
PURPOSE	Payee address; 1611 McKinney Ave., Dallas, Total Category (See Categories listed at the top of the			State;	Zip Code
political contributions intended	1611 McKinney Ave., Dallas, To Category (See Categories listed at the top of this Food/Beverage Expense	is schedule)	Description		
PURPOSE OF EXPENDITURE	1611 McKinney Ave., Dallas, To Category (See Categories listed at the top of the Food/Beverage Expense Check if travel outside of Texas. Complete	is schedule)	Description taff Appreciation	(JD's Birthday)
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations N Candidate/Officeholder/ Credit Card Payment	Event Expense	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expen Travel In District Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule	G: 2 FILER NAME	ow to complete this form.	
,	Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
-4.0	5 Payee name		L
8/10/2023	Walgreens		
6 Amount (\$)	7 Payee address;	***************************************	
102.99 Reimbursement from political contribution intended	2602 Ft. Worth Ave., Dallas, TX 7521	City;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul	a) (b) Doggrietie	
OF	1	(b) Description	
EXPENDITURE	Gifts/Awards/Memorials Expense	Staff Appreciati	on (Dallas County Clerks)
	(c) Check if travel outside of Texas. Complete Schedule	Check if Auetin	TV (Banas County Clerks)
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	TX, officeholder living expense
expenditure to benefit C/C	Н	Singe Sough	Office held
Date			
9/24/2023	Payee name		
NAME OF TAXABLE PARTY.	Nordstrom		
Amount (\$)	Nordstrom Payee address;	0.3	
NAME OF TAXABLE PARTY.	Payee address;	City; 2000, Dallas, TX 75	State; Zip Code
Amount (\$) 105.26 Reimbursement from political contributions intended	Payee address; 8687 North Central Expressway, Suite	2000, Dallas, TX 75	State; Zip Code 225
Amount (\$) 105.26 Reimbursement from political contributions	Payee address;	2000, Dallas, TX 75	225
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description Staff Appreciation	225 (VD's Birthday)
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Staff Appreciation Check if Austin, T	225
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Staff Appreciation	225 (VD's Birthday)
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Staff Appreciation Check if Austin, T	225 (VD's Birthday) X, officeholder living expense
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name	Description Staff Appreciation Check if Austin, T	225 (VD's Birthday) X, officeholder living expense
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date /25/2023	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Staff Appreciation Check if Austin, T	225 (VD's Birthday) X, officeholder living expense
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date (25/2023 Amount (\$)	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Fluellen Cupcakes Payee address;	Description Staff Appreciation Check if Austin, T Office sought	225 (VD's Birthday) X. officeholder living expense Office held
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Of Expenditure to benefit Complete Only if direct expensions of the only in the o	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Fluellen Cupcakes Payee address;	Description Staff Appreciation Check if Austin, T	225 (VD's Birthday) X. officeholder living expense
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date (25/2023 Amount (\$)	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Fluellen Cupcakes	Description Staff Appreciation Check if Austin, T Office sought	225 (VD's Birthday) x, officeholder living expense Office held
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date /25/2023 Amount (\$) 6.00 Reimbursement from political contributions intended	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name /// Payee name Fluellen Cupcakes Payee address; 1408 Elm St., Dallas, TX 75202	Description Staff Appreciation Check if Austin, T Office sought City;	225 (VD's Birthday) x, officeholder living expense Office held
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date (25/2023 Amount (\$) 6.00 Reimbursement from political contributions	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Fluellen Cupcakes Payee address; 1408 Elm St., Dallas, TX 75202 Category (See Categories listed at the top of this schedule)	Description Staff Appreciation Check if Austin, T Office sought City;	225 (VD's Birthday) x. officeholder living expense Office held State; Zip Code
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date (25/2023 Amount (\$) 6.00 Reimbursement from political contributions intended PURPOSE OF	Payee address: 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Fluellen Cupcakes Payee address: 1408 Elm St., Dallas, TX 75202 Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Staff Appreciation Check if Austin, T Office sought City: Description Staff Appreciation	(VD's Birthday) X. officeholder living expense Office held State; Zip Code
Amount (\$) 105.26 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C Date (25/2023 Amount (\$) 6.00 Reimbursement from political contributions intended PURPOSE OF	Payee address; 8687 North Central Expressway, Suite Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Fluellen Cupcakes Payee address; 1408 Elm St., Dallas, TX 75202 Category (See Categories listed at the top of this schedule)	Description Staff Appreciation Check if Austin, T Office sought City: Description Staff Appreciation	225 (VD's Birthday) x. officeholder living expense Office held State; Zip Code

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

1	EXPENDITURE CATEGO	RIES FOR POYMEN	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations M Candidate/Officeholder/F Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Political Committee	can Repayment/Reimbursement office Overhead/Rental Expense olling Expense criting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule	G: 2 FILER NAME	ow to complete this form.	
(4)	Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
9/28/2023	Off the Bone		
6 Amount (\$)	7 Payee address;		
206.99 Reimbursement from political contributions intended	1724 Dell	City; 75215	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedu		
PURPOSE OF		e) (b) Description	172
EXPENDITURE	Food/Beverage Expense	Staff Appreciati	ion (VD's Birthday)
9	(c) Check if travel outside of Texas. Complete Schedule		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
- Application to Deficial C/OI	H		
Date 10/4/2023	Payee name DAYL (Dallas Association of Young	Olympia /F	
Amount (\$)	Payee address;	Lawyers (Eventbrite)	
28.52 Reimbursement from political contributions intended	2101 Ross Avenue, Dallas, Texas	City; 75201	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule	Description	
OF EXPENDITURE	Other	F F	
	Check if travel outside of Texas. Complete Schedule T.		Dinner with Judiciary
Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, 1	X, officeholder living expense
expenditure to benefit C/0	он	Office sought	Office held
Date	0		
	Payee name		
0/24/2023	DWLA (Dallas Women Lawyer Asso	ciation (Eventhrite)	
Amount (\$) 233,02	Payee address;		
Reimbursement from political contributions intended	P.O.Box 700353, Dallas, Texas 75370	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF	Other		
-NOTIONE		DWLA Annual Award	ds Ceremony (Law Clerk)
onlate Osussia	Check if travel outside of Texas. Complete Schedule T.		officeholder living expense
nplete ONLY if direct enditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
outditude to beliefut CVOH			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ingrid M. Warren 4 Date 5 Payee name 11/23/2023 **Dallas County Democrats** 6 Amount (\$) 7 Payee address; City; Zip Code State: 250.00 1414 N. Washington Ave., Dallas, TX 75204 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contribution/Donation by Officeholder JJ Dinner Sponsorship EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/15/2023 National Bar Association Amount (\$) 2,676.00 Payee address; City; State: Zip Code 1816 12th St. NW 4th Floor, Washington, DC. 20009 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Other OF EXPENDITURE International Affiliates Meeting 2024 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

3	ne Instruction Guide explains how to complete this form.	1 Total pages Sch	edule K;
² FILER NAM Ingrid M. W			os Commission Filers)
4 Date			- Terminosion (ners)
9/22/2023	5 Name of person from whom amount is received Dallas County		8 Amount (\$)
	6 Address of person from whom amount is received; City; 1201 Elm St 23rd Fl Ste 2300-b, Dallas, TX 75270	State; Zip Code	390.00
	7 Purpose for which amount is received	ck if political contribution	returned to files
	Reimbursement for payment of state bar dues		To mar
Date	Name of person from whom amount is received		Amount (\$)
12/4/2023	Plains Capital Bank		
	Address of person from whom amount is received; City;	State; Zip Code	432.69
	325 N. St. Paul St., Dallas, TX 75201		
	Purpose for which amount is received Chec	k if political contribution r	eturned to filer
	morest carried on CD		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
ŀ	Purpose for which amount is received Check	if political contribution rel	turned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; s	State; Zip Code	
	Purpose for which amount is received Check i	f political contribution retu	rned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE		