JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER M. Ingrid Ms. NAME Date Received NICKNAME LAST SUFFIX Warren 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY STATE ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** PO Box 131205, Dallas, Texas 75313 Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION **OFFICEHOLDER** (214) 524-4000 PHONE MS / MRS / MR FIRST CAMPAIGN TREASURER Mr Algernon Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Herron STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY. STATE: ZIP CODE CAMPAIGN TREASURER ADDRESS (Residence or Business) 4303 N. Nicholas Court, Grand Prairie, TX 75052 AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER 388-1871 214) PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) X July 15 Reporting Limit 10 PERIOD Day Year Day Month Year COVERED 30 2023 THROUGH 06 01 / 01 2023 ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Day Year Description General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE 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 POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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. Wa		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	\$ 150.00
	CONTRIBUTIONS MADE ELECTRONICALLY)	130.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 475.60
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,909.40
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	FDAY \$ 37,907.37
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	Please complete either option below:	didate/Officeholder
(1) Affidavit		LINCOLN J. MONROE My Notary ID # 3797644 Expires April 17, 2025
NOTARY STAMP/SEAL		144
Sworn to and subscribed	before me by Ingrid M. Warren this the	17 day of July
	which, witness my hand and seal of office.	0.11
		NOTARY Public
Signature of officer administer	, investment of one of definitioning detail	Title of officer administering oath
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is	· · · · · · · · · · · · · · · · · · ·	
		ate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER	AME	20 Filer ID (Ethics Co	ommission Filers)
21	SCHED NAME (JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	V	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 28 (0) 0
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		s
5.	\checkmark	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 16.909 4
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

SCHEDULE A(J)1

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

	e Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1:
			3 Filer ID (Ethics Commission Filers)
FILERNAME	A./		
Ingrid M.	Narren	ID#:)	7 Amount of contribution (\$)
Date			
2/14/22	Rebecca Covell		250.00
2/14/23	6 Contributor address; City:	State; Zip Code	
	14820 Vintage Lane, Addisor	n, TX 75001	
Contributor's pr	incipal occupation	9 Contributor's job title	
Attorney Owner		Owner	
O Contributor's er	nployer/law firm	11 Law firm of contributor's	s spouse (if any)
Covell P.	C.		
2 If contributor is	a child, law firm of parent(s) (if any)		
	DAC DAC	ID#:)	(2) and short on (5)
Date	AR TRANSPORTED TO THE PROPERTY OF THE PROPERTY	10#	Amount of contribution (\$)
2/14/23	John H. Norris III		4 0000 00
2/14/25	Contributor address; City;	State; Zip Code	1,0000.00
	3811 Turtle Creek Blvd., Suite 400, D	Dallas, TX 75219	
O-atributor's r	rincipal occupation	Contributor's job title	
Attorney	more occupation	Partner	
Contributor's e	mployer/law firm	Law firm of contributor	s spouse (if any)
	Mahan DillC		
Norris &	Weber, PLLC		
	a child, law firm of parent(s) (if any)		
	a child, law firm of parent(s) (if any)	ID#	Amount of contribution (\$)
	Full name of contributor out-of-state PAC	D#)	Amount of contribution (\$)
If contributor is	a child, law firm of parent(s) (if any)) ID#)	
If contributor is	Full name of contributor out-of-state PAC Ronald Foxman	State: Zip Code	Amount of contribution (\$) 250.00
If contributor is	Full name of contributor out-of-state PAC Ronald Foxman Contributor address; City:	State: Zip Code	
If contributor is Date 2/15/23	Full name of contributor out-of-state PAC Ronald Foxman Contributor address; City: 6901 McKamy Blvd., Dallas, T.	State: Zip Code	
Date 2/15/23 Contributor's	Full name of contributor out-of-state PAC Ronald Foxman Contributor address; City:	State: Zip Code	
Date 2/15/23 Contributor's Attorney	Full name of contributor out-of-state PAC Ronald Foxman Contributor address; City: 6901 McKamy Blvd., Dallas, Toprincipal occupation	State: Zip Code X 75248 Contributor's job title	250.00
Date 2/15/23 Contributor's Attorney Contributor's Contrib	Full name of contributor out-of-state PAC Ronald Foxman Contributor address; City; 6901 McKamy Blvd., Dallas, Torincipal occupation	State: Zip Code X 75248 Contributor's job title Attorney	250.00
Date 2/15/23 Contributor's Attorney Contributor's Contrib	Full name of contributor out-of-state PAC Ronald Foxman Contributor address; City: 6901 McKamy Blvd., Dallas, T. orincipal occupation employer/law firm n & Lautin, PC	State: Zip Code X 75248 Contributor's job title Attorney	250.00
Date 2/15/23 Contributor's Attorney Contributor's Contrib	Full name of contributor out-of-state PAC Ronald Foxman Contributor address; City; 6901 McKamy Blvd., Dallas, Torincipal occupation	State: Zip Code X 75248 Contributor's job title Attorney	250.00

SCHEDULE A(J)1

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

7	The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M	. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/23	5 Full name of contributor out-of-state PAC in Anne Ashby 6 Contributor address; City; 11700 Preston Rd., 660 #252, Dallas, TX	State; Zip Code	7 Amount of contribution (\$) 500.00
Attorney	principal occupation	9 Contributor's job title President	
The Law C	employer/law firm Office of Anne Ashby	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 2/22/23	Full name of contributor out-of-state PAC ID	D#)	Amount of contribution (\$)
	Contributor address; City; 1102 Main Street, Garland, TX 75040	State; Zip Code	100.00
Contributor's p	principal occupation	Contributor's job title ATtorney	
Contributor's e Self-Employ	employer/law firm yed	Law firm of contributor's	spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 2/27/23	Full name of contributor	u f:	Amount of contribution (\$)
	Contributor address; City; 6535 Redine Rd., Dallas, TX 75248	State: Zip Code	250.00
Contributor's p	rincipal occupation	Contributor's job title	
Attorney			
Contributor's er	mployer/law firm M. Sims, PC	Attorney 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 NE	EDED

SCHEDULE A(J)1

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

Tì	ne Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid N	1. Warren		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor)#)	7 Amount of contribution (\$)
2/27/23	6 Contributor ≃ddress; City;	State; Zip Code	1,000.00
	3535 Gillespie, #605, Dall	as, TX 75219	
8 Contributor's p	rincipal occupation	9 Contributor's job title	
Attorne	y	Partner	
10 Contributor's employer/law firm 11 Law firm of contributor's spouse			's spouse (if any)
Silverm	an Goodwin LLP		
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC ID	D#:	Amount of contribution (\$)
	Mark Malveaux		
2/27/23	Contributor address; City;	State; Zip Code	250.00
	6138 Desco Dr., Dallas, TX 7		
Contributor's n	rincipal occupation	Contributor's job title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor	's spouse (if any)
McCall F	Parkhurst		
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC_II	D#)	Amount of contribution (\$)
	Pat Beaird		1 000 00
2/27/23	Contributor address; City;	State: Zip Code	1,000.00
	18039 Windtop Lane, Dallas	, TX 75297	
Contributor's p	orincipal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	r's spouse (if any)
Beaird H			
If contributor is	s 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.

SCHEDULE A(J)1

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

1 Total pages Schedule A(J)1:
3 Filer ID (Ethics Commission Filers)
7 Amount of contribution (\$) 250.00
or's spouse (if any)
Amount of contribution (\$)
1,000.00
•
tor's spouse (if any)
Amount of contribution (\$) 250.00
9
itor's spouse (if any)

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M.	Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor		7 Amount of contribution (\$) 250.00
	6 Contributor address; City; 1329 Sunset Ridge Cir., Cedar Hi	State; Zip Code	
8 Contributor's p Attorney	principal occupation	9 Contributor's job title Attorney	
10 Contributor's e G. Redwin		11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor out-of-state PAC Buena Vista Lyons	D#:)	Amount of contribution (\$)
	Contributor address; City; 1019 Greenbriar Lane, Duncanvi	State; Zip Code lle, TX 79137	500.00
Contributor's p	principal occupation	Contributor's job title Office Managing	g Partner
Contributor's e	employer/law firm rison LLP	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor out-of-state PAC Claire Collins Contributor address; City; 12553 Montego Plaza, Dallas, TX	State: Zip Code	Amount of contribution (\$) 100.00
Contributor's p	principal occupation	Contributor's job title Attorney	
Contributor's e	employer/law firm oyed	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
		A	

SCHEDULE A(J)1

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

T	ne Instruction Guide explains how to complete this form	١.	1 Total pages Schedule A(J)1:
2 FILER NAME Irigrid N	1. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	 Full name of contributor out-of-state PAC ID#: Jerry C. Alexander Contributor address; City; 2500 Renaissance Tower, 1201 Elm St., Elements 	State; Zip Code	7 Amount of contribution (\$) 1,000.00
8 Contributor's principal occupation Attorney 9 Contributor's job title		Contributor's job title	
10 Contributor's employer/law firm Passman Jones 11 Law firm of contributor's spouse (if any)		s spouse (if any)	
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor □ out-of-state PAC ID#:		Amount of contribution (\$)
0/00/00	Shawna Brown		250.00
2/28/23	Contributor address; City; State; Zip Code		200.00
	12222 Merritt Dr., Suite 1200, Dallas, TX 7	5251	
Contributor's p	rincipal occupation	Contributor's job title	
Attorne	y mployer/law firm	Owner	
Contributor's e	mployer/law firm	Law firm of contributor's	spouse (if any)
111/04/1900/1900/04/2000/05/	fices of Shawna L. Brown PC		
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC ID#:		Amount of contribution (\$)
0/0000	Thomas Cantrill		
2/2823	Contributor address; City;	State: Zip Code	250.00
	8401 N. Central Expwy., Suite 210, Dallas,	TX 75219	
Contributor's p	rincipal occupation	Contributor's job title	
Attorn			
	mpfloyer/law firm	Law firm of contributor's	s spouse (if any)
and the second second second	Andrews Kurth a child, law firm of parent(s) (if any)		
if contributor is	s a child, law firm of parent(s) (if any)		
		THE STATE OF THE S	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A(J)1

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

т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid	И. Warren		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC II	D#:	7 Amount of contribution (\$)
	Wynthia J. Cheatum		
2/28/23			1,000.00
LILOILO	SE NO GAS NO DE MENNO PROPRIO DESCRIPTOR CONTRACTOR DE MANDE	State; Zip Code	,
	26 Lakeview Pkwy., Suite B-213, Rowle	ett, TX 75088	
8 Contributor's p	principal occupation	9 Contributor's job title	
Attorne	y	Owner	
10 Contributor's employer/law firm 11 Law firm of contributor		's spouse (if any)	
Wynthia	J. Cheatum & Associates		
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC II	D#:)	Amount of contribution (\$)
	Thelma Clardy		050.00
2/28/23		State: Zin Code	250.00
		State: Zip Code	
	1801 N. Hampton Rd., #456, DeS	000, 17 75115	
Contributor's p	rincipal occupation	Contributor's job title	
Attorne	eV .	Owner	
Contributor's e	mployer/law firm	Law firm of contributor'	s spouse (if any)
The T	helma Clardy Law Firm		
	s a child, law firm of parent(s) (if any)		
	Cult page of contributor Co. 1 (1) 210		
Date	Full name of contributor out-of-state PAC II	0#	Amount of contribution (\$)
2/28/23	Vickie Dean		100.00
2120123	Contributor address; City;	State: Zip Code	100.00
	9404 N. Control Evenus, Suite 210 Polla	c TV 75210	
	8401 N. Central Expwy., Suite 210, Dalla		
	principal occupation	Contributor's job title Administrative	Assistant
	Support Staff		
	County Probate Court No. 2	Law firm of contributor	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	IEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A(J)1

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

			1 Till Chadde A/D1:
The Instruction	Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Ingrid M. Warren			
	e of contributor ut-of-state PAC	ID#)	7 Amount of contribution (\$)
Detto	ha L. Dekan		
2/28/23		State, Zip Code	100.00
	itor address; City;	st.	100.00
333 L	ee Pkwy., Fl 8, Dallas,	TX 75219	
Contributor's principal occu		9 Contributor's job title	
Attorney			
10 Contributor's employer/law firm		11 Law firm of contributor	's spouse (if any)
Settle Pou			
2 If contributor is a child, law	firm of parent(s) (if any)		
Date Full nar	me of contributor	O ID#:	Amount of contribution (\$)
2/28/23 Sha	rion L. Fisher		100.00
2120120		State; Zip Code	100.00
900	Jackson St., Suite 115, Dall	las, TX 75287-7541	
Contributor's principal occ	unation	Contributor's job title	1
	apane.	Owner	
Attorney Contributor's employer/law	firm	Law firm of contributo	or's spouse (if any)
Sharion L. Fis	her Attorney	5001504	
If contributor is a child, lav	w firm of parent(s) (if any)		
If Contributor is a crima, lav	Processor Services		
Date Full na	ame of contributor out-of-state PA	AC ID#	Amount of contribution (\$)
	rnoy McLain, PC		
2/28/23		State: Zip Code	250.00
Contri	butor address; City;		
1000 N.	Central Expwy., Suite 80	00, Dallas, TX 7020	
Contributor's principal occ	cupation	Contributor's job title	
Law Firm			
Contributor's employer/law	w firm	Law firm of contribut	or's spouse (if any)
vice (all transfer arterior) and transfer arterior (all transfer arterior).			
It contributor is a child, la	w firm of parent(s) (if any)		
ii Commoditi to a similar	10 May 10		

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M.	Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor ut-of-state PAC I Gant & Hicks, PLLC 6 Contributor address; City: 1409 Botham Jean, Suite 711, Dalla	State; Zip Code	7 Amount of contribution (\$) 1,000.00
8 Contributor's p	orincipal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	D#)	Amount of contribution (\$)
2/28/23	Frank H. Hagle, Jr. Contributor address; City; 530 S. Carrier Pkwy., Suite 300, Grand F	State; Zip Code Prairie, TX 75051	100.00
Contributor's p	principal occupation	Contributor's job title Owner	
Contributor's e	ce of Frank Hagle, PC	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor	D#:	Amount of contribution (\$)
2120123	Contributor address: City; 2920 N. Pearl St., Dallas, TX 7520	State: Zip Code	1,000.00
Contributor's r	principal occupation	Contributor's job title	
Attorne	25	Partner	
	employer/law firm	Law firm of contributor	s spouse (if any)
The Har	rtnett Law Firm		
	s 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.

SCHEDULE A(J)1

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

Th	e Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
FILER NAME	. Warren		3 Filer ID (Ethics Commission Filers)
2/28/23	5 Full name of contributor ☐ out-of-state PAC II Walter Irvin 6 Contributor address; City: 5787 S. Hampton Rd., Ste. LB 122, Dalla	State; Zip Code	7 Amount of contribution (\$) 350.00
Attorney Contributor's e	mployer/law firm	9 Contributor's job title Owner 11 Law firm of contributor	's spouse (if any)
	Irvin, Attorney and Counselor a child, law firm of parent(s) (if any)		
Date 2/28/23	Full name of contributor	D#:	Amount of contribution (\$)
Attorney	employer/law firm	Contributor's job title Owner Law firm of contributor	r's spouse (if any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	ID#:)	Amount of contribution (\$)
2/28/23	Trelaine Mapp Contributor address; City;	State: Zip Code	500.00

SCHEDULE A(J)1

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

TI	ne Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M. V	Varren		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	Full name of contributor	7 Amount of contribution (\$) 500.00	
2,20,20	6 Contributor address; City; 11910 Greenville Ave., Suite 509,	State; Zip Code	
8 Contributor's p Attorney	rincipal occupation	9 Contributor's job title Partner	
10 Contributor's e	mployer/law firm ce of R. J. Watts II	11 Law firm of contributor	s spouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date		D#:	Amount of contribution (\$)
2/28/23	Paul Wright		100.00
	Contributor address; City;	State; Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)
	Contributor address; City;	State: Zip Code	
Contributor's	orincipal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	r's spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		
Į.	ATTACH ADDITIONAL COPIES (f contributor is out-of-state PAC, please see instr	OF THIS SCHEDULE AS luction guide for additional	NEEDED reporting requirements.

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this	lorm.	1 Total pages Schedule A(J)1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ingrid M.	Warren		
4 Date	5 Full name of contributor out-of-state PAC	7 Amount of contribution (\$)	
3/8/23	William Houser		250.00
0,0,20	6 Contributor address; City;	State: Zip Code	
		2	
	10000 N. Central Expwy., Suite 800, Dall	y	
1000	principal occupation	9 Contributor's job title	
Attorney		Owner	
10 Contributor's e	# > 17 man 1	11 Law firm of contributor	's spouse (if any)
	aw Firm, P.C.		
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	ID#:)	Amount of contribution (\$)
	Patrick Rucker	150.00	
3/8/23		130.00	
	Contributor address; City;		
	PO Box 2541, DeSoto, TX 75123		
	principal occupation	Contributor's job title	
COO		COO	_
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)
Redmond	and Eiland, PLLC		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#:)	
Date	Thaddeus Sims		Amount of contribution (\$)
3/8/23	madeus omis		200.00
0.0.20	Contributor address; City;	State: Zip Code	
	15150 Preston Rd., Suite 300, Da		
Contributor's p	orincipal occupation	Contributor's job title	
Attorney		Owner	
	mployer/law firm	Law firm of contributor	's spouse (if any)
inaddeus	M. Sims, P.C.		
If contributor is	a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

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

			1 Total pages Schedule A(J)1:
Th	e Instruction Guide explains how to complete this for	m.	Figure Pages School A(V)
Ingrid M	Warren		3 Filer ID (Ethics Commission Filers)
3/7/23	Full name of contributor	7 Amount of contribution (\$) 250.00	
Contributor's p	rincipal occupation	9 Contributor's job title Attorney	
O Contributor's e	nillips Murray	11 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		Amount of contribution (\$)
3/7/23	Thomas Bittner Contributor address; City;	State; Zip Code	250.00
	2101 Ross Ave., Suite 2500, Dalla	S, TX 75201 Contributor's job title	
Attorne	rincipal occupation	Attorney	
Self-Em	nployer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 3/7/23	Paulette Mueller Contributor address; City: 10770 Inwood Road, Dallas,	State: Zip Code	Amount of contribution (\$) 200.00
	principal occupation	Contributor's job title	
Attorney Contributor's employer/law firm Underwood Perkins		Attorney Law firm of contributor's spouse (if any)	
If contributor i	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

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

3/1/23 8 Contributor's princ Attorney 10 Contributor's emple Cantu Harde 12 If contributor is a contributor in contributor is a contributor in contributor in contributor in	Full name of contributor	State; Zip Code	Filer ID (Ethics Commission Filers)Amount of contribution (\$)400.00s spouse (if any)
3/1/23 8 Contributor's princ Attorney 10 Contributor's emple Cantu Harde 12 If contributor is a contribut	William Mahomes, Jr. Contributor address; City: 7775 Firefall Way, Suite 1216, Dalla cipal occupation oyer/law firm en Montoya child, law firm of parent(s) (if any)	State; Zip Code as, TX 75230 9 Contributor's job title Attorney	400.00
Attorney 10 Contributor's emploared Cantu Harde 12 If contributor is a contributor in contributor is a contributor in contributo	en Montoya child, law firm of parent(s) (if any)	Attorney	s spouse (if any)
Cantu Harde 12 If contributor is a contributor in contributor is a contributor in contribu	en Montoya child, law firm of parent(s) (if any)	11 Law firm of contributor:	s spouse (if any)
Date			
	Full name of contributor out-of-state PAC 104		
	Victoria Welcome Contributor address; City: 4026 Lemmon Avenue, Dallas, TX	Amount of contribution (\$) 100.00	
Contributor's princi Attorney	pal occupation	Contributor's job title Attorney	
Contributor's employed Self-Employed If contributor is a cl		Law firm of contributor's	spouse (if any)
3/7/23	Full name of contributor	State: Zip Code	Amount of contribution (\$) 200.00
Contributor's princip	pal occupation	Contributor's job title Owner	
	Sansom, P.C. hild, law firm of parent(s) (if any)	Law firm of contributor's	spouse (if any)

Forms provided by Texas Ethics Commission

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 f	form.	1 Total pages Schedule A(J)1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Ingrid M	. Warren			
4 Date	5 Full name of contributor ut-of-state PAC	7 Amount of contribution (\$)		
3/7/23	Wendy Dawer			
	6 Contributor address; City;	State; Zip Code	100.00	
	17431 Woods Edge Dr., Dallas, T.	X 75287-7541		
8 Contributor's	principal occupation	9 Contributor's job title		
Attorne	У	Attorney		
10 Contributor's Self-Em	employer/law firm	11 Law firm of contributor	's spouse (if any)	
12 If contributor	is a child, faw firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC	ID#:	Amount of contribution (\$)	
3/7/23	Sarah Oliai	100.00		
3			100.00	
	Contributor address; City; 4521 San Jacinto Street, Dallas, TX	State; Zip Code X 75204		
Contributor's principal occupation		Contributor's job title		
Attorney		Attorney		
1250 1012 JUNE	employer/law firm	Law firm of contributor	s spouse (if any)	
Self-Emp				
if contributor	is a child, law firm of parent(s) (if any)			
Date		ID#:)	Amount of contribution (\$)	
3/7/23	Zane Frisbie			
311123	Contributor address, City;	Contributor address; City; State: Zip Code		
	5850 Town and Country Blvd., Suit 501,			
Contributor's	principal occupation	Contributor's job title		
Attorney		Attorney		
	employer/law firm mployed	Law firm of contributor	's spouse (if any)	
10-1003 CT-11-100-11		L		
If contributor	is a child, law firm of parent(s) (if any)			
If contributor	is a child, law firm of parent(s) (if any)			

SCHEDULE A(J)1

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

TI	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Ingrid M.	Warren			
4 Date	5 Full name of contributor out-of-state PAC II	D#:	7 Amount of contribution (\$)	
	Shelly West		***	
3/7/23		250.00		
	6688 N. Central Expressway, Suite 1000	1		
8 Contributor's p	rincipal occupation	9 Contributor's job title		
Attorney		Owner		
10 Contributor's e	mployer/law firm	11 Law firm of contributor	's spouse (if any)	
Law Offices	of Shelly B. West			
12 If contributor is	a child, law firm of parent(s) (if any)			
	Full name of contributor	D#:		
Date			Amount of contribution (\$)	
3/7/23	Rachel Williams		000.55	
	Contributor address; City;	State; Zip Code	200.00	
	10300 N Central Evoy Suita E44 Dellas	: TX 75231		
Contributor's n	10300 N. Central Expy., Suite 544, Dallas	Contributor's job title		
		150		
Attorney Contributor's e	employer/law firm	Owner Law firm of contributor's spouse (if any)		
Williams La	x \$2,000 0 00		a o a <u>a</u> = 44	
	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)	
3/7/23	Daniella Landers		100.00	
520	Contributor address; City;	State: Zip Code	100.00	
	2402 Bay Manor St., Pearland, TX 77584			
	principal occupation	Contributor's job title	Nickinson LLD	
Attorney		Womble Bond D		
21 AND	employer/law firm	Law firm of contributor	rs spouse (IT any)	
Attorney		Attorney		
If contributor is	s a child, law firm of parent(s) (if any)			

SCHEDULE A(J)1

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

7	The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M	. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/23	Full name of contributor out-of-state PAC I Rosemary Redmond 6 Contributor address; City; 2626 Cole Ave., Suite 300, Dallas	7 Amount of contribution (\$) 100.00	
8 Contributor's p	principal occupation		
10 Contributor's 6 Self-Emp	s spouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 3/8/23	Full name of contributor out-of-state PAC lands Jason Lemons Contributor address; City; 907 Blue Lake Circle, Richardson,	State; Zip Code	Amount of contribution (\$) 200.00
Contributor's p	principal occupation	Contributor's job title Partner	
Lemons 8	Remployer/law firm R Halibauer, LLC s a child, law firm of parent(s) (if any)	Law firm of contributor's	s spouse (if any)
Date	Full name of contributor out-of-state PAC III Contributor address; City;	State: Zip Code	Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NI	EEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selector Messey(Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (emier a category not listed above	v e)		
1 Total pages Schedule F1:	2 FILER NAME Ingrid M. Warren		3 Filter 1D (Ethics Commission F	Filers)		
4 Date 2/11/23	5 Payee name Community Missionary Baptis	t Church				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
150.00	115 W. Belt Line Rd., Ste. 211	IA, DeSoto,	TX 75115			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Donation/Contribution by Officeholder	Olivination of the second				
	(c) Check if travel outside of Taxas. Complete Schedule T.	Check if Aust	in, TX. officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2/13/23	Jack & Jill of America, Inc. Da	llas Chapter				
Amount (\$)	Payee address;	City;	State; Zip Code			
300.00	10917 Carissa Dr., Dallas, TX 75218					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Souvenir	Journal Ad			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2/27/23	JS Flowers			***		
Amount (\$)	Payee address;	City;	State; Zip Code			
517.00	391 Las Colinas Blvd., E., Ste	130-2099,	Irving, TX 75039			
	Category (See Categories listed at the top of this schedule)	Description	20 SE SE SE			
PURPOSE OF EXPENDITURE	Event Expense	Floral Arra Holder Re	ngements for Office ception	e 		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
dvertising Expense ccounting/Banking onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Political redit Card Payment	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Event Expense Office Overhead/Rental Expense Polling Expense Printing Expense Selecter-Wannes/Contract Lait		Transportation Equipment a Related Travel In District Travel Out Of District Other (enter a category not listed abo	
Total pages Schedule F1:			3 Filer ID (Ethics Commission	Filers)
2/28/23	5 Payee name Fast Signs	City;	State. Zip Code	
109.43	7 Payee address: 2829 Oak Lawn Ave., D			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Event Expense	Printing Officeh	Expense - Poster for older Reception	
2	(c) Check if travel outside of Texas. Complete	k if Austin, TX, officeholder living expense	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sou	ight Office held	
Date	Payee name			
3/6/23	Dallas Photo Lab	Ciby	State: Zip Coo	ie
Amount (\$)	Payee address;	City;		
1,820.00	Cedar Springs Rd., Da	illas, TX		
PURPOSE	Category (See Categories listed at the top of this	Websit	e update, digital invita Photography	tion 8
OF EXPENDITURE	Advertising & Event Ex			
	Check if travel outside of Texas. Complete	Schedule T. Che	ck if Austin, TX, officeholder living expense	4
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office so	ought Office held	
Date	Payee name			
3/10/23	Ocean Prime		State; Zip Co	ode
Amount (\$)	Payee address;	City		
5,071.60	2101 Cedar Springs R			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Fundr Bever	aiser (Location, Food age)	&
	Check if travel outside of Taxas. Comple	nte Schedule T. Ch	eck if Austin, TX, officeholder living expense	ald.
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office	sought Office h	eig
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULI	AS NEEDED	West of the second
	ALIACH ADDITIONAL SOLL		Revis	sed 11/15

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) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Ingrid M. Warren 5 Payee name 3/25/23 Hotel Stella Zip Code State: City: 7 Payee address: 6 Amount (\$) 4100 Lake Atlas Dr., Bryan, TX 77807 \$309.22 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Hotel & Food Cost for Texas Aggie Bar Association 245h Annual Conference PURPOSE Other OF EXPENDITURE March 25, 2023 Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Irving NAACP 4/3/23 Zip Code State: City: Payee address; Amount (\$) 200.00 PO Box 166253, Irving, TX 75016 Category (See Categories listed at the top of this schedule) Description Golf Tournament Hole Advertising Expense PURPOSE Sponsorship OF (Donation) EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Dallas Foundation, a Nonprofit Corp 4/10/23 State: Zip Code City; Payee address; Amount (\$) 3000 Pegasus Drive, Suite 930, Dallas, TX 75247 250.00 Description Category (See Categories listed at the top of thir schedule) Dallas Hispanic Law Foundation Contributions/Donations by PURPOSE Amanecer Luncheon Officeholder EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)	3
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y Il Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Overt Polling Exp Printing Exp Salaries/Wa	ense iges/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 F1:	2 FILER N	d M. Warren			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payeen	ame			
4/10/23	Nora	Jackson			State: Zin Code
6 Amount (\$) 795.90	7 Payee address; City: State; Zip Code 5435 N. Garland Ave., Suite 140-225, Garland, TX 75040				
8	(a) Catego	ory (See Categories listed at the top of	this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Salar	ies/Wages Contr	act	Administra	ative Support
EXI ENDITIONE	(c)	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Au	atin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candi	date / Officeholder name		Office sought	Office held
Date 4/27/23	Cent	ter for Women in	Law		
Amount (\$)	Payee	address;		City;	State; Zip Code
250.00	727 Aust	E. Dean Keaton tin, TX 78705-32	St., Univ 25	ersity of TX	School of Law
PURPOSE OF EXPENDITURE	Catego	ny (See Categories listed at the top of tributions/Donation Officeholder	this schedule)	Non-pro	fit Donation
EXPERDITORE	Dy	Check if travel outside of Texas. Comp	olete Schedule T	Check if Au	estin, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		lidate / Officeholder name		Office sought	Office held
Date	Payee	name			
5/17/23		v Hope Baptist C	hurch		
Amount (\$) 154.79	500	address; 2 S. Central Exp	wy., Dall	as, TX 7521	State; Zip Code
PURPOSE OF EXPENDITURE	Cont	ributions/Donatio eholder		Description Church's	150th Anniversary
	Onic	Check if travel outside of Texas. Com	plete Schedule T.	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/G	10000	didate / Officeholder name		Office sought	Office held
		ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULEASN	IEEDED

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 Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politics				Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The instruction Guide explain	s how to co	omplete this form.		, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER N	M. Warren			3 Filer ID (Ethic	s Commission Filers)
6/2/23	5 Payee na State	e Bar of Texas				
6 Amount (\$)	7 Payee a	ddress;		City;	State:	Zip Code
540.00	PO E	Box 12487, Austin,	TX 75	711-2487		
8	(a) Categor	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	r		/Bar Dues		
	(c)	Check if travel outside of Texas: Complete Sc	chedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ime				
6/5/23	Dallas	s Photo Lab				
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code
1,820.00	Ceda	r Spring Rd., Dalla	s, Tex	as		
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Adve	rtising & Event Exp	ense	Website upo & Event Pho		Invitations
		Check if travel outside of Texas. Complete Sci	hedule T	Check if Austin.	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
6/29/23	Miria	m Cocina Latina				
Amount (\$)	Payee ad	dress;		City;	State:	Zip Code
329.96	2015	Woodall Rogers F	wy., D	allas, TX 752	201	
	Category	(See Categories listed at the top of this sch	hedule)	Description		
PURPOSE OF EXPENDITURE	Other	- Reimbursement		Office Lunch Charles	& Appreci	ation for
		Check if travel outside of Texas. Complete Sch	sedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	DED	

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) Solicitation/Fundraising Expense Trensportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Polling Expense Travel In District Food/Beverage Expense Consulting Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Ingrid M. Warren 5 Payee name 4 Date NationBuilder 6/30/23 Zip Code State: City: 7 Payee address; 6 Amount (\$) 520 S. Grand Ave., Los Ageles, CA 90071 246.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 \$41.00 Monthly Fee for Processing Solicitation/Fundraising Donations during January thru June 2023 PURPOSE OF Expense EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date MailChimp 6/30/23 State: Zip Code City; Payee address; Amount (\$) The Rocket Science Group, LLC, 675 Ponce de Leon, NE 2.317.20 Suite 5000, Atlanta, GA 30308 Category (See Categories listed at the top of this schedule) Description Monthly Website Design & Advertising Expense PURPOSE Maintenance for Jan thru June 2023 EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Nora Jackson 2/7/23 Zip Code Payee address; Amount (\$) 5435 N. Garland Ave., Suite 140-225, Garland, TX 75040 1.393.30 Description Category (See Categories listed at the top of this schedule) Administrative Support PURPOSE Salaries/Wages/Contract EXPENDITURE Labor Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH