

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: 6								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Ingrid M.		OFFICE USE ONLY Date Received BY JOHN F. MARRIN COUNTY CLERK DALLAS COUNTY 2024 JUL 15 AM 8:27 FILED Date Hand-delivered or Date Postmarked Receipt # 7 Amount \$ Date Processed Date Imaged								
	NICKNAME LAST SUFFIX Warren										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 131205, Dallas, Texas 75313 <input type="checkbox"/> Change of Address											
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (214) 524-4000											
6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Algernon											
NICKNAME LAST SUFFIX Herron											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4303 Nicholas Court, Grand Prairie, Texas 75052											
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (214) 338-1871											
9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)											
10 PERIOD COVERED Month Day Year Month Day Year 01 / 01 / 2024 THROUGH 06 / 30 / 2024											
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special											
12 OFFICE OFFICE HELD (if any) Dallas County Judge Probate Court #2		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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 21.00

4. TOTAL POLITICAL EXPENDITURES

\$ 417.56

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 35,761.20

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

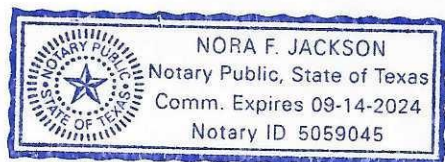
\$

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.

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 13th day of July,
20 24, to certify which, witness my hand and seal of office.

Nora F. Jackson
Signature of officer administering oath

Nora F. Jackson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - 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 SCHEDULESUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 417.56
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,523.50
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 checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,437.45

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 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.

1 Total pages Schedule F1: 1	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)
4 Date 1/8/24	5 Payee name MailChimp	
6 Amount (\$) 134.32	7 Payee address; City; State; Zip Code The Rocket Science Group, LLC, 375 Ponce de Leon Ave., NE, Suite 5000, Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Web Services
	(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

Date 2/1/24	Payee name MailChimp	
Amount (\$) 127.92	Payee address; City; State; Zip Code The Rocket Science Group, LLC, 375 Ponce de Leon Ave., NE, Suite 5000, Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Services
	<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 3/1/24	Payee name MailChimp	
Amount (\$) 134.32	Payee address; City; State; Zip Code The Rocket Science Group, LLC, 375 Ponce de Leon Ave., NE, Suite 5000, Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Services
	<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 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
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.

1 Total pages Schedule G: 1	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)				
4 Date 01/19/24	5 Payee name United Airlines					
6 Amount (\$) 2,023.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 233 S. Wacker Dr., Chicago, IL 60606					
8 PURPOSE OF EXPENDITURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> (a) Category (See Categories listed at the top of this schedule) Other/Travel out of District </td> <td style="width:50%; vertical-align: top;"> (b) Description National Bar Assoc. CLE & Bus. Development in France </td> </tr> <tr> <td style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td style="vertical-align: top;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(a) Category (See Categories listed at the top of this schedule) Other/Travel out of District	(b) Description National Bar Assoc. CLE & Bus. Development in France	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
(a) Category (See Categories listed at the top of this schedule) Other/Travel out of District	(b) Description National Bar Assoc. CLE & Bus. Development in France					
(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 <table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

Date 2/23/24	Payee name Silver Foxes Travel					
Amount (\$) 2,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 143 Spring Avenue, Glen Ellyn, IL 6013					
PURPOSE OF EXPENDITURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Category (See Categories listed at the top of this schedule) Other/Travel out of District </td> <td style="width:50%; vertical-align: top;"> Description Presidents Affiliates Meeting in French Rivera </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td style="vertical-align: top;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		Category (See Categories listed at the top of this schedule) Other/Travel out of District	Description Presidents Affiliates Meeting in French Rivera	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Category (See Categories listed at the top of this schedule) Other/Travel out of District	Description Presidents Affiliates Meeting in French Rivera					
<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 <table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

Date	Payee name					
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Category (See Categories listed at the top of this schedule) </td> <td style="width:50%; vertical-align: top;"> Description </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </td> <td style="vertical-align: top;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		Category (See Categories listed at the top of this schedule)	Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Category (See Categories listed at the top of this schedule)	Description					
<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 <table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Ingrid M. Warren

3 Filer ID (Ethics Commission Filers)

4 Date

03/04/24

5 Name of person from whom amount is received

PlainsCapital Bank

8 Amount (\$)

437.45

6 Address of person from whom amount is received; City; State; Zip Code

P. O. Box 271, Lubbock, TX 79408-0271

7 Purpose for which amount is received

☐

Check if political contribution returned to filer

Interest Earned on \$34,692.76 CD

Date

04/25/24

Name of person from whom amount is received

African American Community & Leadership Council

Amount (\$)

1,000.00

Address of person from whom amount is received; City; State; Zip Code

718 North Hampton Road, DeSoto, TX 75115

Purpose for which amount is received

☐

Check if political contribution returned to filer

Membership Fee/Donation Refund

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED