#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. 2 Total pages filed: 27 CANDIDATE / MS / MRS / MR MI **OFFICEHOLDER** OFFICE USE ONLY Ms. Ingrid M. NAME Date Received NICKNAME LAST SUFFIX Warren 4 CANDIDATE/ ADDRESS / PO BOX. APT / SUITE # STATE: ZIP CODE OFFICEHOLDER PO Box 131205, Dallas, Texas 75313 MAILING **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER Date Hand-delivered or Date Postmarked (214 524-4000 PHONE i 6 CAMPAIGN MS / MRS / MR FIRST Amount S **TREASURER** S Algernon Mr. NAME Date Processed PH NICKNAME Simi LAST SUFFIX Date Imaged > Herron STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CAMPAIGN CITY ZIP SODE **TREASURER** 2010 N. Hampton Road, Dallas, Texas 75115 ADDRESS (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 388-1871 (214 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) V July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day COVERED 02 20 2022 THROUGH 06 30 2022 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Description Month 2022 ✓ General 8 Special 11/ 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Judge, Probate Court #2 Dallas County Judge, Probate Court #2 Dallas County 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. 14 NOTICE FROM POLITICAL 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 FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) Ms. Ingrid M. Warren 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$ CONTRIBUTIONS MADE ELECTRONICALLY) 101.00 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 24,100.00 **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTALS \$ 0 4. TOTAL POLITICAL EXPENDITURES 26,778.85 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. BALANCE OF REPORTING PERIOD 29,188.95 OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate/Officeholder Please complete either option below:

(1) Affidavit



LINCOLN J. MONROE My Notary ID # 3797644 Expires April 17, 2025

NOTARY STAMP/SEAL	200						
Sworn to and subscribed	before me by I	IGRID M.	WARREN	<i>J</i> t	his the 15	HA day of 3	July
20 22 to certify  Signature of officer administe	which, witness my han Mahwahl	dand seal of office.	J. MONRO	£		Notary f	ublic
organizate of onlocal duministe	mg oatri	Printed name of o	fficer administeri	ng oath		Title of offic	er administering oat
	AND THE STATE OF T	ne department of the later of t	OR				
(2) Unsworn Declaration  My name is			, an	nd mv date of	birth is		
My address is						~~~~~	
730000004300000000000000000000000000000	(street	8	***************************************	(city)	(state)	(zip code)	(country)
Executed in	County, Sta	te of	, on the	day of	(month)	, 20 (year)	-
				Signature o	f Candidate/Of	ficeholder (Ded	clarant)

## SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

19	FILER NAME  Ms. Ingrid M. Warren  20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 11,436.41
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$26,778.85
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## SCHEDULE A(J)1

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

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
Ms. Ingrid	M. Warren		
4 Date 2/22/22	5 Full name of contributor □ out-of-state PAC Donald Totusek	ID#:	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; 500 N. Akard Street, Suite 1830,	State; Zip Code  Dallas, TX 75201	
Attorney	s principal occupation  y	9 Contributor's job title Attorney	
Self-Emp		11 Law firm of contributor	's spouse (if any)
12 If contributor	r is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC ID#:		ID#:)	Amount of contribution (\$)
	Contributor address; City; 4299 Normandy Ave., Dallas, TX 7520	State; Zip Code	1,000.00
Attorney	principal occupation	Contributor's job title Attorney	
Contributor's Holland & F	s employer/law firm Knight LLP	Law firm of contributor's	s spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
Date 2/22/22	Full name of contributor		Amount of contribution (\$) 1,000.00
	Contributor address; City; 901 Main St, Suite 5200, Dallas, T	State: Zip Code X 75201	
Attorneys	principal occupation	Contributor's job title	
	employer/law firm sell Coleman & Logan	Law firm of contributor's	s spouse (if any)
Kane Russ	oon obloman a Logan		

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.

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME Ingrid M	. Warren		3 Filer ID (Ethics Commission Filers)
1 Date 2/23/22	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) 500.00
8 Contributor's Attorney	principal occupation	9 Contributor's job title Attorney	
Godsey-N	employer/law firm <b>//artin</b> , PC	11 Law firm of contributor's	s spouse (if any)
2 If contributor	s a child, law firm of parent(s) (if any)		
Date 2/24/22	Full name of contributor	State; Zip Code	Amount of contribution (\$) 2,500.00
Contributor's Business Owne	I principal occupation	Contributor's job title Owner	
Contributor's	employer/law firm	Law firm of contributor's Ford & Harrisor	
If contributor	s a child, law firm of parent(s) (if any)		
Date 2/25/22	Full name of contributor	ID#:	Amount of contribution (\$) 150.00
	Contributor address; City; 8806 Redondo Dr., Dallas, TX 75218	State: Zip Code	
Contributor's Attorney	principal occupation	Contributor's job title  Retired	
Contributor's	employer/law firm	Law firm of contributor's	s spouse (it any)
If contributor	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.

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAN Ingrid M	иE I. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/22	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) 2,500.00
8 Contributor Attorney	's principal occupation	9 Contributor's job title Attorney	
	's employer/law firm k. Korn, PLLC	11 Law firm of contributor	's spouse (if any)
12 If contributo	or is a child, law firm of parent(s) (if any)	<del></del>	
Date 2/26/22	Full name of contributor □ out-of state PAC ID#		Amount of contribution (\$) 250.00
and the same of th	Contributor address; City; 3989 Alta Vista Lane, Dallas, TX 75229	State; Zip Code	
Contributors Attorney	s principal occupation	Contributor's job title Attorney	
Pyke & A	s employer/law firm Associates or is a child, law firm of parent(s) (if any)	Law firm of contributor	s spouse (if any)
	To a diffic, fall first of parentles (if any)		
Date 3/1/22	Full name of centributor	IO#:	Amount of contribution (\$) 1,000.00
	Contributor address; City; 4451 Mendenhall Dr., Dallas, Texas 752	State: Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Contributor's	s principal occupation	Contributor's job title	
Real Esta		Real Estate	
Contributors Wulfe & 0	s employer/law tirm Co.	Law firm of contributor	s spouse (if any)
If contributor	r is a child, law firm of parent(s) (if any)	I	

## SCHEDULE A(J)1

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

5 Full name of contributor		The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
Steve Bolden	2 FILER NAM	Ē		3 Filer ID (Ethics Commission Filer
Attorney  Attorney  Attorney  Attorney  Attorney  Attorney  It Law firm of contributor's spouse (if any)  Date  Full name of contributor  Source purpose address:  17218 Preston Road, Dallas, TX 75252  Contributor's employer/law firm  Lindstrom Law Firm  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Contributor's principal occupation  Attorney  Contributor's employer/law firm  Lindstrom Law Firm  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor  Craig Smith for Judge  Contributor address;  City:  State: Zip Code  Amount of contribution (\$  Amount of contribution (\$  100.00  Amount of contribution (\$  100.00  Contributor address;  City:  State: Zip Code  Sth District Court of Appeals, 600 Commerce St. Suite 210, Dallas, TX 75201  Contributor's principal occupation  Justice  Contributor's pob title  Justice	Date	Steve Bolden 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 500.00
Bracewell LLP  2 If contributor is a child, law firm of parent(s) (if any)  Date    Full name of contributor	719270475	principal occupation	o The Select O Jos Elico	
Date    Sulf name of contributor   Dut-of-state PAG   D#   Amount of contribution (\$\frac{3}{1/22}\$   Kevin D. Lindstrom   100.00				's spouse (if any)
Full name of contributor	2 If contributor	is a child, law firm of parent(s) (if any)		
Contributor's principal occupation Attorney  Contributor's employer/law firm Lindstrom Law Firm  Date Full name of contributor  Craig Smith for Judge  Contributor's principal occupation  Contributor's spouse (if any)  Date  Full name of contributor  Contributor of Appeals, 600 Commerce St. Suite 210, Dallas, TX 75201  Contributor's principal occupation  Justice  Contributor's principal occupation  Contributor's pob title  Justice		Full name of contributor Dut-of-state PAC ID:	- 1	Amount of contribution (\$)
Contributor's principal occupation Attorney  Contributor's employer/law firm Lindstrom Law Firm  If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor  Craig Smith for Judge  Contributor address; City; State: Zip Code 5th District Court of Appeals, 600 Commerce St. Suite 210, Dallas, TX 75201  Contributor's principal occupation  Justice  Contributor's job title  Justice	3/1/22		State; Zip Code	100.00
Contributor's employer/law firm Lindstrom Law Firm  If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor  Craig Smith for Judge  Contributor address; City; State: Zip Code 5th District Court of Appeals, 600 Commerce St. Suite 210, Dallas, TX 75201  Contributor's principal occupation Justice  Contributor's job title Justice		principal occupation		
Date  Full name of contributor out-of-state PAC ID# Amount of contribution (\$  3/1/22  Craig Smith for Judge 100.00  Contributor address; City; State: Zip Code 5th District Court of Appeals, 600 Commerce St. Suite 210, Dallas, TX 75201  Contributor's principal occupation Contributor's job title Justice	Contributor's Lindstrom	employer/law firm Law Firm		s spouse (if any)
Amount of contribution (\$  Craig Smith for Judge  Contributor address; City; State: Zip Code 5th District Court of Appeals, 600 Commerce St. Suite 210, Dallas, TX 75201  Contributor's principal occupation  Justice  Contributor's job title  Justice	If contributor	is a child, law firm of parent(s) (if any)		
Contributor address; City; State: Zip Code 5th District Court of Appeals, 600 Commerce St. Suite 210, Dallas, TX 75201  Contributor's principal occupation  Contributor's job title  Justice  Contributor's Justice				Amount of contribution (\$)
Justice Justice		Contributor address; City;	State: Zip Code	100.00
Contributed		principal occupation		
		employer/law firm		s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	If contributor	is a child, law firm of parent(s) (if any)		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/4/2020

## 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 to	rm.	1 Total pages Schedule A(J)1:
FILER NAM Ingrid M. V			3 Filer ID (Ethics Commission Filers)
Date 3/1/22	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) 500.00
Contributor Attorney	s principal occupation	9 Contributor's job title Attorney	
	s employer/law firm e of Justin K. Hall	11 Law firm of contributor's	s spouse (if any)
2 If contribute	r is a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Contributor	s principal occupation	Contributor's job title	
Contributor	s employer/law firm	Law firm of contributor's	s spouse (if any)
If contribute	or is a child, law firm of parent(s) (if any)		
Date 3/4/22	Full name of contributor out-of-state PAC ID  Wynthia Cheatum  Contributor address; City;  3526 Lakeview Pkwy, Suite 8214, Rowle	State: Zip Code	Amount of contribution (\$) 1,000.00
Contributor	s principal occupation	Contributor's job title	
Attorney		Attorney	
Contributor Self-Emp	s employer/law firm oyed	Law firm of contributor	s spouse (if any)
	or is a child, law firm of parent(s) (if any)		

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 11/4/2020

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 for	m.	1 Total pages Schedule A(J)1:
2 FILER NAN Ingrid M.			3 Filer ID (Ethics Commission Filers)
4 Date 3/18/22	5 Full name of contributor		7 Amount of contribution (\$)
	6 Contributor address; City; 3636 Maple Avenue, Dallas, TX 75219	State; Zip Code	5,000.00
	s principal occupation	Oontributor's job title	
Attorneys		Attorneys	
	s employer/law firm Law Firm, PC	1 Law firm of contributor	s spouse (if any)
2 If contributo	r is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (D#:		Amount of contribution (\$)
3/18/22	Cantey Hanger LLP		1.000.00
	Contributor address; City; 600 W. 6th Street, Suie 300, Ft. Worth, TX	State; Zip Code	1,000.00
Contributor's	principal occupation	Contributor's job title	
Attorneys		Attorneys	
Contributor's	employer/law firm	Law firm of contributor's	s snouse (if any)
Cantey Ha	inger LLP	Dallas County	
II contributor	is a child, law firm of parent(s) (if any)		
Date 4/12/22	Full name of contributor out-of-state PAC ID#:	)	Amount of contribution (\$)
	Contributor address; City; 751 Kessler Lake Drive, Dallas, TX 75208	State: Zip Code	500.00
Contributor's Executive	principal occupation	Contributor's job title Executive	
Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
On-Target			100
If contributor	is a child, law firm of parent(s) (if any)	-	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### 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 for	orm.	1 Total pages Schedule A(J)1:
FILER NAM	E M. Warren		3 Filer ID (Ethics Commission Filers)
4/28/22	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) 2,500.00
Contributor' Attorney	principal occupation	9 Contributor's job title Attorney	
Contributor Hamiltor	s employer/law firm Wingo	11 Law firm of contributo:	s spouse (if any)
If contributo	r is a child, law firm of parent(s) (if any)		
Date 5/12/22	Full name of contributor	)#:)	Amount of contribution (\$) 500.00
	Contributor address: City: 2808 Dyer Street, Dallas, TX 75205	State; Zip Code	
Attorney	principal occupation	Contributor's job title Attorney	
Contributor's Scheef &	employer/law firm Stone	Law firm of contributor's Brooker Law PLLC	s spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
Date 5/12/22	Full name of contributor	#:)	Amount of contribution (\$) 3,000.00
	Contributor address; City; 1807 Ross Avenue, Suite 325, Dallas, TX	State: Zip Code	
Contributor's Attorney	principal occupation	Contributor's job title Attorney	
	employer/law firm Johnson & Patton	Law firm of contributor's	spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		

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

## SCHEDULE A(J)1

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

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
FILER NAME Ingrid M. V			3 Filer ID (Ethics Commission Filers)
Date 6/27/22	5 Full name of contributor out-of-state PAC Glenn Holley 6 Contributor address; City; 7750 N. MacArthur Blvd., Suite #120-	State; Zip Code	7 Amount of contribution (\$) 250.00
Contributor's Attorney	I principal occupation	9 Contributors job title Attorney	
Contributor's Self-Emplo	employer/law firm Oyed	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 out-of-state PAC	D#:	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	s spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)	<u> I</u>	
Date	Full name of contributor	ID#:	Amount of contribution (\$)
	Contributor address; City;	State: Zip Code	
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/iaw firm	Law firm of contributor	's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		*

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

1	The Instruction Guide explains how to complete this for	m.	1 Total pages Sche	dule A2:
2 FILER NAM Ms. Ingric	ME I M. Warren		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 <sub>Date</sub> 3/24/22	6 Full name of contributor	Zip Code	8 Amount of Contribution \$ 4,070.00	9 In-kind contribution description Campaign Fundraiser
Attorney	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	State of the state	ide of Texas Complete Schedule T IAL)(See Instructions)
	s principal occupation (FOR JUDICIAL) s employer/law firm (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions) use (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/28/22	Full name of contributor out-of-state PAC (ID#	Zip Code	Amount of Contribution \$ 7,366.41	J. In-kind contribution description Campaign Fundraiser
Attorney	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)			de of Texas. Complete Schedule T.  AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
l	ATTACH ADDITIONAL COPIES OF THE CONTRIBUTION O	HIS SCHEDU	E AS NEEDED	requirements

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 Git/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Long (Contract Lenge

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

ACCOUNT MADELLE STATE AND ADDRESS OF THE ACCOUNT OF	2 FILER NAME		7
	Ingrid M. Warren		3 Filer ID (Ethics Commission Filer
4 Date	5 Payee name		January Control of the Control of th
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 2/20/22	Payee name  Dallas Examiner		
Amount (\$) 1,602.00	Payee address; 400 Zang Blvd., Suite 1022, Dallas, TX	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Newspaper A	ds
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	Payee name Golden Gate Missionary Baptist Church		
Date 2/20/22  Amount (\$)	Golden Gate Missionary Baptist Church Payee address;	City;	State; Zip Code
expenditure to benefit C/OH  Date 2/20/22	Golden Gate Missionary Baptist Church	3.4	State; Zip Code
Date 2/20/22  Amount (\$)	Golden Gate Missionary Baptist Church  Payee address;  1101 Reverend CBT Smith Street, Dallas  Category (See Categories listed at the top of this schodule)	3.4	State; Zip Code
Date 2/20/22  Amount (\$) 250.00	Golden Gate Missionary Baptist Church  Payee address;  1101 Reverend CBT Smith Street, Dallas	s, TX 75203	State; Zip Code
expenditure to benefit C/OH  Date 2/20/22  Amount (\$) 250.00  PURPOSE OF	Golden Gate Missionary Baptist Church  Payee address;  1101 Reverend CBT Smith Street, Dallas  Category (See Categories listed at the top of this schodule)	Description Donation	State; Zip Code  State; Typ Code

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/Memonals 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:	2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
6 Date	5 Payee name		
3 Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/1/22	Democracy Toolbox		
Amount (\$)	Payee address;	City;	State; Zip Code
2,700.00	405 Rice St., McKinney, TX 75069		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Web Tools	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/1/22	Ojeda's Mexican Restaurant		
Amount (\$)	Payee address;	City;	. State; Zip Code
650.00	2109 N. Hampton Road, DeSoto, TX 75115		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Food & Beverage	Election Day Party
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
	Candidate / Officeholder name		

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 Gitt/Awards/Memonals Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Exponse 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ingrid M. Warren 4 Date 5 Payee name 3/1/22 Albertson's 6 Amount (S) 7 Payee address; City; State; Zip Code 127.55 427 E. FM 1382, Cedar Hill, TX 75104 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **Event Expense** OF Food & Beverage Election Day Party 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 Office held expenditure to benefit C/OH Date Payee name 3/1/22 Total Wine & More Amount (\$) Payee address: City; State: Zip Code 37.87 4289 FM 1382, Cedar Hill, TX 75104 Category (See Categories listed at the top of this schedule) Description PURPOSE **Event Expense** OF Food & Beverage **Election Day Party** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 3/1/22 Christopher Ellison Amount (\$) Payee address; City; State: Zip Code 285.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Contract Labor Poll Worker EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

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 Expenso Salaries/Wayes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

	1: 2 FILER NAME		3 Filer ID (Ethics Commission Filers
	Ingrid M. Warren		to (Lines Commission File)
Date 3/1/22	5 Payee name Arthur L. Hopkins		
Amount (\$) 240.00	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor	(b) Description Poll Workers	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
3/1/22	Tonesha Winters		
Amount (\$) 360.00	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Poll Worker	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
390.00	Tony Owens		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Poll Worker	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense

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 Giff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wenes/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 access C. L. L	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers
4 Date 3/1/22	5 Payee name		
	James Runnels		
3 Amount (\$) 180.00	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor	(b) Description Poll Worker	
	(C) Check if travel outside of Texas. Complete Schedule T.	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 3/1/22	Payee name Barbara Agbanyim		
Amount (\$) 180.00	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Poll Worker	
	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	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/1/22	Angela Martin		
Amount (\$) 180.00	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Poll Worker	
James		Chack if Austin	TV
	Check if travel outside of Texas. Complete Schedule T.	Uncon it August,	TX, officeholder living expense

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 Grift/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 shows)

1 Total pages Schedule F	1: 2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission File
Date	5 Payee name		
3/1/22	Stan Bacon		
255.00	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor	(b) Description Poll Worker	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/1/22	Sable Bacon		
Amount (\$) 135.00	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Poll Worker	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3/1/22	Johnny Carter		
Amount (\$) 240.00	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Poll Worker	
1	Charlest and the same		
	Chack if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense

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 Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Sulicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
No.	Ingrid M. Warren		
Date 3/1/22	5 Payee name		
	Sylvia Randle		
90.00	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor	(b) Description Poll Worker	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/1/22	Delania Bacon		
Amount (\$) 135.00	Payee address:	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor	Description Poll Worker	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/3/22	Hornbuckle Photography		
Amount (S)	Payee address;	City;	State; Zip Code
541.25	PO Box 227382, Dallas, TX 75222		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Event Expense	Photography Servi	ces, Geoffrey Schorr Fundraiser
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense

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/Donatio

**Event Expense** Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Total pages Schedule F	1: 2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers
1 Date 03/8/22	5 Payee name Design East Floral		
5 Amount (\$) 102.73	7 Payee address; 2201 Main Street, Dallas, TX 75201	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense	(b) Description Donor Apprec	ciation
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 3/9/22	Payee name Senate District 16 PAC		
Amount (\$) 200.00	Payee address; 2504 Summit Drive, Irving, TX 75602; A	city;	State; Zip Code
			aicy
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Convention F	
OF	Category (See Categories listed at the top of this schedule)	Description Convention F	Program Ad
OF	Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Description Convention F	
OF EXPENDITURE  Complete ONLY if direct	Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name	Convention F Check if Austi Office sought	Program Ad  in, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  3/9/22	Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Convention F Check if Austi Office sought	Program Ad  in, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Far North Dallas Richardson Democr Payee address;	Description  Convention F  Check if Austi Office sought  ats  City;	Program Ad  in, TX, officeholder living expense  Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  3/9/22  Amount (\$)	Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Far North Dallas Richardson Democr Payee address;  1701 Hidden Glen Drive, Dallas, TX 7:  Category (See Categories listed at the top of this schedule)	Description  Convention F  Check if Austi Office sought  ats  City;  5208  Description	Program Ad in, TX, officeholder living expense Office held State; Zip Code
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  3/9/22  Amount (\$)  100.00  PURPOSE	Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Far North Dallas Richardson Democr  Payee address;  1701 Hidden Glen Drive, Dallas, TX 75	Description  Convention F  Check if Austi Office sought  ats  City;  5208  Description	Program Ad  in, TX, officeholder living expense  Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  3/9/22  Amount (\$)  100.00  PURPOSE OF	Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Far North Dallas Richardson Democr Payee address;  1701 Hidden Glen Drive, Dallas, TX 7:  Category (See Categories listed at the top of this schedule)	Convention F Check if Austi Office sought  Tats City;  5208 Description SD12 Conven	Program Ad in, TX, officeholder living expense Office held State; Zip Code

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 Git/Awards/Memonals Expense 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

Candidate/Officeholder/Politica Credit Card Payment	Git/Awards/Memonals Expense Printing E salaries/A Printing E salar	Nages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
Date 3/18/22	5 Payee name Dallas County Democratic Party		
Amount (\$)	7 Payee address;	City;	State; Zip Code
500.00	1414 N. Washington Ave., Dalla	s, TX 75204	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contribution/Donation	23rd Senatorial District Covention	
	(c) Check if traval outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/20/22	Union Missionary Baptist Church		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	3410 3410 Polk Street, Dallas, T	X 75224	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contribution/Donation	Contribu	tion/Donation
and the second s	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/21/22	North Dallas Texas Democratic W	/omen	
Amount (\$)	Payee address;	City;	State; Zip Code
100.00	17201 Hiddden Glen Drive, Dalla	s, Texas75208	8
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertsing Expense	SD 2 Conv	rention Ad
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS		

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 Fecs Focd/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Marcas/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel In Other Control of District

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Ingrid M. Warren		
Date	5 Payee name		
3/21/22	True Blue Democrats PAC		
Amount (\$)	7 Payee address	City;	State; Zip Code
500.00	4320 Travis Street, Dallas, TX 7	5205	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Combails at an 1D 11	Donation t	o True Blue Democrats
OF EXPENDITURE	Contribution/Donation	Donation	o True blue Democrats
	(c) Check if travel outside of Texas. Complete. Schedule T	Check if Ausi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/21/22	Mail Chimp		
F.mount (\$)	Payee address;	City;	State; Zip Code
41.58	The Rocket Schience Group, LLC, 675 Ponce de	Leon Ave., NE, Suite	5000, Atlanta, GA 30308
41.58	The Rocket Schience Group, LLC, 675 Ponce de  Category (See Categories listed at the top of this schedule)	Leon Ave., NE, Suite	5000, Atlanta, GA 30308
PURPOSE OF			
PURPOSE	Callegory (See Categories listed at the top of this schedule)	Description Polling Exp	
PURPOSE OF	Category (See Categories listed at the top of this schedule)  Solicitation Expense  Checkif travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Description Polling Exp	ense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Category (See Categories listed at the top of this schedule)  Solicitation Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Polling Exp	ense tin, TX, officeholder living expense
PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See Categories listed at the top of this schedule)  Solicitation Expense  Checkif travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Polling Exp	ense tin, TX, officeholder living expense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Category (See Categories listed at the top of this schedule)  Solicitation Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name	Polling Exp	ense tin, TX, officeholder living expense
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 3/22/22	Category (See Categories listed at the top of this schedule)  Solicitation Expense  Checkif travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Dallas Post Tribune	Description  Polling Exp  Check if Aus  Office sought  City;	ense tin, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 3/22/22  A.mount (\$)	Category (See Categories listed at the top of this schedule)  Solicitation Expense  Checkif travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Dallas Post Tribune  Payee address;	Description  Polling Exp  Check if Aus  Office sought  City;	ense tin, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 3/22/22  A.mount (\$)	Category (See Categories listed at the top of this schedule)  Solicitation Expense  Checkif travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Dallas Post Tribune  Payee address;  2726 S. Beckley Ave., PO Box 57069, C	Description Polling Exp Check if Aus Office sought City:	ense  tin, TX, officeholder living exponse  Office held  State; Zip Code
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 3/22/22  F.mount (\$)  1,200  PURPOSE OF	Category (See Categories listed at the top of this schedule)  Solicitation Expense  Checkif travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Dallas Post Tribune  Payee address;  2726 S. Beckley Ave., PO Box 57069, Category (See Categories listed at the top of this schedule)	Description Polling Exp Check if Aus Office sought  City: Callas, TX 75357 Description Newspaper Ai	ense  tin, TX, officeholder living exponse  Office held  State; Zip Code

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
Craft Card Payment

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

Total pages Schedule F1: 2 FILER NAME Ingrid M. Warren  4 Date 3/25/22 5 Payee name 3/25/22 5 Payee name 5 Payee address; Texas Bar Association, 1.  8 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Candidate / Office holder name 6 Payee name 6 Payee name 7 Payee address; The Rocket Science Group, LLC Category (See Categories listed at the 6 Payee name 7 Purpose 6 Payee name 8 Payee name 8 Purpose 6 Payee name 9 P	ense Printing Ex Salaries/W e explains how to c	/ages/Contract Labor	Travel Out Of District Other (enter a category)	
S Date 3/25/22  S Amount (\$) 7 Payee address; Texas Bar Association, 1.  (a) Category (See Categories listed at the Other    Complete ONLY if direct expenditure to benefit C/OH   Category (See Categories listed at the Other			3 Filer ID (Ethic	s Commission Filers)
Texas Bar Association, 1.    Category (See Categories listed at the Other				
PURPOSE OF EXPENDITURE  (c) Ctreck if travel outside of Texas.  (d) Candidate / Officeholder name  (expenditure to benefit C/OH  Candidate / Officeholder name  (expenditure to benefit C/OH  Date Payee name  4/1/22 Mail Chimp  Amount (\$) Payee address;  The Rocket Science Group, LLC  Category (See Cetegories listed at the large of the composition of Texas.)  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  Irving-Carrollton NAACP  Amount (\$) Payee address;  500.00 530 Davis Drive, Irving, T  Category (See Categories listed at the large of the composition of Texas.)  Candidate / Officeholder name  Candidate / Officeholder name  Category (See Categories listed at the large of the composition of Texas.)  Category (See Categories listed at the large of the composition of Texas.)  Category (See Categories listed at the large of the composition of Texas.)  Category (See Categories listed at the large of the composition of Texas.)  Category (See Categories listed at the large of the composition of Texas.)  Category (See Categories listed at the large of the composition of Texas.)  Category (See Categories listed at the large of the composition of Texas.)		City;	State;	Zip Code
PURPOSE OF EXPENDITURE  (c) Check if travel outside of Texas. (d) Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Mail Chimp  Amount (\$) Payee address;  The Rocket Science Group, LLC  Category (See Categories listed at the language of Texas.)  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Living-Carrollton NAACP  Amount (\$) Payee address;  Solicitation Expense  Candidate / Officeholder name  Living-Carrollton NAACP  Amount (\$) Payee address;  Solicitation Expense  Candidate / Officeholder name  Living-Carrollton NAACP  Category (See Categories listed at the language)	414 Colorado :	St., Dallas, TX 78	3701	
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  4/1/22 Mail Chimp  Amount (\$) Payee address;  The Rocket Science Group, LLC  Category (see Categories listed at the large expenditure to benefit C/OH  Candidate / Officeholder name  Category (see Categories listed at the large expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  1rving-Carrollton NAACP  Amount (\$) Payee address;  500.00 530 Davis Drive, Irving, T  Category (See Categories listed at the large expenditure)	top of this schedule)	(b) Description Texas Bar CLE Conference Estate Planning Strateg	ence, 28th Annual Confere	nce on Advanced
expenditure to benefit C/OH  Date	Complete Schedule T.	Check if Aus	tin. TX. officeholder livin	g expense
Amount (\$)  Payee address;  The Rocket Science Group, LLC  Category (See Categories listed at the land)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Irving-Carrollton NAACP  Amount (\$)  Payee address;  500.00  Payee address;  530 Davis Drive, Irving, T  Category (See Categories listed at the land)  Category (See Categories listed at the land)  Purpose OF EXPENDITURE  Category (See Categories listed at the land)	<u> </u>	Office sought		Office held
Amount (\$)  Payee address;  The Rocket Science Group, LLC  Category (See Categories listed at the form of the Expenditure of the Solicitation Expense    Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  Irving-Carrollton NAACP  Amount (\$)  Payee address;  500.00  Fayee address;  Category (See Categories listed at the form of the Expense is the form of the Event Expense    Category (See Categories listed at the form of the Event Expense    Category (See Categories listed at the Event Expense    Complete ONLY if direct    Candidate / Officeholder name    Category (See Categories listed at the Event Expense    Category (S				
The Rocket Science Group, LLC  Category (See Categories listed at the land of the Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Irving-Carrollton NAACP  Amount (\$)  Payee address;  500.00  Category (See Categories listed at the land of Texas.  Candidate / Officeholder name  Irving-Carrollton NAACP  Payee address;  500.00  Category (See Categories listed at the land of Texas.  Category (See Categories listed at the land of Texas.  Category (See Categories listed at the land of Texas.  Category (See Categories listed at the land of Texas.  Camplete ONLY if direct  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name				
PURPOSE OF EXPENDITURE  Solicitation Expense  Check if travel outside of Texas.  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  Irving-Carrollton NAACP  Amount (\$) Payee address;  500.00  Payee address;  Category (See Categories listed at the light of Texas)  Candidate / Officeholder name  Category (See Categories listed at the light of Texas)  Category (See Categories listed at the light of Texas)  Category (See Categories listed at the light of Texas)  Category (See Categories listed at the light of Texas)  Category (See Categories listed at the light of Texas)  Category (See Categories listed at the light of Texas)  Category (See Categories listed at the light of Texas)  Category (See Categories listed at the light of Texas)  Category (See Categories listed at the light of Texas)  Category (See Categories listed at the light of Texas)  Category (See Categories listed at the light of Texas)		City;	State;	Zip Code
PURPOSE OF EXPENDITURE  Solicitation Expense  Check if travel outside of Texas.  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  Irving-Carrollton NAACP  Amount (\$) Payee address;  500.00  Purpose OF EXPENDITURE  Category (See Categories listed at the Event Expense  Check if travel outside of Texas.  Candidate / Office holder name  Category (See Categories listed at the Event Expense  Check if travel outside of Texas.  Candidate / Office holder name	C, 675 Ponce de Li	eon Ave., NE, Suite 5	5000, Somerville, M.	A 01244
Solicitation Expense  Check if travel outside of Texas.  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Irving-Carrollton NAACP  Amount (\$)  Payee address;  500.00  530 Davis Drive, Irving, T  Category (See Categories listed at the Event Expense  Event Expense  Check if travel outside of Texas.  Complete ONLY if direct  Candidate / Officeholder name	top of this schodule)	Description		
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  4/1/22 Irving-Carrollton NAACP  Amount (\$) Payee address;  500.00 530 Davis Drive, Irving, T  Category (See Categories listed at the EVENT Expense  Check if travel outside of Texas.  Complete ONLY if direct Candidate / Officeholder name		Polling Ex	pense	
expenditure to benefit C/OH  Date Payee name  4/1/22 Irving-Carrollton NAACP  Amount (\$) Payee address;  500.00 530 Davis Drive, Irving, T  Category (See Categories listed at the  PURPOSE OF EXPENDITURE Event Expense  Check if travel outside of Texas.  Complete ONLY if direct Candidate / Officeholder name	Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Amount (\$)  Payee address;  500.00  530 Davis Drive, Irving, T  Category (See Categories listed at the  PURPOSE OF EXPENDITURE  Check if travel outside of Texas.  Complete ONLY if direct  Candidate / Officeholder name		Office sought		Office held
Amount (\$)  Payee address;  500.00  530 Davis Drive, Irving, T  Category (See Categories listed at the  PURPOSE OF EXPENDITURE  Check if travel outside of Texas.  Complete ONLY if direct  Candidate / Officeholder name				
530 Davis Drive, Irving, T  Category (See Categories listed at the  PURPOSE OF EXPENDITURE  Event Expense  Check if travel outside of Texas.  Complete ONLY if direct  Candidate / Officeholder name				
PURPOSE OF EXPENDITURE  Category (See Categories listed at the Event Expense  Check if travel outside of Texas.  Complete ONLY if direct  Candidate / Officeholder name	······································	City;	State;	Zip Code
PURPOSE OF EXPENDITURE  Event Expense  Check if travel outside of Texas.  Complete ONLY if direct  Candidate / Officeholder name	exas 75061			
Event Expense  Check if travel outside of Texas.  Complete ONLY if direct  Candidate / Officeholder name	top of this schedule)	Description		
Complete ONLY if direct Candidate / Officeholder name	M-10-10-10-10-10-10-10-10-10-10-10-10-10-	Golf Tourname	ent Sponsorship	
Complete Once a direct	Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
	ne	Office sought		Office held
ATTACH ADDITIONAL (	CODICE OF THIS	SCHEDIII E AS NE	EDED	

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/Jonations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gill/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Lanor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Ingrid M. Warren		
Date	5 Payee name		
4/5/22	Metro Air Conditioning		
Amount (\$)	7 Payee address:	City;	State; Zip Code
418.00	126 W. Illinois, Dallas, TX 75208		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Display and Ret	rieve Campaign Signs
	(©) Check if travel outside of Texas, Complete Schedule T	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/8/22	Channie Hopkins		
Amount (\$)	Payee address;	City;	State; Zip Code
3,500.00	120 Wild River, DeSoto, TX 75115		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Consulting Expenses	Consulting S	ervices
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
4/10/22	Donald Payton		
Amount (S)	Payee address;	City;	State; Zip Code
1,250.00	844 Sweetwater, Dallas, TX 75228		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Contract L	abor
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
		Office sought	Office held

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 GIV/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Menss/Contract Labor

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

Total pages Schedule F1	The Instruction Guide explains how to c		3 Filer ID (Ethics Commission Filers
rotal pages defledule i i	Ingrid M. Warren		THE TENED COMMISSION FROM
Date	5 Payee name	***************************************	
4/8/22	JS Flowers		
Amount (\$)	7 Payee address;	City;	State; Zip Code
4/11/22	391 Las Colinas Blvd. E., Irving	, TX 75939	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Donor Appre	ciation
	(C) Check if travel outside of Toxas, Complete Schedule T	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/12/22	Nora Jackson		
Amount (\$)	Payee address;	City;	State; Zip Code
1 260 40	EASEN COLUMN		
1,260.10	5435 N. Garland Ave., Suite 140-	-225, Garland,	TX 75040
1,200.10	Category (See Categories listed at the top of this schedule)	Description	TX 75040
PURPOSE OF EXPENDITURE		Description	ive Services
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Administrat	
PURPOSE OF	Category (See Categories listed at the top of this schedule)  Contract Labor  Check if travel outside of Texas, Complete Schedule T.  Candidate / Office holder name	Description Administrat	ive Services
PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See Categories listed at the top of this schedule)  Contract Labor  Check if travel outside of Texas, Complete Schedule T.  Candidate / Office holder name	Description  Administrat	ive Services
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Category (See Categories listed at the top of this schedule)  Contract Labor  Check if travel outside of Texas, Complete Schedule T.  Candidate / Office holder name	Description  Administrat	ive Services
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Category (See Categories listed at the top of this schedule)  Contract Labor  Check if travel outside of Texas, Complete Schedule T.  Candidate / Officeholder name  Payee name	Description  Administrat	ive Services
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O Date  4/13/22	Category (See Categories listed at the top of this schedule)  Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Candidate / Office holder name  Payee name  Southwest Printing	Description  Administrat  Check If Aus  Office sought  City;	ive Services  tin, TX, officeholder living expense Office held  State; Zip Code
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 4/13/22  Amount (\$)	Category (See Categories listed at the top of this schedule)  Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Candidate / Office holder name  Payee name  Southwest Printing  Payee address;	Description  Administrat  Check If Aus  Office sought  City;	ive Services  tin, TX, officeholder living expense Office held  State; Zip Code
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 4/13/22  Amount (\$)	Category (See Categories listed at the top of this schedule)  Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Candidate / Office holder name  Payee name  Southwest Printing  Payee address;  4545 S. Westmoreland Road, D.	Description  Administrat  Check if Aus  Office sought  City;  Dallas, Texas 7	ive Services  tin, TX, officeholder living expanse Office held  State; Zip Code
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date 4/13/22  Amount (\$) 164.09  PURPOSE OF	Category (See Categories listed at the top of this schedule)  Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Southwest Printing  Payee address;  4545 S. Westmoreland Road, D.  Category (See Categories listed at the top of this schedule)	Description  Administrat  Check if Aus  Office sought  City;  Dallas, Texas 7  Description  Signing Boa	ive Services  tin, TX, officeholder living expanse Office held  State; Zip Code

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political		Polling Expense Printing Expense	Travel In District Travel Out Of District
Credit Card Payment	The Instruction Guide explain:	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME	s now to complete time forms	3 Filer ID (Ethics Commission Filers)
Total pages selled to	Ingrid M. Warren		o The 12 (Edito Commission Friers)
I Date	5 Payee name		1
4/15/22	Ocean Prime		
Amount (\$)	7 Payee address;	City;	State; Zip Code
4,000.00	2101 Cedar Springs Road,	Dallas, TX 75201	
	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Donor Thank	k You Event
	(G) Check if travel outside of Texas. Complete Sc	heduleT. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expanditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/25/22	Avis Rent-a-Car		
Amount (S)	Payee address;	City;	State; Zip Code
563.75	3500 University Blvd., NE, /	Albuquerque, NM 87	106
	Category (See Categories listed at the top of this se	rhedule) Description	
PURPOSE OF EXPENDITURE	Travel out of District	Texas Bar	CLE Conference
	Check if traval outside of Texas. Complete So	chedule T. Check if Aus	Un, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Daie	Payee name		
5/16/22	Dallas County Young Democrat	s, 1414 N. Washington A	ve, Dallas, TX 75204
Amount (\$) 100	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	Contribution/Donation	Young Demo	ocrats Grill & Chill Fundraiser
	Check if travel outside of Texas. Complete Se	chedule T. Check if Aus	itin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Exponso Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ingrid M. Warren 4 Date 5 Payee name 5/16/22 Texas Tech Law School Foundation 6 Amount (\$) 7 Payee address: City: State: Zip Code 513.75 3311 18th St., Lubbock, TX 79409 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Texas Tech School of Law Scholarship Endowment Contribution/Donation OF 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 Office held expenditure to benefit C/OH Payee name 5/17/22 Mail Chimp Amount (\$) City; Payee address; State: Zip Code 335.79 The Rocket Science Group, LLC, 675 Ponce de Leon Ave., NE, Suite 5000, Atlanta, GA 30308 Category (See Categories listed at the top of this schedule) Pessiption Expense PURPOSE Solicitation Expense EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expanditure to benefit C/OH Date Payee name Dallas Photo Lab 5/29/22 Amount (\$) Payee address; City; State: Zip Code 456.95 684 Lake Caroline Pkwy., Irving, TX 75039 Category (See Categories listed at the top of this schedule) Description PURPOSE Event Expense & Advertising Expense Photography & Web Mail Services EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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 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)

Candidate/Officeholder/Politica Credit Card Payment		xpense Vages/Contract Labor complete this form.	Travel Out Of Dist Other (enter a cate	gory not listed above)
Total pages Schedule F1:	T		3 Filer ID (Eth	cs Commission Filers
	Ingrid M. Warren			
Date	5 Payee name			
6/17/22	NationBuilder			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
145	PO Box 811428, Los Angeles, CA 900	81		
	(a) Category (See Categories listed at the top of this schedule)	('a) Description		
PURPOSE OF EXPENDITURE	Solicitation and Fundraising Expense	Monthly Subscription Fee (March-June)		
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/27/22	Mail Chimp			
Amount (\$)	Payee address;	City;	State;	Zip Code
335.79	The Rocket Science Group, LLC, 675 Ponce de	Leon Ave., NE, Suite	5000, Atlanta, GA	30308
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Solicitation Expense	Polling Expense	9	
	Check if travel outside of Texas. Complete Schedule T.		n TV officebolder but	
		Check if Austi	II, IA, officeriotoer livi	ng expense
	Candidate / Officeholder name	Office sought	n, 1% onicentioe nvi	Office held
expenditure to benefit C/Oł	Candidate / Officeholder name		n, ix onicendes ivi	
expenditure to benefit C/Oł	Candidate / Officeholder name		n, 1X, unicendider livi	
expenditure to benefit C/Oł  Date	Candidate / Officeholder name		State;	
Date 6/27/22 Amount (\$)	Candidate / Officeholder name Payee name Nation Builder	Office sought	State;	Office held
Date 6/27/22 Amount (\$)	Candidate / Officeholder name Payee name Nation Builder Payee address;	Office sought  City;	State;	Office held
Date 6/27/22 Amount (\$)	Candidate / Officeholder name  Payee name  Nation Builder  Payee address;  PO Box 8114	City; Los Angeles, CA	State;	Office held  Zip Code
Amount (\$) 567.40  PURPOSE OF	Candidate / Officeholder name  Payee name  Nation Builder  Payee address;  PO Box 8114  Category (Sec Categories listed at the top of this schedule)	City; Los Angeles, CA Description Contribution	State; A 90081	Office held  Zip Code