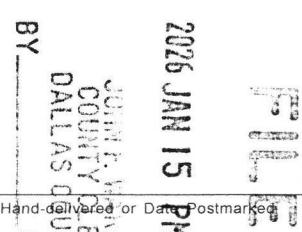


JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 42			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.			FIRST Ingrid	MI M.	OFFICE USE ONLY		
	NICKNAME			LAST Warren	SUFFIX	Date Received 		
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 checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	THROUGH		Month	Day	Year
	07	/ 01	/ 2025			12	/ 31	/ 2025
11 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description		
	3	/ 3	/ 2026	<input type="checkbox"/> General	<input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) Presiding Judge Dallas County Probate Court #2				13 OFFICE SOUGHT (if known) Presiding Judge Dallas County Probate Court #2			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS						
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

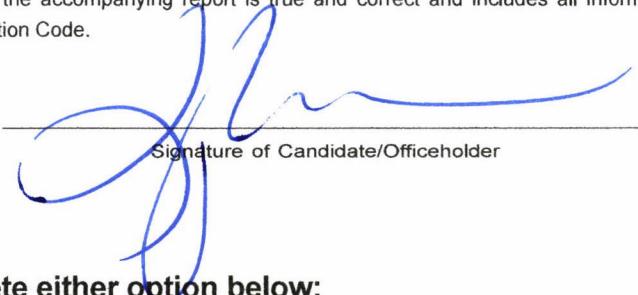
FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME
Ingrid M. Warren

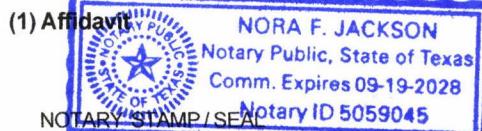
16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 109,683.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 679.37
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,521.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 87,292.35
	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:



Sworn to and subscribed before me by Ingrid M. Warren this the 15th day of January,
20 26, 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)

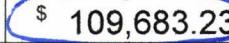
(zip code)

(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 SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$  109,683.23 
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	\$ 16,521.60
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 10,000

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
1 of 27

2 FILER NAME

Ingrid M. Warren

4 Date

10/13/25

5 Full name of contributor
Demetris Sampson

out-of-state PAC ID#: _____)

7 Amount of contribution (\$)

237.45

6 Contributor address;

City; State; Zip Code

P. O. Box 763834, Dallas, TX 75376

Type text

8 Contributor's principal occupation

Retired Attorney

9 Contributor's job title

Partner

10 Contributor's employer/law firm

Caldwell, Bennett, Thomas, Toraason & Mead PLLC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date
10/13/25

Full name of contributor

out-of-state PAC ID#: _____)

Amount of contribution (\$)

94.80

Ben Taylor

Contributor address;

City; State; Zip Code

300 Crescent Court, Suite 1500, Dallas, TX 75201



Contributor's principal occupation

2654 Lakeforest Court, Dallas, TX 75214

Contributor's job title

Contributor's employer/law firm

Ted B. Lyon & Associates

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
10/13/25

Full name of contributor

out-of-state PAC ID#: _____)

Amount of contribution (\$)

100

Lisa Newman

Contributor address;

City; State; Zip Code

6029 Belt Line Road #240, Dallas, TX 75254

Contributor's principal occupation

Law Firm

Contributor's job title

Contributor's employer/law firm

Lisa Newman Law PLLC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 2 of 27	
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)	
4 Date 10/13/25	5 Full name of contributor Paul Wingo	6 Contributor address; City; State; Zip Code 1227 Woodlawn Ave., Dallas, TX 75208	7 Amount of contribution (\$) 4,754.70
8 Contributor's principal occupation Attorney		9 Contributor's job title Partner	
10 Contributor's employer/law firm Hamilton Wingo LLP		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
 Date 10/14/25		Full name of contributor Kimberly Loveland	□ out-of-state PAC ID#: Amount of contribution (\$) 237.45
 Contributor address; City; State; Zip Code 2600 Network Blvd., Ste 560, Frisco, TX 75034			
 Contributor's principal occupation Attorney		 Contributor's job title	
 Contributor's employer/law firm Loveland & Hurley, PLLC		 Law firm of contributor's spouse (if any)	
 If contributor is a child, law firm of parent(s) (if any)			
 Date 10/14/25		Full name of contributor Rebecca Jolley	□ out-of-state PAC ID#: Amount of contribution (\$) 237.45
 Contributor address; City; State; Zip Code 8 Abbotsford Court, Dallas, TX 75225			
 Contributor's principal occupation Attorney		 Contributor's job title Partner	
 Contributor's employer/law firm Tasker Bodkin, Niehaus, and Jolley, PLLC		 Law firm of contributor's spouse (if any)	
 If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A(J)1: 3 of 27
2 FILER NAME Ingrid M. Warren			3 Filer ID (Ethics Commission Filers)
4 Date 10/14/25	5 Full name of contributor Horatio Porter	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) 94.80
6 Contributor address; 4534 Brittany Lane, Grand Prairie, TX 75052		City; State; Zip Code	
8 Contributor's principal occupation CFO		9 Contributor's job title	
10 Contributor's employer/law firm North Texas Tollway Authority		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
 Date 10/14/25		Full name of contributor Jack Hales	<input type="checkbox"/> out-of-state PAC ID#: _____
		Contributor address; 12720 Hillcrest Road, suite 830, Dallas, TX 75230	Amount of contribution (\$) 950.70
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Hales & Sellers, PLLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
 Date 10/15/25		Full name of contributor Thomas Cantrill	<input type="checkbox"/> out-of-state PAC ID#: _____
		Contributor address; Ste. 3700, 1445 Ross Ave., Dallas, TX 75230	Amount of contribution (\$) 237.45
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Hunton Andrews & Kurth, LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A(J)1: 4 of 27
2 FILER NAME Ingrid M. Warren				3 Filer ID (Ethics Commission Filers)
4 Date 10/15/25	5 Full name of contributor William Katz	<input type="checkbox"/> out-of-state PAC ID#: _____		7 Amount of contribution (\$) 475.20
6 Contributor address; City; State; Zip Code 3612 Wentwood Drive, Dallas, TX 75225				
8 Contributor's principal occupation Attorney			9 Contributor's job title	
10 Contributor's employer/law firm Greenberg Taurig, LLP			11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)				
Date 10/16/25	Full name of contributor Jeff Wolff	<input type="checkbox"/> out-of-state PAC ID#: _____		Amount of contribution (\$) 950.70
Contributor's principal occupation Attorney			Contributor's job title	
Contributor's employer/law firm Wolf Law PLLC			Law firm of contributor's spouse (if any) Partner	
If contributor is a child, law firm of parent(s) (if any)				
Date 10/15/25	Full name of contributor Wendy Dauer	<input type="checkbox"/> out-of-state PAC ID#: _____		Amount of contribution (\$) 47.25
Contributor's principal occupation Attorney			Contributor's job title Partner	
Contributor's employer/law firm Jones Davis & Jackson			Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J): 5 of 27																									
2 FILER NAME Ingrid M. Warren				3 Filer ID (Ethics Commission Filers)																									
4 Date 10/16/25	5 Full name of contributor Samuel Macaluso	<input type="checkbox"/> out-of-state PAC ID#: _____)		7 Amount of contribution (\$) 475.20																									
6 Contributor address; 7500 W. Camp Wisdom Road, Dallas, TX 75236		City;	State;	Zip Code																									
8 Contributor's principal occupation Attorney		9 Contributor's job title																											
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)																											
12 If contributor is a child, law firm of parent(s) (if any)																													
<table border="1"> <tr> <td>Date 10/16/25</td> <td>Full name of contributor Deepti Sharma</td> <td colspan="2"><input type="checkbox"/> out-of-state PAC ID#: _____)</td> <td>Amount of contribution (\$) 475.20</td> </tr> <tr> <td colspan="2">Contributor address; 8627 Chadbourne Road, Dallas, TX 75209</td> <td>City;</td> <td>State;</td> <td>Zip Code</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Attorney</td> <td colspan="3">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Law Office of Deepti Sharma</td> <td colspan="3">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="5">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>					Date 10/16/25	Full name of contributor Deepti Sharma	<input type="checkbox"/> out-of-state PAC ID#: _____)		Amount of contribution (\$) 475.20	Contributor address; 8627 Chadbourne Road, Dallas, TX 75209		City;	State;	Zip Code	Contributor's principal occupation Attorney		Contributor's job title			Contributor's employer/law firm Law Office of Deepti Sharma		Law firm of contributor's spouse (if any)			If contributor is a child, law firm of parent(s) (if any)				
Date 10/16/25	Full name of contributor Deepti Sharma	<input type="checkbox"/> out-of-state PAC ID#: _____)		Amount of contribution (\$) 475.20																									
Contributor address; 8627 Chadbourne Road, Dallas, TX 75209		City;	State;	Zip Code																									
Contributor's principal occupation Attorney		Contributor's job title																											
Contributor's employer/law firm Law Office of Deepti Sharma		Law firm of contributor's spouse (if any)																											
If contributor is a child, law firm of parent(s) (if any)																													
<table border="1"> <tr> <td>Date 10/16/25</td> <td>Full name of contributor Paul Wingo</td> <td colspan="2"><input type="checkbox"/> out-of-state PAC ID#: _____)</td> <td>Amount of contribution (\$) 4,754.70</td> </tr> <tr> <td colspan="2">Contributor address; Law Firm</td> <td>City;</td> <td>State;</td> <td>Zip Code</td> </tr> <tr> <td colspan="2">Contributor's principal occupation 1227 Woodlawn Ave., Dallas, TX 75208</td> <td colspan="3">Contributor's job title Partner</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Hamilton Wingo LLP</td> <td colspan="3">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="5">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>					Date 10/16/25	Full name of contributor Paul Wingo	<input type="checkbox"/> out-of-state PAC ID#: _____)		Amount of contribution (\$) 4,754.70	Contributor address; Law Firm		City;	State;	Zip Code	Contributor's principal occupation 1227 Woodlawn Ave., Dallas, TX 75208		Contributor's job title Partner			Contributor's employer/law firm Hamilton Wingo LLP		Law firm of contributor's spouse (if any)			If contributor is a child, law firm of parent(s) (if any)				
Date 10/16/25	Full name of contributor Paul Wingo	<input type="checkbox"/> out-of-state PAC ID#: _____)		Amount of contribution (\$) 4,754.70																									
Contributor address; Law Firm		City;	State;	Zip Code																									
Contributor's principal occupation 1227 Woodlawn Ave., Dallas, TX 75208		Contributor's job title Partner																											
Contributor's employer/law firm Hamilton Wingo LLP		Law firm of contributor's spouse (if any)																											
If contributor is a child, law firm of parent(s) (if any)																													

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

**1 Total pages Schedule A(J)1:
6 of 27**

2 FILER NAME

Ingrid M. Warren

4 Date

10/17/25

5 Full name of contributor

out-of-state PAC ID#: _____)

Ronald Foxman

6 Contributor address;

City; State; Zip Code

2711 N. Haskell Ave., Ste. 2400, Dallas, TX 75204-2926

7 Amount of contribution (\$)

237.45

8 Contributor's principal occupation

Attorney

9 Contributor's job title

10 Contributor's employer/law firm

Higier Allen & Lautin PC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out-of-state PAC ID#: _____)

Amount of contribution (\$)

10/17/25

William Mureiko

Contributor address;

City; State; Zip Code

950.70

10032 S.E. County Road 4200, Kerens, TX 75144

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Thompson & Knight LLP

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 ID#: _____)

Amount of contribution (\$)

10/18/25

Donald Totusek

Contributor address;

City; State; Zip Code

94.80

500 N. Akard Street, Suite 1830, Dallas, TX 75201

Contributor's principal occupation

Attorney

Contributor's job title

Partner

Contributor's employer/law firm

Frances & Totusek, LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
7 of 27

2 FILER NAME

Ingrid M. Warren

3 Filer ID (Ethics Commission Filers)

4 Date
10/18/25

5 Full name of contributor
Russell Wilson

out-of-state PAC ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
123 Shandoah, Murphy, TX 75094

475.20

8 Contributor's principal occupation

Attorney

9 Contributor's job title

10 Contributor's employer/law firm

Russell Wilson Law

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out-of-state PAC ID#: _____)

Amount of contribution (\$)

10/20/25

Sarah Oliai

475.20

Contributor address; City; State; Zip Code

4211 McFarlin Blvd., Dallas, TX 75205

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Oliai Law, PLLC

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 ID#: _____)

Amount of contribution (\$)

10/20/25

Ellen Williamson

94.80

Contributor address; City; State; Zip Code

2626 Cole Ave., Suite 300, Dallas, TX 75204

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Ellen Williamson Law, PC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 8 of 27
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/25	5 Full name of contributor Joel Winful	7 Amount of contribution (\$) 237.45
	6 Contributor address; 1608 Flowers Drive, Carrollton, TX 75007	
8 Contributor's principal occupation Attorney		9 Contributor's job title
10 Contributor's employer/law firm Law Office of Joel K. B. Winful, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
 Date 10/20/25		Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____
		Amount of contribution (\$) 475.20
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Law Offices of Brian Hill PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
 Date 10/20/25		Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____
		Amount of contribution (\$) 94.80
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm SettlePou		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 9 of 27
2 FILER NAME Ingrid M. Warren			3 Filer ID (Ethics Commission Filers)
4 Date 10/20/25	5 Full name of contributor R. J. Watts II	<input type="checkbox"/> out-of-state PAC ID#: _____)	7 Amount of contribution (\$) 475.20
6 Contributor address; 7310 Debshire Circle, Dallas, TX 75231		City; State; Zip Code	
8 Contributor's principal occupation Attorney		9 Contributor's job title	
10 Contributor's employer/law firm Law Offices 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 10/20/25	Full name of contributor Brad Monceaux	<input type="checkbox"/> out-of-state PAC ID#: _____)	Amount of contribution (\$) 475.20
Contributor address; 10440 N. Central Expy., Ste 1040, Dallas, TX 7231		City; State; Zip Code	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/21/25	Full name of contributor Kenneth Lowe	<input type="checkbox"/> out-of-state PAC ID#: _____)	Amount of contribution (\$) 237.45
Contributor address; 311 Fargo Ave., San Antonio, TX 78220		City; State; Zip Code	
Contributor's principal occupation Finance		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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 10 of 27										
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)										
4 Date 10/21/25	5 Full name of contributor Angelica Farinacci 6 Contributor address; 10763 Canoe Dr., Coppell, TX 75019	7 Amount of contribution (\$) 142.35										
8 Contributor's principal occupation Attorney		9 Contributor's job title										
10 Contributor's employer/law firm Underwood Law		11 Law firm of contributor's spouse (if any)										
12 If contributor is a child, law firm of parent(s) (if any)												
<table border="1"> <tr> <td>Date 10/21/25</td> <td>Full name of contributor Andrea Winters Contributor address; 4246 W. Lovers Lane, Dallas, TX 75209</td> <td>Amount of contribution (\$) 475.20</td> </tr> <tr> <td>Contributor's principal occupation Attorney</td> <td>Contributor's job title</td> </tr> <tr> <td>Contributor's employer/law firm Law Offices of Andrea Winters, PC</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/21/25	Full name of contributor Andrea Winters Contributor address; 4246 W. Lovers Lane, Dallas, TX 75209	Amount of contribution (\$) 475.20	Contributor's principal occupation Attorney	Contributor's job title	Contributor's employer/law firm Law Offices of Andrea Winters, PC	Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/25	Full name of contributor Andrea Winters Contributor address; 4246 W. Lovers Lane, Dallas, TX 75209	Amount of contribution (\$) 475.20										
Contributor's principal occupation Attorney	Contributor's job title											
Contributor's employer/law firm Law Offices of Andrea Winters, PC	Law firm of contributor's spouse (if any)											
If contributor is a child, law firm of parent(s) (if any)												
<table border="1"> <tr> <td>Date 10/21/25</td> <td>Full name of contributor Jason Lemons Contributor address; 907 Blue Lake Circle, Richardson, TX 75080</td> <td>Amount of contribution (\$) 94.80</td> </tr> <tr> <td>Contributor's principal occupation Attorney</td> <td>Contributor's job title</td> </tr> <tr> <td>Contributor's employer/law firm Lemons & Hallbauer, LLC</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/21/25	Full name of contributor Jason Lemons Contributor address; 907 Blue Lake Circle, Richardson, TX 75080	Amount of contribution (\$) 94.80	Contributor's principal occupation Attorney	Contributor's job title	Contributor's employer/law firm Lemons & Hallbauer, LLC	Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/25	Full name of contributor Jason Lemons Contributor address; 907 Blue Lake Circle, Richardson, TX 75080	Amount of contribution (\$) 94.80										
Contributor's principal occupation Attorney	Contributor's job title											
Contributor's employer/law firm Lemons & Hallbauer, LLC	Law firm of contributor's spouse (if any)											
If contributor is a child, law firm of parent(s) (if any)												

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 11 of 27
2 FILER NAME Ingrid M. Warren			3 Filer ID (Ethics Commission Filers)
4 Date 10/21/25	5 Full name of contributor Rachel Williams	<input type="checkbox"/> out-of-state PAC ID#: _____)	7 Amount of contribution (\$) 1,140.90
6 Contributor address; 4113 San Carlos, Dallas, TX 75205		City; State; Zip Code	
8 Contributor's principal occupation Attorney		9 Contributor's job title	
10 Contributor's employer/law firm Williams Law		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 10/21/25	Full name of contributor Dennis Alvoid	<input type="checkbox"/> out-of-state PAC ID#: _____)	Amount of contribution (\$) 237.45
Contributor address; 3146 Palmdale Cir., Dallas, TX 75234		City; State; Zip Code	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm Law Office of Dennis Alvoid		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/25	Full name of contributor Melanie Baloga	<input type="checkbox"/> out-of-state PAC ID#: _____)	Amount of contribution (\$) 237.45
Contributor address; 8519 Coppertowne Lane, Dallas, TX 75243		City; State; Zip Code	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm Retired Auditor for Probate Court #2		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J): 12 of 27																									
2 FILER NAME Ingrid M. Warren				3 Filer ID (Ethics Commission Filers)																									
4 Date 10/20/25	5 Full name of contributor Emilia Johnson	<input type="checkbox"/> out-of-state PAC ID#: _____)		7 Amount of contribution (\$) 9.21																									
	6 Contributor address; 407 Tiffany Trail, Richardson, TX 75081	City;	State;	Zip Code																									
8 Contributor's principal occupation Receptionist		9 Contributor's job title																											
10 Contributor's employer/law firm Thompson Coe		11 Law firm of contributor's spouse (if any)																											
12 If contributor is a child, law firm of parent(s) (if any)																													
<table border="1"> <tr> <td>Date 10/21/25</td> <td>Full name of contributor Trelaine Mapp</td> <td><input checked="" type="checkbox"/> out-of-state PAC ID#: _____)</td> <td colspan="2">Amount of contribution (\$) 475.20</td> </tr> <tr> <td></td> <td>Contributor address; 651 E. Debbie Lane, Mansfield, TX 76063</td> <td>City;</td> <td>State;</td> <td>Zip Code</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Construction</td> <td colspan="3">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Source Building Group, Inc.</td> <td colspan="3">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="5">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>					Date 10/21/25	Full name of contributor Trelaine Mapp	<input checked="" type="checkbox"/> out-of-state PAC ID#: _____)	Amount of contribution (\$) 475.20			Contributor address; 651 E. Debbie Lane, Mansfield, TX 76063	City;	State;	Zip Code	Contributor's principal occupation Construction		Contributor's job title			Contributor's employer/law firm Source Building Group, Inc.		Law firm of contributor's spouse (if any)			If contributor is a child, law firm of parent(s) (if any)				
Date 10/21/25	Full name of contributor Trelaine Mapp	<input checked="" type="checkbox"/> out-of-state PAC ID#: _____)	Amount of contribution (\$) 475.20																										
	Contributor address; 651 E. Debbie Lane, Mansfield, TX 76063	City;	State;	Zip Code																									
Contributor's principal occupation Construction		Contributor's job title																											
Contributor's employer/law firm Source Building Group, Inc.		Law firm of contributor's spouse (if any)																											
If contributor is a child, law firm of parent(s) (if any)																													
<table border="1"> <tr> <td>Date 10/21/25</td> <td>Full name of contributor Yasmen Renee Smith</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____)</td> <td colspan="2">Amount of contribution (\$) 23.47</td> </tr> <tr> <td></td> <td>Contributor address; 3902 Blacksmith, Garland, TX 75044</td> <td>City;</td> <td>State;</td> <td>Zip Code</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Legal Assistant</td> <td colspan="3">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="3">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="5">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>					Date 10/21/25	Full name of contributor Yasmen Renee Smith	<input type="checkbox"/> out-of-state PAC ID#: _____)	Amount of contribution (\$) 23.47			Contributor address; 3902 Blacksmith, Garland, TX 75044	City;	State;	Zip Code	Contributor's principal occupation Legal Assistant		Contributor's job title			Contributor's employer/law firm		Law firm of contributor's spouse (if any)			If contributor is a child, law firm of parent(s) (if any)				
Date 10/21/25	Full name of contributor Yasmen Renee Smith	<input type="checkbox"/> out-of-state PAC ID#: _____)	Amount of contribution (\$) 23.47																										
	Contributor address; 3902 Blacksmith, Garland, TX 75044	City;	State;	Zip Code																									
Contributor's principal occupation Legal Assistant		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)																													

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 13 of 27																				
2 FILER NAME Ingrid M. Warren			3 Filer ID (Ethics Commission Filers)																				
4 Date 10/27/25	5 Full name of contributor Rita H. Clinton & Cleveland G. Clinton	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 100																				
	6 Contributor address; 2908 Bryn Mawr Dr., Dallas, TX 75225-7816	City; State; Zip Code																					
8 Contributor's principal occupation Attorney		9 Contributor's job title																					
10 Contributor's employer/law firm Gray Reed & McGraw, LLP		11 Law firm of contributor's spouse (if any)																					
12 If contributor is a child, law firm of parent(s) (if any)																							
<table border="1"> <tr> <td>Date 10/27/25</td> <td>Full name of contributor Gregory W. Sampson</td> <td><input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$) 250</td> </tr> <tr> <td></td> <td>Contributor address; 11515 W. Ricks Cir., Dallas, TX 75230</td> <td>City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation Attorney</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Gray Reed & McGraw, LLP</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date 10/27/25	Full name of contributor Gregory W. Sampson	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 250		Contributor address; 11515 W. Ricks Cir., Dallas, TX 75230	City; State; Zip Code		Contributor's principal occupation Attorney		Contributor's job title		Contributor's employer/law firm Gray Reed & McGraw, LLP		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date 10/27/25	Full name of contributor Gregory W. Sampson	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 250																				
	Contributor address; 11515 W. Ricks Cir., Dallas, TX 75230	City; State; Zip Code																					
Contributor's principal occupation Attorney		Contributor's job title																					
Contributor's employer/law firm Gray Reed & McGraw, LLP		Law firm of contributor's spouse (if any)																					
If contributor is a child, law firm of parent(s) (if any)																							
<table border="1"> <tr> <td>Date 11/3/25</td> <td>Full name of contributor James Walter Holliday DBA Law Office of James W. Holliday</td> <td><input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$) 2,500</td> </tr> <tr> <td></td> <td>Contributor address; 550 Bailey Ave., Ste 315, Fort Worth, TX 76107-0000</td> <td>City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation Law Firm</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date 11/3/25	Full name of contributor James Walter Holliday DBA Law Office of James W. Holliday	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 2,500		Contributor address; 550 Bailey Ave., Ste 315, Fort Worth, TX 76107-0000	City; State; Zip Code		Contributor's principal occupation Law Firm		Contributor's job title		Contributor's employer/law firm		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date 11/3/25	Full name of contributor James Walter Holliday DBA Law Office of James W. Holliday	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 2,500																				
	Contributor address; 550 Bailey Ave., Ste 315, Fort Worth, TX 76107-0000	City; State; Zip Code																					
Contributor's principal occupation Law Firm		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)																							

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)****DUPLICATE
PAGE****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:
14 of 27**2 FILER NAME****Ingrid M. Warren****3 Filer ID (Ethics Commission Filers)****4 Date**
10/27/25**5 Full name of contributor**
Rita H. Clinton & Cleveland G. Clinton out-of-state PAC ID#: _____**7 Amount of contribution (\$)****100****6 Contributor address:**
2908 Bryn Mawr Dr., Dallas, TX 75225-7816

City; State; Zip Code

8 Contributor's principal occupation**Attorney****9 Contributor's job title****10 Contributor's employer/law firm****Gray Reed & McGraw, LLP****11 Law firm of contributor's spouse (if any)****12 If contributor is a child, law firm of parent(s) (if any)**

Type text here

Date 10/27/25	Full name of contributor Gregory W. Sampson	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; 11515 W. Ricks Cir., Dallas, TX 75230	City; State; Zip Code	250

Contributor's principal occupation Attorney	Contributor's job title
---	-------------------------

Contributor's employer/law firm Gray Reed & McGraw, LLP	Law firm of contributor's spouse (if any)
---	---

If contributor is a child, law firm of parent(s) (if any)

Date 11/3/25	Full name of contributor James Walter Holliday DBA Law Office of James W. Holliday	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; 550 Bailey Ave., Ste 315, Fort Worth, TX 76107-0000	City; State; Zip Code	2,500

Contributor's principal occupation Law Firm	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)

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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**1 Total pages Schedule A(J)1:
15 of 27**

2 FILER NAME

Ingrid M. Warren

4 Date

10/27/25

5 Full name of contributor out-of-state PAC ID#: _____

Victoria Welcome Attorney at Law

6 Contributor address; City; State; Zip Code

4026 Lemmon Ave., Dallas, TX 75219-3736

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

100

8 Contributor's principal occupation

Law Firm

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date
10/27/25

Full name of contributor out-of-state PAC ID#: _____

Mattie Woolen

Amount of contribution (\$)

300

Contributor address; City; State; Zip Code

920 Indian Creek Trl., Dallas, TX 75241-1927

Contributor's principal occupation

Retired Educator

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
10/27/25

Full name of contributor out-of-state PAC ID#: _____

Ryan W. Trobee

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

580 Coolair Dr., Dallas, TX 75218

Contributor's principal occupation

Associate Judge

Contributor's job title

Contributor's employer/law firm

Dallas County

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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1 Total pages Schedule A(J)1:
16 of 27

2 FILER NAME

Ingrid M. Warren

3 Filer ID (Ethics Commission Filers)

4 Date
10/27/25

5 Full name of contributor
Will Ford Hartnett

7 Amount of contribution (\$)
1,000

6 Contributor address;
2920 N. Pearl St., Dallas, TX 75201

8 Contributor's principal occupation
Attorney

9 Contributor's job title

10 Contributor's employer/law firm
The Hartnett Law Firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date
10/27/25

Full name of contributor
Wynthia J. Cheatum & Associates

out-of-state PAC ID#:

Contributor address;
3526 Lakeview Pkwy, Ste B213, Rowlett, TX 75088

Amount of contribution (\$)
900

Contributor's principal occupation
Law Firm

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
10/27/25

Full name of contributor
Casanova and Associates, PLLC

out-of-state PAC ID#:

Contributor address;
1515 8th Avenue, Fort Worth, TX 76104

Amount of contribution (\$)
100

Contributor's principal occupation
Law Firm

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)

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 17 of 27												
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)												
4 Date 10/27/25	5 Full name of contributor Gant & Hicks PLLC 6 Contributor address: 1409 Botham Jean Blvd., Apt 711, Dallas, TX 75215	7 Amount of contribution (\$) 2,500												
8 Contributor's principal occupation Law Firm		9 Contributor's job title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/17/25</td> <td>Full name of contributor Ted B. Lyon & Associates Contributor address; 12801 N. Central Expwy., #445, Dallas, TX 75231</td> <td>Amount of contribution (\$) 1,000</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Law Firm</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/17/25	Full name of contributor Ted B. Lyon & Associates Contributor address; 12801 N. Central Expwy., #445, Dallas, TX 75231	Amount of contribution (\$) 1,000	Contributor's principal occupation Law Firm		Contributor's job title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/25	Full name of contributor Ted B. Lyon & Associates Contributor address; 12801 N. Central Expwy., #445, Dallas, TX 75231	Amount of contribution (\$) 1,000												
Contributor's principal occupation Law Firm		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)														
<table border="1"> <tr> <td>Date 11/21/25</td> <td>Full name of contributor Lisa Leffingwell Contributor address; 600 Las Colinas Blvd., Suite 400, Irving, TX</td> <td>Amount of contribution (\$) 950.70</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Attorney</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Sullivan & Cook LLC</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/21/25	Full name of contributor Lisa Leffingwell Contributor address; 600 Las Colinas Blvd., Suite 400, Irving, TX	Amount of contribution (\$) 950.70	Contributor's principal occupation Attorney		Contributor's job title	Contributor's employer/law firm Sullivan & Cook LLC		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/21/25	Full name of contributor Lisa Leffingwell Contributor address; 600 Las Colinas Blvd., Suite 400, Irving, TX	Amount of contribution (\$) 950.70												
Contributor's principal occupation Attorney		Contributor's job title												
Contributor's employer/law firm Sullivan & Cook LLC		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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1 Total pages Schedule A(J)1:

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2 FILER NAME

Ingrid M. Warren

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC ID#: _____

10/27/25

Superior Litigation Services PLLC

6 Contributor address; City; State; Zip Code

5435 N. Garland Ave., ste 140-223, Dallas, TX 75040

7 Amount of contribution (\$)

500

8 Contributor's principal occupation

Law Firm

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date
10/27/25

Full name of contributor out-of-state PAC ID#: _____

Crawford Wishnew Lang PLLC

Amount of contribution (\$)

2,500

Contributor address; City; State; Zip Code

1700 Pacific Ave., Ste 2390, Dallas, TX 75201

Contributor's principal occupation

Law Firm

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
10/27/25

Full name of contributor out-of-state PAC ID#: _____

Robinson & Hoskins LLP

Amount of contribution (\$)

1,000

Contributor address; City; State; Zip Code

400 Zang Blvd., Suite 920, Dallas, TX 75208

Contributor's principal occupation

Law Firm

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)

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**MONETARY POLITICAL CONTRIBUTIONS
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SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 19 of 27												
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)												
4 Date 10/27/25	5 Full name of contributor Greg Thomas PC 6 Contributor address: 6440 N. Centrall Expy., Ste 714, Dallas, TX 75206	7 Amount of contribution (\$) 500												
8 Contributor's principal occupation Law Firm		9 Contributor's job title Attorney												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/27/25</td> <td>Full name of contributor Glast Phillips Murray Zopolsky, P.C. Contributor address: 14901 Quorum Drive, Suite 300, Dallas, Tx 75254-6735</td> <td>Amount of contribution (\$) 500</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Law Firm</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/27/25	Full name of contributor Glast Phillips Murray Zopolsky, P.C. Contributor address: 14901 Quorum Drive, Suite 300, Dallas, Tx 75254-6735	Amount of contribution (\$) 500	Contributor's principal occupation Law Firm		Contributor's job title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/25	Full name of contributor Glast Phillips Murray Zopolsky, P.C. Contributor address: 14901 Quorum Drive, Suite 300, Dallas, Tx 75254-6735	Amount of contribution (\$) 500												
Contributor's principal occupation Law Firm		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)														
<table border="1"> <tr> <td>Date 10/27/25</td> <td>Full name of contributor Farrow-Gillespie Heath Wilmoth LLP Contributor address: 1900 N. Pearl Street, Suite 2100, Dallas, TX 75201</td> <td>Amount of contribution (\$) 500</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Law Firm</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/27/25	Full name of contributor Farrow-Gillespie Heath Wilmoth LLP Contributor address: 1900 N. Pearl Street, Suite 2100, Dallas, TX 75201	Amount of contribution (\$) 500	Contributor's principal occupation Law Firm		Contributor's job title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/25	Full name of contributor Farrow-Gillespie Heath Wilmoth LLP Contributor address: 1900 N. Pearl Street, Suite 2100, Dallas, TX 75201	Amount of contribution (\$) 500												
Contributor's principal occupation Law Firm		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)														

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

**1 Total pages Schedule A(J)1:
20 of 27**

2 FILER NAME

Ingrid M. Warren

3 Filer ID (Ethics Commission Filers)

4 Date

10/27/25

Rebekah S. Brooker

out-of-state PAC ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

500

2808 Dyer St., Dallas, TX 75205-1906

8 Contributor's principal occupation

Attorney

9 Contributor's job title

10 Contributor's employer/law firm

Scheef & Stone

11 Law firm of contributor's spouse (if any)

Brooker Law PLLC

12 If contributor is a child, law firm of parent(s) (if any)

Date
10/27/25

Full name of contributor

out-of-state PAC ID#: _____)

Amount of contribution (\$)

Lincoln J. Monroe

500

Contributor address; City; State; Zip Code

P. O. Box 540232, Grand Prairie, TX 75054-0232

Contributor's principal occupation

Retired Associate Judge

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
10/27/25

Full name of contributor

out-of-state PAC ID#: _____)

Amount of contribution (\$)

Michael A. Duran

500

Contributor address; City; State; Zip Code

2725 Hanover Street, Dallas, TX 75225 76225-7923

Contributor's principal occupation

Contributor's job title

Attorneys

Law firm of contributor's spouse (if any)

Contributor's employer/law firm

Sidley Austin

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 21 of 27												
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)												
4 Date 10/27/25	5 Full name of contributor Aubrey Boswell PLLC 6 Contributor address: City; State; Zip Code DBA Boswell PLLC, 4925 Greenville Ave., Ste 720, Dallas, TX 75206	7 Amount of contribution (\$) 5,000												
8 Contributor's principal occupation Law Firm		9 Contributor's job title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/27/25</td> <td>Full name of contributor McKool Smith Contributor address: City; State; Zip Code 300 Crescent Court, Suite 1200, Dallas, TX 75201</td> <td>Amount of contribution (\$) 5,000</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Law Firm</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/27/25	Full name of contributor McKool Smith Contributor address: City; State; Zip Code 300 Crescent Court, Suite 1200, Dallas, TX 75201	Amount of contribution (\$) 5,000	Contributor's principal occupation Law Firm		Contributor's job title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/25	Full name of contributor McKool Smith Contributor address: City; State; Zip Code 300 Crescent Court, Suite 1200, Dallas, TX 75201	Amount of contribution (\$) 5,000												
Contributor's principal occupation Law Firm		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)														
<table border="1"> <tr> <td>Date 10/27/25</td> <td>Full name of contributor G. Redwine PLLC Contributor address: City; State; Zip Code P. O. Box 3202, Dallas, TX 75106</td> <td>Amount of contribution (\$) 500</td> </tr> <tr> <td colspan="2">Contributor's principal occupation Law Firm</td> <td>Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/27/25	Full name of contributor G. Redwine PLLC Contributor address: City; State; Zip Code P. O. Box 3202, Dallas, TX 75106	Amount of contribution (\$) 500	Contributor's principal occupation Law Firm		Contributor's job title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/25	Full name of contributor G. Redwine PLLC Contributor address: City; State; Zip Code P. O. Box 3202, Dallas, TX 75106	Amount of contribution (\$) 500												
Contributor's principal occupation Law Firm		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)														

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

22 of 27

2 FILER NAME

Ingrid M. Warren

3 Filer ID (Ethics Commission Filers)

4 Date **5** Full name of contributor out-of-state PAC ID#: _____
10/27/25 **Tillotson Johnson Patton**
6 Contributor address; City; State; Zip Code
1201 Main Street, Suite 1300, Dallas, TX 75202

7 Amount of contribution (\$)

5,000

8 Contributor's principal occupation **9** Contributor's job title
Law Firm

10 Contributor's employer/law firm **11** Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date Full name of contributor out-of-state PAC ID#: _____
10/27/25 **Aubrey Boswell PLLC**
Contributor address; City; State; Zip Code
DBA Boswell PLLC, 4925 Greenville Ave., Ste 720, Dallas, TX
75206

Amount of contribution (\$)

5,000

Contributor's principal occupation **Contributor's job title**
Law Firm

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date Full name of contributor out-of-state PAC ID#: _____
10/27/25 **Spencer, Johnson & Harvell PLLC**
Contributor address; City; State; Zip Code
500 N. Akard St., Ste 2150, Dallas, TX 75201

Amount of contribution (\$)

5,000

Contributor's principal occupation **Contributor's job title**
Law Firm **Partner**

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)

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A(J)1: 23 of 27
2 FILER NAME Ingrid M. Warren			3 Filer ID (Ethics Commission Filers)
4 Date 10/27/25	5 Full name of contributor Mark R. Caldwell	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) 5,000
8 Contributor's principal occupation Attorney		9 Contributor's job title Partner	
10 Contributor's employer/law firm Caldwell, Bennett, Thomas, Toraason & Mead PLLC		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 10/27/25	Full name of contributor Alan S. Loewinsohn	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 5,000
Contributor's principal occupation Attorney		Contributor's job title Partner	
Contributor's employer/law firm McKool Smith		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/27/25	Full name of contributor Caldwell, Bennett, Thomas, Toraason & Mead, PLLC	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 5,000
Contributor's principal occupation Law Firm		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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 24 of 27																				
2 FILER NAME Ingrid M. Warren			3 Filer ID (Ethics Commission Filers)																				
4 Date 12/27/25	5 Full name of contributor Jerry C. Alexander	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) 5000																				
6 Contributor address; 2500 Renaissance Tower, Dallas, TX 75270		City; State; Zip Code																					
8 Contributor's principal occupation Attorney		9 Contributor's job title																					
10 Contributor's employer/law firm Passman & Jones		11 Law firm of contributor's spouse (if any)																					
12 If contributor is a child, law firm of parent(s) (if any)																							
<table border="1"> <tr> <td>Date 10/17/25</td> <td>Full name of contributor David Mead</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) 5,000</td> </tr> <tr> <td colspan="2">Contributor address; P. O. Box 601146, Dallas, TX 75360</td> <td>City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation Attorney</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Caldwell, Bennett, Thomas, Toraason & Mead PLLC</td> <td colspan="2">Law firm of contributor's spouse (if any) Partner</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date 10/17/25	Full name of contributor David Mead	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 5,000	Contributor address; P. O. Box 601146, Dallas, TX 75360		City; State; Zip Code		Contributor's principal occupation Attorney		Contributor's job title		Contributor's employer/law firm Caldwell, Bennett, Thomas, Toraason & Mead PLLC		Law firm of contributor's spouse (if any) Partner		If contributor is a child, law firm of parent(s) (if any)			
Date 10/17/25	Full name of contributor David Mead	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 5,000																				
Contributor address; P. O. Box 601146, Dallas, TX 75360		City; State; Zip Code																					
Contributor's principal occupation Attorney		Contributor's job title																					
Contributor's employer/law firm Caldwell, Bennett, Thomas, Toraason & Mead PLLC		Law firm of contributor's spouse (if any) Partner																					
If contributor is a child, law firm of parent(s) (if any)																							
<table border="1"> <tr> <td>Date 10/27/25</td> <td>Full name of contributor The Hartnett Law Firm</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) 5,000</td> </tr> <tr> <td colspan="2">Contributor address; 2920 N. Pearl Street, Dallas, Texas 75201</td> <td>City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation Law Firm</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date 10/27/25	Full name of contributor The Hartnett Law Firm	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 5,000	Contributor address; 2920 N. Pearl Street, Dallas, Texas 75201		City; State; Zip Code		Contributor's principal occupation Law Firm		Contributor's job title		Contributor's employer/law firm		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date 10/27/25	Full name of contributor The Hartnett Law Firm	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 5,000																				
Contributor address; 2920 N. Pearl Street, Dallas, Texas 75201		City; State; Zip Code																					
Contributor's principal occupation Law Firm		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)																							
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>																							

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 25 of 27
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/25	5 Full name of contributor John B. Peyton, Jr. 6 Contributor address: 10000 N. Central Expwy., Suite 800, Dallas, TX 75231	7 Amount of contribution (\$) 1,000
8 Contributor's principal occupation Retired Judge		9 Contributor's job title
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
 Date 11/3/25 Full name of contributor Staubus Blankenship Legere & Walker PLLC Contributor address: 8150 N. Central Expwy., Ste 850, Dallas, TX 75206		Amount of contribution (\$) 5,000
Contributor's principal occupation Law Firm		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
 Date 11/3/25 Full name of contributor Buena Lyons Contributor address: 1501 Elm Street, Suite 4000, Dallas, TX 75201		Amount of contribution (\$) 250
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Ford Harrison LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
26 of 27

2 FILER NAME

Ingrid M. Warren

3 Filer ID (Ethics Commission Filers)

4 Date
11/3/25

5 Full name of contributor out-of-state PAC ID#: _____

Flournoy McLain, P.C.

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

5,000

10000 N. Central Expwy., Suite 800, Dallas, TX 75231

8 Contributor's principal occupation

Law Firm

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date
11/3/25

Full name of contributor out-of-state PAC ID#: _____

Godwin Bowman

Amount of contribution (\$)

2,500

Contributor address; City; State; Zip Code

500 N. Akard St., Suite 1100, Dallas, TX 75201-3499

Contributor's principal occupation

Law Firm

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
11/3/25

Full name of contributor out-of-state PAC ID#: _____

The Law Office of Cynthia A. Spencer

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

1102 Main St., Garland, TX 75040

Contributor's principal occupation

Law Firm

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)

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 27 of 27																				
2 FILER NAME Ingrid M. Warren			3 Filer ID (Ethics Commission Filers)																				
4 Date 12/26/25	5 Full name of contributor Scheef & Stone, LLP	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) 1,000																				
	6 Contributor address; 500 N. Akard St., Ste 2700, Dallas, TX 75201	City; State; Zip Code																					
8 Contributor's principal occupation Law Firm		9 Contributor's job title																					
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)																					
12 If contributor is a child, law firm of parent(s) (if any)																							
<table border="1"> <tr> <td>Date 12/26/25</td> <td>Full name of contributor Joseph Rosenfield</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) 100</td> </tr> <tr> <td></td> <td>Contributor address; 6009 W. Parker Road, Suite 149-204, Plano, TX 75903</td> <td>City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date 12/26/25	Full name of contributor Joseph Rosenfield	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 100		Contributor address; 6009 W. Parker Road, Suite 149-204, Plano, TX 75903	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)			
Date 12/26/25	Full name of contributor Joseph Rosenfield	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 100																				
	Contributor address; 6009 W. Parker Road, Suite 149-204, Plano, TX 75903	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)																							
<table border="1"> <tr> <td>Date 12/03/25</td> <td>Full name of contributor Paulette Mueller</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) 1,000</td> </tr> <tr> <td></td> <td>Contributor address; 10770 Inwood Road, Dallas, TX 75229</td> <td>City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation Attorney</td> <td colspan="2">Contributor's job title Director</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Underwood Perkins</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date 12/03/25	Full name of contributor Paulette Mueller	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 1,000		Contributor address; 10770 Inwood Road, Dallas, TX 75229	City; State; Zip Code		Contributor's principal occupation Attorney		Contributor's job title Director		Contributor's employer/law firm Underwood Perkins		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date 12/03/25	Full name of contributor Paulette Mueller	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 1,000																				
	Contributor address; 10770 Inwood Road, Dallas, TX 75229	City; State; Zip Code																					
Contributor's principal occupation Attorney		Contributor's job title Director																					
Contributor's employer/law firm Underwood Perkins		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.

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 11	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)	
4 Date 7/9/2025	5 Payee name Leatherology		
6 Amount (\$) 189.44	7 Payee address; 4488 Plano Pkwy., Carrollton, TX 75010	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Expense	(b) Description Desk Accessories	
	<input type="checkbox"/> <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 8/4-12/3/2025	Payee name NationBuilder		
Amount (\$) 246.00	Payee address; P. O. Box 811428, Los Angeles, CA	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Monthly Donation Processing Fee	
	<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 8/9/25	Payee name Dallas County Democratic Party		
Amount (\$) 500.00	Payee address; 1414 N. Washington Ave., Dallas, Texas 75204	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation	Description Labor Day Event Sponsorship	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 11	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)	
4 Date 8/19/2025	5 Payee name African American Rodeo		
6 Amount (\$) 100	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/30/2025	Payee name MailChimp		
Amount (\$) 127.92	Payee address; Intuit MailChimp, 405 N. Angier Ave., NE, Atlanta, GA 30308	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Website	
	<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 10/03/2025	Payee name National Center of State Courts		
Amount (\$) 200.00	Payee address; 300 Newport Ave., Williamsburg, VA 2318	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description 2025 Dues	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 11	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)	
4 Date 10/6/2025	5 Payee name Leatherology		
6 Amount (\$) 162.38	7 Payee address; 4488 Plano Pkwy., Carrollton, TX 75010 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Expense	(b) Description Desk Accessories	
	(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 10/8/2025	Payee name Greater Golden Gate Baptist Church		
Amount (\$) 500.00	Payee address; 9333 Ferguson Road, Dallas, TX 75228 <input type="checkbox"/> Check if individual's residence address.	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Anniversary Celebration	
	<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 10/14/2025	Payee name Irving NAACP		
Amount (\$) 850.00	Payee address; P. O. Box 166253, Irving, TX 75016 <input type="checkbox"/> Check if individual's residence address.	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Freedom Luncheon Table Sponsorship	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 11	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)	
4 Date 10/14/2025	5 Payee name North Texas Asian American Democrats (Act Blue)		
6 Amount (\$) 500.00	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Fall Festival Sponsorship	
	(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 10/14/2025	Payee name J. L. Turner Foundation		
Amount (\$) 750.00	Payee address; 2101 Ross Ave., Dallas, TX 75201 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense-Fall Gala	Description Ad Cost	
	<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 10/22/2025	Payee name Southwest Printing		
Amount (\$) 137.03	Payee address; 4545 S. Westmoreland Rd., Dallas, TX 75237 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printing Service	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 11	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)	
4 Date 10/22/25	5 Payee name Doce Mesas		
6 Amount (\$) 2,709.00	7 Payee address; 2007 Maple Ave., Dallas, TX 75201	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Fall Fundraiser	
	(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 10/22/2025	Payee name Alejandro Garcia		
Amount (\$) 250.00	Payee address; <input type="checkbox"/> Check if individual's residence address.	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Muscian	
	<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 10/24/2025	Payee name Mamas Daughters Diner		
Amount (\$) 131.63	Payee address; 2014 Irving Blvd., Dallas, TX 75207	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Office Lunch	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 11	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/2025	5 Payee name New Mt. Zion Baptist Church		
6 Amount (\$) 250.00	7 Payee address; 9550 Shepherd Road, Dallas, TX 75243	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Anniversary Celebration	
	<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 10/29/2025	Payee name MailChimp		
Amount (\$) 127.92	Payee address; Intuit MailChimp, 405 N. Angier Ave., NE, Atlanta, GA 30308	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Website	
	<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 10/13-10/16/25	Payee name NationBuilder		
Amount (\$) 490.60	Payee address; P. O. Box 811428, Los Angeles, CA	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Donation Processing Fees	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 11	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)	
4 Date 11/4/2025	5 Payee name Nora Jackson		
6 Amount (\$) 1,329	7 Payee address; 407 Tiffany Trail, Richardson, TX 75081 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Administrative 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 11/4/2025	Payee name J. L. Turner Foundation		
Amount (\$) 500.00	Payee address; 2101 Ross Ave., Dallas, TX 75201 <input type="checkbox"/> Check if individual's residence address.	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Fall Scholarship Gala	
	<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 11/17/25	Payee name Grand Galvez Resort		
Amount (\$) 1,066.65	Payee address; 2024 Seawall Boulevard, Galveston, TX 77550 <input type="checkbox"/> Check if individual's residence address.	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense - Fall CLE	Description NCPJ (National College of Probate Judges)	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 of 11	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/25	5 Payee name Collective Activism		
6 Amount (\$) 250.00	7 Payee address; 5207 Grovewood St., Dallas, TX 75210	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Sponsorship for December Event	
	(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 11/20/2025	Payee name Southwest Printing		
Amount (\$) 190.37	Payee address; 4545 S. Westmoreland Rd., Dallas, TX 75237	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printing 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 11/21/2025	Payee name Southwest Printing		
Amount (\$) 155.80	Payee address; 4545 S. Westmoreland Rd., Dallas, TX 75237	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printing 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
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**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 11	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/26/2025	5 Payee name Greenburg Turkey		
6 Amount (\$) 609.00	7 Payee address; 221 N. McMurrey Drive, Tyler, TX 75702		
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Thanksgiving Staff Appreciation	
	(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 12/1/25	Payee name MailChimp		
Amount (\$) 127.92	Payee address; Intuit MailChimp, 405 N. Angier Ave., NE, Atlanta, GA 30308		
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website	
	<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 12/3/25	Payee name Tynesha Graves		
Amount (\$) 250.00	Payee address; 801 Apple Valley Dr., Lancaster, TX 75134		
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Mobile Notary	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
			Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10 of 11	2 FILER NAME Ingrid M.. Warren	3 Filer ID (Ethics Commission Filers)	
4 Date 12/4/2025	5 Payee name Dallas County Democratic Party		
6 Amount (\$) 2,500.00	7 Payee address; 1414 N. Washington Ave., Dallas, TX	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fee - General Election	
	(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 12/8/2025	Payee name US Postmaster		
Amount (\$) 322.00	Payee address; 400 N. Ervay St., Dallas, TX 75201	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Annual PO Box Fee	
	<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 12/12/2025	Payee name Preston Hollow Democrats		
Amount (\$) 150.00	Payee address; P.. O. Box 670631, Dallas, TX 75361	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Membership Dues	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11 of 11	2 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)	
4 Date 12/31/25	5 Payee name Nora Jackson		
6 Amount (\$) 1,083.70	7 Payee address; 407 Tiffany Trail, Richardson, TX 75081	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Administrative 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 12/29/25	Payee name Mail Chimp		
Amount (\$) 127.92	Payee address; Intuit MailChimp, 405 N. Angier Ave., NE, Atlanta, GA 30308	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Website	
	<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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	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	Candidate / Officeholder name	Office sought	Office held
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