

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 FIRST MI Ms. Ingrid M.		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt Amount \$ Date Processed Date Imaged								
	NICKNAME LAST SUFFIX Warren										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 131205, Dallas, Texas 75313										
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	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 Month Day Year 07 / 01 / 2025 THROUGH 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) 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

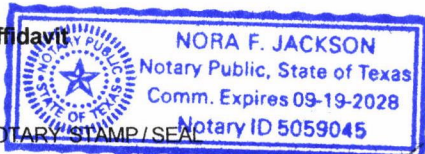
15 JC/OH NAME Ingrid M. Warren		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES 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
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Ingrid M. Warren this the 15th day of January, 2026, to certify which, witness my hand and seal of office.

Nora F. Jackson Nora F. Jackson Notary Public
Signature of officer administering oath Printed name of officer administering oath 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		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Demetris Sampson 6 Contributor address; City; State; Zip Code P. O. Box 763834, Dallas, TX 75376	7 Amount of contribution (\$) 237.45
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Ben Taylor Contributor address; City; State; Zip Code 300 Crescent Court, Suite 1500, Dallas, TX 75201	Amount of contribution (\$) 94.80
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Lisa Newman Contributor address; City; State; Zip Code 6029 Belt Line Road #240, Dallas, TX 75254	Amount of contribution (\$) 100
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Paul Wingo <hr/> 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Kimberly Loveland <hr/> Contributor address; City; State; Zip Code 2600 Network Blvd., Ste 560, Frisco, TX 75034	Amount of contribution (\$) 237.45
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Rebecca Jolley <hr/> Contributor address; City; State; Zip Code 8 Abbotsford Court, Dallas, TX 75225	Amount of contribution (\$) 237.45
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.

The Instruction Guide explains how to complete this form.

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☐ out-of-state PAC ID#: _____**Horatio Porter****7** Amount of contribution (\$)**94.80****6** Contributor address; City; State; Zip Code**4534 Brittany Lane, Grand Prairie, TX 75052****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

☐ out-of-state PAC ID#: _____**Jack Hales**

Amount of contribution (\$)

950.70

Contributor address; City; State; Zip Code

12720 Hillcrest Road, suite 830, Dallas, TX 75230

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

☐ out-of-state PAC ID#: _____**Thomas Cantrill**

Amount of contribution (\$)

237.45

Contributor address; City; State; Zip Code

Ste. 3700, 1445 Ross Ave., Dallas, TX 75230

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.

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC ID#: _____ William Katz 6 Contributor address; City; State; Zip Code 3612 Wentwood Drive, Dallas, TX 75225	7 Amount of contribution (\$) 475.20
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Jeff Wolff Contributor address; City; State; Zip Code 8627 Chadbourne Road, Dallas, TX 75209	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 <input type="checkbox"/> out-of-state PAC ID#: _____ Wendy Dawer Contributor address; City; State; Zip Code 17431 Woods Edge Drive, Dallas, TX 75287	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)1: 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Samuel Macaluso 6 Contributor address; City; State; Zip Code 7500 W. Camp Wisdom Road, Dallas, TX 75236	7 Amount of contribution (\$) 475.20
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)		
Date 10/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Deepti Sharma Contributor address; City; State; Zip Code 8627 Chadbourne Road, Dallas, TX 75209	Amount of contribution (\$) 475.20
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Paul Wingo Contributor address; City; State; Zip Code Law Firm	Amount of contribution (\$) 4,754.70
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		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ronald Foxman <hr/> 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 10/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ William Mureiko <hr/> Contributor address; City; State; Zip Code 10032 S.E. County Road 4200, Kerens, TX 75144	Amount of contribution (\$) 950.70
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 10/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Donald Totusek <hr/> Contributor address; City; State; Zip Code 500 N. Akard Street, Suite 1830, Dallas, TX 75201	Amount of contribution (\$) 94.80
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Russell Wilson	7 Amount of contribution (\$) 475.20
6 Contributor address; City; State; Zip Code 123 Shandoah, Murphy, TX 75094		
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 10/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sarah Oliai	Amount of contribution (\$) 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 10/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ellen Williamson	Amount of contribution (\$) 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Joel Winful <hr/> 6 Contributor address; City; State; Zip Code 1608 Flowers Drive, Carrollton, TX 75007	7 Amount of contribution (\$) 237.45
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#: _____ Brian Hill <hr/> Contributor address; City; State; Zip Code 2310N. Fitzhugh, 10, Dallas, TX 75007	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#: _____ Marsha Dekan <hr/> Contributor address; City; State; Zip Code 216 Classen Drive, Dallas, TX 75218	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)		
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**MONETARY POLITICAL CONTRIBUTIONS
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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 <input type="checkbox"/> out-of-state PAC ID#: _____ R. J. Watts II 6 Contributor address; City; State; Zip Code 7310 Debshire Circle, Dallas, TX 75231	7 Amount of contribution (\$) 475.20
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Brad Monceaux Contributor address; City; State; Zip Code 10440 N. Central Expy., Ste 1040, Dallas, TX 7231	Amount of contribution (\$) 475.20
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Kenneth Lowe Contributor address; City; State; Zip Code 311 Fargo Ave., San Antonio, TX 78220	Amount of contribution (\$) 237.45
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)		
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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.

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2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Angelica Farinacci <hr/> 6 Contributor address; City; State; Zip Code 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)		
Date 10/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Andrea Winters <hr/> Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Jason Lemons <hr/> Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Rachel Williams 6 Contributor address; City; State; Zip Code 4113 San Carlos, Dallas, TX 75205	7 Amount of contribution (\$) 1,140.90
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Dennis Alvoid Contributor address; City; State; Zip Code 3146 Palmdale Cir., Dallas, TX 75234	Amount of contribution (\$) 237.45
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Melanie Baloga Contributor address; City; State; Zip Code 8519 Coppertowne Lane, Dallas,, TX 75243	Amount of contribution (\$) 237.45
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)1: 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Emilia Johnson <hr/> 6 Contributor address; City; State; Zip Code 407 Tiffany Trail, Richardson, TX 75081	7 Amount of contribution (\$) 9.21
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)		
Date 10/21/25	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC ID#: _____ Trelaine Mapp <hr/> Contributor address; City; State; Zip Code 651 E. Debbie Lane, Mansfield, TX 76063	Amount of contribution (\$) 475.20
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Yasmen Renee Smith <hr/> Contributor address; City; State; Zip Code 3902 Blacksmith, Garland, TX 75044	Amount of contribution (\$) 23.47
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) Thompson Coe		
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: 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Rita H. Clinton & Cleveland G. Clinton <hr/> 6 Contributor address; City; State; Zip Code 2908 Bryn Mawr Dr., Dallas, TX 75225-7816	7 Amount of contribution (\$) 100
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)		
Date 10/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Gregory W. Sampson <hr/> Contributor address; City; State; Zip Code 11515 W. Ricks Cir., Dallas, TX 75230	Amount of contribution (\$) 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 <input type="checkbox"/> out-of-state PAC ID#: _____ James Walter Holliday DBA Law Office of James W. Holliday <hr/> Contributor address; City; State; Zip Code 550 Bailey Ave., Ste 315, Fort Worth, TX 76107-0000	Amount of contribution (\$) 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)		
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)****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 <input type="checkbox"/> out-of-state PAC ID#: _____ Rita H. Clinton & Cleveland G. Clinton 6 Contributor address; City; State; Zip Code 2908 Bryn Mawr Dr., Dallas, TX 75225-7816	7 Amount of contribution (\$) 100
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) <div>Type text here</div>		
Date 10/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Gregory W. Sampson Contributor address; City; State; Zip Code 11515 W. Ricks Cir., Dallas, TX 75230	Amount of contribution (\$) 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 <input type="checkbox"/> out-of-state PAC ID#: _____ James Walter Holliday DBA Law Office of James W. Holliday Contributor address; City; State; Zip Code 550 Bailey Ave., Ste 315, Fort Worth, TX 76107-0000	Amount of contribution (\$) 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)		
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: 15 of 27
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Victoria Welcome Attorney at Law <hr/> 6 Contributor address; City; State; Zip Code 4026 Lemmon Ave., Dallas, TX 75219-3736	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 <input type="checkbox"/> out-of-state PAC ID#: _____ Mattie Woolen <hr/> Contributor address; City; State; Zip Code 920 Indian Creek Trl., Dallas, TX 75241-1927	Amount of contribution (\$) 300
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Ryan W. Trobee <hr/> Contributor address; City; State; Zip Code 580 Coolair Dr., Dallas, TX 75218	Amount of contribution (\$) 100
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)		
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: 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Will Ford Hartnett 6 Contributor address; City; State; Zip Code 2920 N. Pearl St., Dallas, TX 75201	7 Amount of contribution (\$) 1,000
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Wynthia J. Cheatum & Associates Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Casanova and Associates, PLLC Contributor address; City; State; Zip Code 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)		
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: 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Gant & Hicks PLLC 6 Contributor address; City; State; Zip Code 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)		
Date 11/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ted B. Lyon & Associates Contributor address; City; State; Zip Code 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 11/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lisa Leffingwell Contributor address; City; State; Zip Code 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)		
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: 18 of 27
2 FILER NAME Ingrid M. Warren		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Superior Litigation Services PLLC <hr/> 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Crawford Wishnew Lang PLLC <hr/> Contributor address; City; State; Zip Code 1700 Pacific Ave., Ste 2390, Dallas, TX 75201	Amount of contribution (\$) 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)		
Date 10/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Robinson & Hoskins LLP <hr/> Contributor address; City; State; Zip Code 400 Zang Blvd., Suite 920, Dallas, TX 75208	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)		
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: 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Greg Thomas PC <hr/> 6 Contributor address; City; State; Zip Code 6440 N. Centroll 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)		
Date 10/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Glast Phillips Murray Zopolsky, P.C. <hr/> Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Farrow-Gillespie Heath Wilmoth LLP <hr/> Contributor address; City; State; Zip Code 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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rebekah S. Brooker 6 Contributor address; City; State; Zip Code 2808 Dyer St., Dallas, TX 75205-1906	7 Amount of contribution (\$) 500
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Lincoln J. Monroe Contributor address; City; State; Zip Code P. O. Box 540232, Grand Prairie, TX 75054-0232	Amount of contribution (\$) 500
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Michael A. Duran Contributor address; City; State; Zip Code 2725 Hanover Street, Dallas, TX 75225 76225-7923	Amount of contribution (\$) 500
Contributor's principal occupation Attorneys		Contributor's job title
Contributor's employer/law firm Duran Firm		Law firm of contributor's spouse (if any) 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Aubrey Boswelll PLLC <hr/> 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)		
Date 10/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ McKool Smith <hr/> 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 <input type="checkbox"/> out-of-state PAC ID#: _____ G. Redwine PLLC <hr/> 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 10/27/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: 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 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 <input type="checkbox"/> out-of-state PAC ID#: 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 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 <input type="checkbox"/> out-of-state PAC ID#: 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 Law Firm		Contributor's job title 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.

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC ID#: _____ Mark R. Caldwell <hr/> 6 Contributor address; City; State; Zip Code 6502 Copper Creek Dr., Dallas, TX 75248-3919	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 <input type="checkbox"/> out-of-state PAC ID#: _____ Alan S. Loewinsohn <hr/> Contributor address; City; State; Zip Code 300 Crescent Court, Suite 1500, Dallas, TX 75201	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 <input type="checkbox"/> out-of-state PAC ID#: _____ Caldwell, Bennett, Thomas, Toraason & Mead, PLLC <hr/> Contributor address; City; State; Zip Code 4851 Lyndon B. Johnson Fwy., Ste. 601, Dallas, TX 75244	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 <input type="checkbox"/> out-of-state PAC ID#: _____ Jerry C. Alexander 6 Contributor address; City; State; Zip Code 2500 Renaissance Tower, Dallas, TX 75270	7 Amount of contribution (\$) 5000
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)		
Date 10/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ David Mead Contributor address; City; State; Zip Code P. O. Box 601146, Dallas, TX 75360	Amount of contribution (\$) 5,000
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 10/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ The Hartnett Law Firm Contributor address; City; State; Zip Code 2920 N. Pearl Street, Dallas, Texas 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)		
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: 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 <input type="checkbox"/> out-of-state PAC ID#: _____ John B. Peyton, Jr. 6 Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Staubus Blankenship Legere & Walker PLLC Contributor address; City; State; Zip Code 8150 N. Central Expy., 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Buena Lyons Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Flournoy McLain, P.C. 6 Contributor address; City; State; Zip Code 10000 N. Centroll Expwy., Suite 800, Dallas, TX 75231	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)		
Date 11/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Godwin Bowman Contributor address; City; State; Zip Code 500 N. Akard St., Suite 1100, Dallas, TX 75201-3499	Amount of contribution (\$) 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)		
Date 11/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ The Law Office of Cynthia A. Spencer Contributor address; City; State; Zip Code 1102 Main St., Garland, TX 75040	Amount of contribution (\$) 250
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: 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 <input type="checkbox"/> out-of-state PAC ID#: _____ Scheef & Stone, LLP 6 Contributor address; City; State; Zip Code 500 N. Akard St., Ste 2700, Dallas, TX 75201	7 Amount of contribution (\$) 1,000
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)		
Date 12/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joseph Rosenfield Contributor address; City; State; Zip Code 6009 W. Parker Road, Suite 149-204, Plano, TX 75903	Amount of contribution (\$) 100
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 12/03/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Paulette Mueller Contributor address; City; State; Zip Code 10770 Inwood Road, Dallas, TX 75229	Amount of contribution (\$) 1,000
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 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; City; State; Zip Code 4488 Plano Pkwy., Carrollton, TX 75010 <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
	(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 ONLY 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; City; State; Zip Code P. O. Box 811428, Los Angeles, CA <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 ONLY 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; City; State; Zip Code 1414 N. Washington Ave., Dallas, Texas 75204 <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 ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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) 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 ONLY 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; City; State; Zip Code 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) 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 ONLY 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; City; State; Zip Code 300 Newport Ave., Williamsburg, VA 2318 <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 ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; City; State; Zip Code 4488 Plano Pkwy., Carrollton, TX 75010 <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		
	(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; City; State; Zip Code 9333 Ferguson Road, Dallas, TX 75228 <input type="checkbox"/> Check if individual's residence address.			
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; City; State; Zip Code P. O. Box 166253, Irving, TX 75016 <input type="checkbox"/> Check if individual's residence address.			
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					
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 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 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; City; State; Zip Code 2101 Ross Ave., Dallas, TX 75201 <input type="checkbox"/> Check if individual's residence address.			
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; City; State; Zip Code 4545 S. Westmoreland Rd., Dallas, TX 75237 <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 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					
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; City; State; Zip Code 2007 Maple Ave., Dallas, TX 75201 <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; 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) 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; City; State; Zip Code 2014 Irving Blvd., Dallas, TX 75207 <input type="checkbox"/> Check if individual's residence address.			
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					
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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		
	(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 10/29/2025		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
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; City; State; Zip Code 407 Tiffany Trail, Richardson, TX 75081 <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 ONLY 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; City; State; Zip Code 2101 Ross Ave., Dallas, TX 75201 <input type="checkbox"/> Check if individual's residence address.	
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 ONLY 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; City; State; Zip Code 2024 Seawall Boulevard, Galveston, TX 77550 <input type="checkbox"/> Check if individual's residence address.	
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 ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; City; State; Zip Code 5207 Grovewood St., Dallas, TX 75210 <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; City; State; Zip Code 4545 S. Westmoreland Rd., Dallas, TX 75237 <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; City; State; Zip Code 4545 S. Westmoreland Rd., Dallas, TX 75237 <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			
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; City; State; Zip Code 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 ONLY 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; City; State; Zip Code 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 ONLY 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; City; State; Zip Code 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 ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; City; State; Zip Code 1414 N. Washington Ave., Dallas, TX <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; City; State; Zip Code 400 N. Ervay St., Dallas, TX 75201 <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; City; State; Zip Code P.. O. Box 670631, Dallas, TX 75361 <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		
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; City; State; Zip Code 407 Tiffany Trail, Richardson, TX 75081 <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					
<hr/>					
Date 12/29/25		Payee name Mail Chimp			
Amount (\$) 127.92		Payee address; City; State; Zip Code 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) 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					
<hr/>					
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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					