

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. John NICKNAME LAST Warren			MI F SUFFIX		
				OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received BY 2026 JAN 14 JOHNSON COUNTY CLERK DALLAS COUNTY CLERK DEPT CITY MAY 10 2023		
				Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 523-0793	EXTENSION			
				Date Processed		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Karl	MI			
	NICKNAME LAST Warren	SUFFIX		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1304 Boardwalk St., Arlington, TX 76011			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 800-5016	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 7	Day / 1 /	Year 25	Month 12	Day / 31 /	Year 25
11 ELECTION	ELECTION DATE Month / Day / Year / / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special _____				
12 OFFICE	OFFICE HELD (if any) Dallas County Clerk			13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.					
	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME				
	COMMITTEE ADDRESS					
	COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					

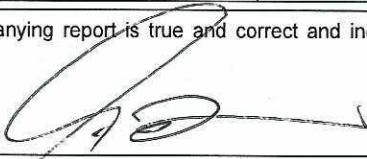
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

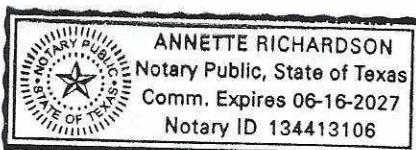
15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 18,496.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES \$ 3,463.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 8,900.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

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



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by John F. Warren this the 13 day of January, 2025, to certify which, witness my hand and seal of office.

Annette Richards Annette Richardson 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 John F. Warren, 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 - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,496.62
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,463.72
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 4
2 FILER NAME John F. Warren			3 Filer ID (Ethics Commission Filers)
4 Date 09/26/2025	5 Full name of contributor Jeff Tillotson	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 1,456.16
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)	
Date 09/26/2025	Full name of contributor Peter Malouf	out-of-state PAC (ID#:)	Amount of contribution (\$) 242.28
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 09/27/2025	Full name of contributor Paul Malouf	out-of-state PAC (ID#:)	Amount of contribution (\$) 96.62
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 09/27/2025	Full name of contributor Michael Cole	out-of-state PAC (ID#:)	Amount of contribution (\$) 96.62
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	

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**SCHEDULE A1**

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 A1:
2 FILER NAME John F. Warren			3 Filer ID (Ethics Commission Filers)
4 Date 09/29/2025	5 Full name of contributor Lisa Baron	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 2,427.26
	6 Contributor address; 4047 Cochran Chapel Rd. Dallas, TX 75209-1501	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)	
Date 09/29/2025	Full name of contributor Rob Miller	out-of-state PAC (ID#:)	Amount of contribution (\$) 484.06
	Contributor address; 400 S. Ervay St. Dallas, TX 75201	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 09/29/2025	Full name of contributor Simon Greenstone	out-of-state PAC (ID#:)	Amount of contribution (\$) 970.61
	Contributor address; Simon Greenstone Panatier, PC 901 Main St. Suite 5900 Dallas, TX 75202	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 09/29/2025	Full name of contributor Eleanor Aldous	out-of-state PAC (ID#:)	Amount of contribution (\$) 242.28
	Contributor address; 4311 Oak Lawn Ave., Suite 150 Dallas, TX 75219	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
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

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME John F. Warren			3 Filer ID (Ethics Commission Filers)
4 Date 09/30/2025	5 Full name of contributor Carmen Mitchell	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 485.06
6 Contributor address; 6333 E Mockingbird Ln.,Ste 147 PMB 495 Dallas, TX 75214-2672	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)	
Date 10/03/2025	Full name of contributor Allie Lamb	out-of-state PAC (ID#:)	Amount of contribution (\$) 4,855.01
Contributor address; 6623 Del Norte Lane Dallas TX 75225	City; State; Zip Code		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 10/06/2025	Full name of contributor Bruce Steckler	out-of-state PAC (ID#:)	Amount of contribution (\$) 485.06
Contributor address; 12720 Hillcrest Suite 1045 Dallas, Texas 75230	City; State; Zip Code		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 10/06/2025	Full name of contributor David Paillet	out-of-state PAC (ID#:)	Amount of contribution (\$) 242.28
Contributor address; 5715 Melshire Dr. Dallas Texas 75230	City; State; Zip Code		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
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**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME John F. Warren			3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2025	5 Full name of contributor David Price	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 485.06
	6 Contributor address; 4619 Chantilly Circle Houston, Texas 77018	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)	
Date 10/17/2025	Full name of contributor Terumi Fausto	out-of-state PAC (ID#:)	Amount of contribution (\$) 485.06
	Contributor address; 6815 CREST PL LIVE OAK, TX 78233	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 11/09/2025	Full name of contributor Patrick Bond	out-of-state PAC (ID#:)	Amount of contribution (\$) 2,427.26
	Contributor address; 1423 N. Charles Ave., Naperville, IL 60563	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 10/05/2025	Full name of contributor Stephen Malouf	out-of-state PAC (ID#:)	Amount of contribution (\$) 2,500.00
	Contributor address; 5868 Elderwood Dr., Dallas, TX 75230	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
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

SCHEDULE A1

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 A1: 5
2 FILER NAME John F. Warren			3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2025	5 Full name of contributor Reese Marketos LLP	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Attorney/Law Firm		9 Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:) Contributor address;	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:) Contributor address;	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:) Contributor address;	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	John F. Warren	
4 Date	5 Payee name	
11/03/2025	Wix.com	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
363.72		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Hosting Fees	Campaign website
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	John F. Warren	Office held
		County Clerk
Date	Payee name	
11/04/2025	Bank of America	
Amount (\$)	Payee address;	City; State; Zip Code
50.00		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Banking Fee	Campaign Account
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	John F. Warren	Office held
		County Clerk
Date	Payee name	
11/06/2025	Desmond Cook	
Amount (\$)	Payee address;	City; State; Zip Code
200.00		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		Campaign Contribution
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
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	2 FILER NAME John F. Warren	3 Filer ID (Ethics Commission Filers)	
4 Date 11/12/2025	5 Payee name Brandon Vance Campaign		
6 Amount (\$) 400.00	7 Payee address; P.O. Box 397657, Dallas, TX 75339	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Campaign Contribution	
	(c) Check if travel outside of Texas. Complete Schedule T.	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 11/12/2025	Payee name Dallas County Democratic Party		
Amount (\$) 1,250.00	Payee address; 1414 N Washington Ave, Dallas, TX 75204	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee	Description Application for Place on Ballot	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John F. Warren	Office sought	Office held County Clerk
Date 12/01/2025	Payee name 23rd Senatorial District Tejano Democrats		
Amount (\$) 200.00	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Campaign Contribution	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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