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: 7

OFFICE USE ONLY

Date Received

FILED 2020 JUL 20 PM 3:45 JOHN F. WARREN COUNTY CLERK DALLAS COUNTY BY DEPUTY

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ms. | FIRST: Ingrid | MI: M.

NICKNAME | LAST: Warren | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 131205, Dallas, TX 75313

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (214) | PHONE NUMBER: 524-4000 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Algernon | MI

NICKNAME | LAST: Herron | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2010 N. Hampton Road, Dallas, TX 75115

8 CAMPAIGN TREASURER PHONE

AREA CODE: (214) | PHONE NUMBER: 393-1871 | EXTENSION

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☑ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 01 / Day 01 / Year 2020 THROUGH Month 06 / Day 30 / Year 2020

11 ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Judge, Probate Court No. 2 Dallas County

13 OFFICE SOUGHT (if known)

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	15 Filer ID (Ethics Commission Filers)
Ingrid M. Warren	

16 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.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 819.11
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3,689.11
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 49,045.30
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 AFFIDAVIT

CRAIG C. GANT SR
NOTARY PUBLIC
STATE OF TEXAS
ID 126484632
EXP. 04-15-2024

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Ingrid M. Warren, this the 15th day of July, 20 20, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Craig Gant	Notary

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Ingrid M. Warren	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	$
2.	☐	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	$
4.	☐	SCHEDULE E(J): LOANS (JUDICIAL)	$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 2,870.00
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 45,000.00
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.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 720.81

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
SEE ATTACHMENT A

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 FILER NAME Ingrid M. Warren	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount ($)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ATTACHMENT "A"

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F1

Date	Amount	Payee Name	Payee Address	Purpose of Expenditure	Category
1/13/2020	$200.00	North Texas Probate Bench Bar	2101 Ross Avenue, Dallas, TX 75201		Other (Hotel Stay for CLE)
2/10/2020	$450.00	DBA Probate, Trusts and Estate Section (Chk #1107)	2101 Ross Avenue, Dallas, TX 75201	Stipend for NTBB JL Turner Member	Donation
3/8/2020	$500.00	Community Missionary Baptist Church (Chk #1115)	115 W. Belt Line Road, DeSoto, TX 75115	Donation (Covid Relief)	Contributions/Donations Made by Office Holder
3/24/2020	$250.00	The Links, Incorporated, Trinity Chapter (Chk #1113)	PO Box 820534, Dallas, TX 75382	13th Annual Gala - 2 Gala Tickets	Event Expense
3/30/2020	$250.00	Dallas Hispanic Law Foundation (Chk #1112)	PO Box 1523, Dallas, TX 75221	Donation	Contributions/Donations Made by Office Holder
4/9/2020	$335.00	Dallas Bar Association (Chk #1114)	2101 Ross Avenue, Dallas, TX 75201	2020 Dues (Professional Membership)	Fees
6/4/2020	$515.00	State Bar of Texas (Debit)	Texas Law Center, 1414 Colorado St., Autstin, TX 78701	2020 Bar Dues (Professional Membership)	Fees
6/4/2020	$370.00	National Bar Association (Chk #1117)	1816 12th St. NW, Washington, DC 20009	2020 Dues (Professional Membership)	Fees
	$2,870.00				

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3: 1

2 FILER NAME: Ingrid M. Warren

3 Filer ID (Ethics Commission Filers):

4 Date: 02/10/2020

5 Name of person from whom investment is purchased: Plains Capital Bank

6 Address of person from whom investment is purchased: PO Box 271 City: Lubbock, TX State: Zip Code: 79408

7 Description of investment: Certificate of Deposit (CD)

8 Amount of investment ($): $45,000

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased: City: State: Zip Code

Description of investment

Amount of investment ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME: Ingrid M. Warren

3 Filer ID (Ethics Commission Filers):

4 Date	5 Name of person from whom amount is received / 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount ($)
2/04/2020	Plains Capital Bank PO Box 271 Lubbock, TX 79408	$719.81
	7 Purpose for which amount is received: Interest on Certificate of Deposit (CD)	☐ Check if political contribution returned to filer
Date	Name of person from whom amount is received / Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Plains Capital Bank	$10.00
	Purpose for which amount is received: Checking Account Interest	☐ Check if political contribution returned to filer
Date	Name of person from whom amount is received / Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received	☐ Check if political contribution returned to filer
Date	Name of person from whom amount is received / Address of person from whom amount is received; City; State; Zip Code	Amount ($)
	Purpose for which amount is received	☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED