

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <i>6</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>MR</i> FIRST: <i>KARL</i> MI: NICKNAME: LAST: <i>WARREN</i> SUFFIX:	OFFICE USE ONLY <hr/> Date Received <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED - CSO 12 APR 12 AM 11:54 </div> <hr/> Date Hand-delivered or Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>1304 BOARD WALK, ARLINGTON TX 76011</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 276 1245</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>MRS.</i> FIRST: <i>PATRICE</i> MI: NICKNAME: LAST: <i>WARREN</i> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS, (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>4311 HAMPTON CIR GRAND PRAIRIE, TX 75052</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(972) 263 4104</i>		
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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>2 / 25 / 2012 4 / 12 / 2012</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 12 / 2012</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>City Council DISTRICT 1</i>	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Karl Warren **15 ACCOUNT #** (Ethics Commission Filers)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>100.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1300.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7500.89</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>544.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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.

Karl Warren
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karl Warren, this the 12th day of April, 20 12, to certify which, witness my hand and seal of office.

Tina Stewart
Signature of officer administering oath

Tina Stewart
Printed name of officer administering oath

notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME **KARL WARREN**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **3/18/12**
 5 Full name of contributor out-of-state PAC (ID#: _____)
JOHN & PATRICE WARREN
 6 Contributor address; City; State; Zip Code
**4311 Hampton Cir
 GRAND PRAIRIE, TX 75052**

7 Amount of contribution (\$) **\$350.00**
 8 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **3/18/12**
 Full name of contributor out-of-state PAC (ID#: _____)
HERBIE WARREN
 Contributor address; City; State; Zip Code
**3896 HOLLYWOOD AVE
 SHREVEPORT, LA 71109**

Amount of contribution (\$) **\$100.00**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/18/12**
 Full name of contributor out-of-state PAC (ID#: _____)
PAULETTE WRIGHT
 Contributor address; City; State; Zip Code
**8330 DEA LA.
 GREENWOOD, LA 71033**

Amount of contribution (\$) **\$100.00**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/19/12**
 Full name of contributor out-of-state PAC (ID#: _____)
HOWARD & HEIDRUN WARREN
 Contributor address; City; State; Zip Code
**6754 SANTA MONICA DR
 SHREVEPORT, LA 71119**

Amount of contribution (\$) **\$200.00**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/19/12**
 Full name of contributor out-of-state PAC (ID#: _____)
TOMMIE WARREN Jr
 Contributor address; City; State; Zip Code
**8325 DANCE DR
 SHREVEPORT, LA 71129**

Amount of contribution (\$) **\$100.00**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME <u>KARL WARREN</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/5/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOHN WARREN Campaign</u>	7 Amount of contribution (\$) <u>\$150.⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. BOX 222134 DALLAS, TX 75222</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4/5/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Clifford Sparks</u>	Amount of contribution (\$) <u>\$100.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3994 SWORD DANCER WAY GRAND PRAIRIE, TX 75052</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/5/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>D. HARRIS</u>	Amount of contribution (\$) <u>\$50.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2104 PERRY DR MANSFIELD, TX 76063</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/6/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rodriguez Black</u>	Amount of contribution (\$) <u>\$50.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>11 LOVE STAR DR WACO TX 76708</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>KARL WARREN</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/5/2012</i>	5 Payee name <i>MINUTE MAN PRESS</i>
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6 Amount (\$) <i>\$ 378.88</i>	7 Payee address; City; State; Zip Code <i>2643 TARNOR DALLAS, TX 75229</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <i>DOOR HANGER</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/29/2012</i>	Payee name <i>QUICK SIGN</i>
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Amount (\$) <i>\$ 378.00</i>	Payee address; City; State; Zip Code <i>400 N. BOWEN #106 ARLINGTON, TX 76012</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <i>32X48 SIGNS</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME KARL WARREN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/25/2012	5 Payee name WELLS FARGO BANK
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6 Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code BROWN BLVD. ARLINGTON, TX 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Banking	(b) Description (If travel outside of Texas, complete Schedule T) OPEN CAMPAIGN ACCOUNT
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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