

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:

5

OFFICE USE ONLY

Date Received

RECEIVED - CSO
12 MAY - 11 AM 8:22

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR.

KARL

NICKNAME

LAST

SUFFIX

WARREN

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1304 BOARDWALK ST, ARLINGTON TX 76011

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 276 1245

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MRS

PATRICE

NICKNAME

LAST

SUFFIX

WARREN

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4311 HAMPTON CIR GRAND PRAIRIE, TX 75052

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 263 4104

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 \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

/ /

4 / 12 / 2012

11 ELECTION

Month

ELECTION DATE

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

5 / 12 / 12

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council DISTRICT 1

GOTO 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	\$ 115. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 265. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 496.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 673.92
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.

TINA STEWART
Notary Public, State of Texas
My Commission Expires
February 14, 2015

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 4th day of May, 20 12, to certify which, witness my hand and seal of office.

Tina Stewart Tina Stewart notary
Signature of officer administering oath Printed name of officer administering oath 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 FILER NAME

KARL WARREN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/11/12

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

ALBERT MITCHELL

7 Amount of contribution (\$)

150.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3523 PECOS WAY
GRAND PRAIRIE, TX 75052

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/12/12

Full name of contributor out-of-state PAC (ID# _____)

AL NABH

Amount of contribution (\$)

\$50.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

541 LAKE FOREST DR
COPPELL, TX 75019

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 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)
4 Date <i>4-9-2012</i>	5 Payee name <i>QUICK SIGN</i>	
6 Amount (\$) <i>\$769.50</i>	7 Payee address; City; State; Zip Code <i>400 N. BOWEN #106 ALWINGTON, 76012</i>	
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>Yard Signs</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4-20-12</i>	Payee name <i>SAM'S CLUB</i>	
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>I30 FORT WORTH, TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Misc</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM 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 4.6.12	5 Payee name Quick Sign
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6 Amount (\$) \$400.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 400 N. BOWEN #106 ARLINGTON, 76012
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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)
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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)
------------------------	--	---

Date	Payee name
------	------------

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
------	------------

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED