

# 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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>MR</i> <i>Donald</i>	MI <i>P</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Don</i> <i>Warren</i>	SUFFIX	Date Received <i>RECEIVED</i>	SEP 29 2025	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P. O. Box 6007 Tyler, TX 75711</i>				CITY CLERKS OFFICE City of Tyler	
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>920-9888</i>	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>MR.</i> <i>Michael</i>	MI <i>5.</i>	Receipt #	Amount \$	
	NICKNAME	LAST <i>Mike</i> <i>Thomas</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2203 Oak Alley Tyler TX 75703</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>561-5122</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>1</i>	Day <i>1</i>	Year <i>2024</i>	Month <i>9</i>	Day <i>30</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month <i>/</i>	Day <i>/</i>	Year <i>/</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (If any) <i>Mayor</i>			13 OFFICE SOUGHT (If known)		
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Donald P. Warren

15 Filer ID (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.

Additional Pages

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

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)

\$ -0-

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 16,731.97

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

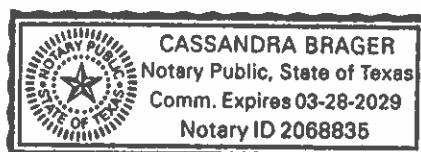
\$ -0-

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald P. Warren, this the 29th day of September, 20 25, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Notary  
Title of officer administering oath

**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. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 562.19
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	\$ 16,229.78
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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	3 Filer ID (Ethics Commission Filers)	
1	Donald P. Warren		
4 Date 1/2/24 - 3/2/24	5 Payee name		
	Minerbox Interactive		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$ 415.68	119 University Place	Tyler TX 75702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising		
	(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 1/10/24- 9/10/25	Payee name		
	Southside Bank		
Amount (\$)	Payee address:	City: State: Zip Code	
\$ 21.00	1201 S Beckham	Tyler TX 75701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Bank Fees		
	<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 1/2/24 - 3/2/24	Payee name		
	Minerbox Interactive		
Amount (\$)	Payee address:	City: State: Zip Code	
\$ 65.51	119 University Place	Tyler TX 75702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising		
	<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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Donald P. Warren	
4 Date	5 Payee name	
b/17/24	Tyler Area Business Education Council	
6 Amount (\$)	7 Payee address:	City      State      Zip Code
\$250.00	315 N. Broadway, Suite 307 Tyler	TX 75702
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  Donation	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
7/17/24	Friends of the Tyler Public Library	
Amount (\$)	Payee address:	City      State      Zip Code
\$1250.00	201 S. College Ave	Tyler TX 75702
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Donation	Description (See instructions regarding type of information required.)
Date	Payee name	
9/30/24	EAST TEXAS Food Bank	
Amount (\$)	Payee address:	City      State      Zip Code
\$4,000.00	3201 Robertson Road	Tyler TX 75701
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Donation	Description (See instructions regarding type of information required.)
Date	Payee name	
11/14/24	Fostering Collective	
Amount (\$)	Payee address:	City      State      Zip Code
\$250.00	201 Winchester Drive	Tyler TX 75701
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Donation	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	<i>Donald P Warren</i>	
4 Date	5 Payee name	
<i>11/14/24</i>	<i>Hospice of East Texas</i>	
6 Amount (\$)	7 Payee address:	City      State      Zip Code
<i>\$5,000.00</i>	<i>4111 University Blvd.</i>	<i>Tyler TX 75701</i>
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)  <i>Donation</i>	(b)Description (See instructions regarding type of information required.)
Date	Payee name	
<i>12/27/24</i>	<i>Conservative Action PAC</i>	
Amount (\$)	Payee address:	City      State      Zip Code
<i>\$ 1,000.00</i>	<i>P.O. Box 7321</i>	<i>Tyler TX 75711</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  <i>Donation</i>	Description (See instructions regarding type of information required.)
Date	Payee name	
<i>1/28/25</i>	<i>Pets For People</i>	
Amount (\$)	Payee address:	City      State      Zip Code
<i>\$ 250.00</i>	<i>1823 CR 386</i>	<i>Tyler TX 75708</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  <i>Donation</i>	Description (See instructions regarding type of information required.)
Date	Payee name	
<i>4/11/25</i>	<i>Mayors Prayer Breakfast</i>	
Amount (\$)	Payee address:	City      State      Zip Code
<i>\$ 1,000.00</i>	<i>315 N Broadway Ave</i>	<i>Tyler TX 75702</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  <i>Donation</i>	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Donald P Warren	
4 Date	5 Payee name	
5/15/25	Love Thy City	
6 Amount (\$)	7 Payee address:	City      State      Zip Code
\$500.00	7330 S. Broadway Ave Tyler	TX 75703
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  Donation	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
5/15/25	Tyler Area Business Education Council	
Amount (\$)	Payee address:	City      State      Zip Code
\$1,000.00	315 N. Broadway Suite 307 Tyler	TX 75702
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Donation	Description (See instructions regarding type of information required.)
Date	Payee name	
8/28/25	Boy Scouts of America	
Amount (\$)	Payee address:	City      State      Zip Code
\$500.00	1331 E 5th Street Tyler	TX 75701
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Donation	Description (See instructions regarding type of information required.)
Date	Payee name	
9/16/25	Childs for Tyler City Council	
Amount (\$)	Payee address:	City      State      Zip Code
\$250.00	P. O Box 4534	Tyler TX 75712
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Donation	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Donald P Warren	
4 Date	5 Payee name	
9/16/25	Carleen Dark Bayes For Tyler City Council	
6 Amount (\$)	7 Payee address;	City      State      Zip Code
\$250.00	P.O. Box 6206	Tyler      TX      75711
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)  Donation	(b)Description (See instructions regarding type of information required.)
Date	Payee name	
9/16/25	Conservative Action PAC	
Amount (\$)	Payee address;	City      State      Zip Code
\$250.00	P.O. Box 7321	Tyler      TX      75711
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Donation	Description (See instructions regarding type of information required.)
Date	Payee name	
9/26/25	Friends of the Tyler Public Library	
Amount (\$)	Payee address;	City      State      Zip Code
\$1479.78	2015. College Ave	Tyler      TX      75702
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Donation	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City      State      Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

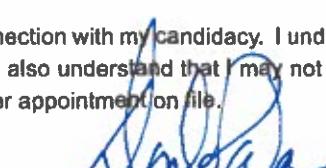
1 C/OH NAME

Donald P. Warren

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

## A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

  
Signature of Officeholder