

# 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

MI

NICKNAME

LAST

SUFFIX

MR DONALD P  
Don WARREN

OFFICE USE ONLY

Date Received

RECEIVED

SEP 29 2025

CITY CLERK'S OFFICE  
City of Tyler

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

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

P.O. Box 6007 Tyler, TX 75711

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903) 920-9888

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. Michael S.  
Mike THOMAS

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

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

2203 Oak Alley Tyler TX 75703

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903) 561-5122

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

Day

Year

1 / 1 / 2024

THROUGH

Month

Day

Year

9 / 30 / 25

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Mayor

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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

\$

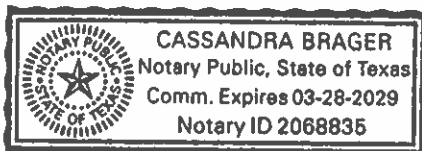
-0-

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.

*Donald P. Warren*

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.

*Cassandra Brager*

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**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>		2 FILER NAME <b>DONALD P. WARREN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/2/24 - 8/2/24</b>		5 Payee name <b>Minerbox Interactive</b>			
6 Amount (\$) <b>\$415.68</b>		7 Payee address; <b>119 University Place</b>		City; <b>Tyler</b>	State; <b>TX</b>
				Zip Code <b>75702</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>1/10/24 - 9/10/25</b>		Payee name <b>Southside Bank</b>			
Amount (\$) <b>\$21.00</b>		Payee address; <b>1201 S Beckham</b>		City; <b>Tyler</b>	State; <b>TX</b>
				Zip Code <b>75701</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Bank Fees</b>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>1/2/24 - 8/2/24</b>		Payee name <b>Minerbox Interactive</b>			
Amount (\$) <b>\$65.51</b>		Payee address; <b>119 University Place</b>		City; <b>Tyler</b>	State; <b>TX</b>
				Zip Code <b>75702</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

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

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# 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 <i>Donald P Warren</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/16/25</i>	5 Payee name <i>Carleen Dark Bayes For Tyler City Council</i>	
6 Amount (\$) <i>\$250.00</i>	7 Payee address; <i>P.O. Box 6206</i>	City State Zip Code <i>Tyler TX 75711</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 <i>9/16/25</i>	Payee name <i>Conservative Action PAC</i>	
Amount (\$) <i>\$250.00</i>	Payee address; <i>P.O. Box 7321</i>	City State Zip Code <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 <i>9/26/25</i>	Payee name <i>Friends of the Tyler Public Library</i>	
Amount (\$) <i>\$1479.78</i>	Payee address; <i>201 S. College Ave</i>	City State Zip Code <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.)
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 on 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