JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to co	mplete this form.	1 Filer ID (Ethics Comm 00085267		2 Total pages	s filed: 11
3 CANDIDATE /	MS/MRS/MR	FIRST		MI		E USE ONLY
OFFICEHOLDER NAME	The Honorable	Vonda			Date Received	
					ELECTRON	CALLY FILED
	NICKNAME	LAST		SUFFIX	. 01/15/2024	
		Bailey				
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; A	PT / SUITE #; CIT	ΓY;	ZIP CODE		d or Date Postmarked
ADDRESS	REDACTED PER 2	54.0313, GOV'T (CODE		Receipt #	Amount
Change of Address					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME		Vernesha				
	NICKNAME	LAST			SUFFIX	
		Cathey				
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PI FASE).	AP	T / SUITE #; CITY;		TATE; ZIP CODE
TREASURER						
(Residence or Business)	REDACTED PER 2	54.0313, GOVT (CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PH (469) 236-9879	ONE NUMBER	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	e election	Runoff		campaign treasurer
	July 15	8th day before	election	Exceeded modified reporting limit		officeholder only) Attach C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	07/01/2023	Tł	HROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r 🛛 🖓	Primary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
	District Judge District 2	55				
	1			1		
		GO T	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	Ve	ersion V3.5.1.f1b8c3f

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 11

I

13 C / OH NAME	Bailey, Vonda (The H	lonorable)	14 Filer ID 00085267	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this informati	t the candidate's or offic	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
16 CONTRIBUTION TOTALS	\$ 0.00			
		\$ 0.00		
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOA IZED POLITICAL EXPENDITURES	NS)	• 0.00
TOTALS		\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES	\$ 10,991.44	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 52,481.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required	
		The Ho	onorable Vonda Baile	y
		Signature	of Candidate or Officeho	older
AFFIX NC	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of off	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.f1b8c3f

FORM JC/OH COVER SHEET PG 3

3 of 11

18 FILER Bailey	NAME Vonda (The Honorable)	(Ethics Commission Filers)	
	ULE SUBTOTALS DF 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. 🔉	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 10,991.44
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.)	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 2,789.94

SUBTOTALS - JC/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E	xpense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 1/7 Rpt: 4/11		Bailey, Vonda (The Honorab	le)				00085267			
4	Date 12/08/2023		Payee name N Biernets								
6	Amount (\$)	7 F	Payee address; City; State; Zip Code								
	\$1,419.10	-9									
•						(b) Description					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Court holiday dinner											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office he	eld		
	Date	F	Payee name								
	09/15/2023	E	Beto & Sons								
	Amount (\$)	F	Payee address; City;	State;	; Zip Co	le					
	\$12.97	3	011 Gulden Lane		•						
		#	[±] 110								
			Dallas, TX 75212								
_	PURPOSE		Category (See Categories listed at the	top of this sch	(elubo	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense	: lop or unio oon	leuuie)	Check if travel		ide of Texas. Com			
	EXPENDITORE		.					, officeholder living			
						Chips, salsa,	qu	eso for staff			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office he	eld		
	Date	F	Payee name								
	10/05/2023		City View Tacos								
	Amount (\$)	F	Payee address; City;	State;	; Zip Co	le					
	\$108.25	4	19 S. Main Street								
		[Duncanville, TX 75137								
	PURPOSE OF		Category (See Categories listed at the	e top of this sch	nedule)	(b) Description					
	EXPENDITURE	F	ood/Beverage Expense				n, TX,	ide of Texas. Com , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ht		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 2/7 Rpt: 5/11	Bailey, Vonda (The Honorable)	00085267								
4	Date 12/05/2023	Payee name City View Tacos									
6	Amount (\$) \$115.03	Payee address; City; State; Zip Code 419 S. Main Street Duncanville, TX 75137									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/08/2023	College Transcript									
	Amount (\$) \$8.90	Payee address; City; State; Zip Code 2300 Dullies Station Blvd. Herndon, VA 20171									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transcript request to Baylor Law school for adjunct position	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense request to Baylor Law school for adjunct								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/15/2023	Dallas Black Chamber of Commerce									
	Amount (\$) \$1,030.18	Payee address; City; State; Zip Code 2922 Martin Luther King Jr. Blvd.									
		Dallas, TX 75215									
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra / - Gift/Awards/Memorials Expense Printing Expense Tra				Transportation Eq Travel in District Travel Out of Distri	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 3/7 Rpt: 6/11		Bailey, Vonda (The Honorable)					00085267			
4	Date	5	Payee name								
	10/12/2023		Dallas County Democratic Party								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
-	\$750.00		1414 N. Washington Avenue								
			Dallas, TX 75204								
	DUDDOCE				(h)	<u> </u>					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	(u)	Description	outsi	de of Texas. Compl	ete Schedule T		
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee				officeholder living e			
						Donation					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office hel	d		
	Date		Payee name								
	12/29/2023		Desoto ISD								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$15.00		200 E. Belt Line								
			Desoto, TX 75115								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)	(b)			de of Texas. Compl			
						Desoto Chan		officeholder living e			
						Desoto enun	ipic		6		
_	Complete <u>ONLY</u> if direct		Candidate/Officeholder name C	Office sou	aht			Office hel	h		
	expenditure to benefit C/Oł				gin				4		
_	Data										
	Date 07/30/2023		Payee name Everything Sassy								
				7: 0	-1 -						
	Amount (\$)			Zip Co	de						
	\$238.15		220 E. Pleasant Run Road								
			Desoto, TX 75115								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
						Courtroom ba			expense		
							2110	un gananu			
	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	abt			Office hel	d		
	expenditure to benefit C/Oł			MICE SUU	ynt			Unice nel	u		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 4/7 Rpt: 7/11	Bailey, Vonda (The Honorable)	00085267								
4	Date 11/22/2023	Payee name Everything Sassy									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$265.61	220 E. Pleasant Run Road Desoto, TX 75115									
8	DURDOSE	a) Cotogony (b) Description									
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Court balloon garland Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Court balloon garland											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	08/18/2023	Extra Space Storage									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,842.00	303 E. Highway 67 Duncanville, TX 75137									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Orage unit								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
F	Date	Payee name									
	11/05/2023	Girl Scouts of North Texas									
	Amount (\$) \$500.00	Payee address;City;State;ZipCode6001 Summerside Drive									
		Dallas, TX 75252									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhaed/Rental Expense Ti Food/Beverage Expense Polling Expense Ti - Gitf/Awards/Memorials Expense Printing Expense Ti					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commission Filers	s)
	Sch: 5/7 Rpt: 8/11		Bailey, Von	da (The Honora	ble)					00085267		
4	Date	5	Payee name									
	10/08/2023		J.L. Turner	Legal Association	on							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$50.00	2101 Ross Avenue										
			Dallas, TX	75201								
8	PURPOSE	(a)	<u> </u>		he ten of this och	odulo)	(b) Des	scription				_
	OF		Fees	ee Categories listed at t	ne top of this sch	iedule)		•	outsid	de of Texas. Com	plete Schedule T.	
	EXPENDITURE									officeholder living	expense	
							Me	mbership	fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder name	C	Office sou	ght			Office he	ld	
	Date		Payee name									
	10/11/2023		J.L. Turner	Legal Association	on							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$2,000.00		2101 Ross	Avenue								
			Dallas, TX	75201								
	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	edule)	(b) Des	scription				
	OF EXPENDITURE			ns/Donations Ma		,		Check if travel of		de of Texas. Com		
			Candidate/	Officeholder/Poli	itical Comm	nittee			, TX,	officeholder living	expense	
							Leç	gal Gala				
			Canadidata (Offi							Office he		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluale/OII	ceholder name	(Office sou	gni			Office he	eiu	
		_	_									
	Date 12/15/2023		Payee name	llow Democrats								
	Amount (\$)		Payee addre		State	; Zip Co	de					
	\$35.00		4441 South	crest Road								
			Dallas, TX	75229								
	PURPOSE OF	(a)		ee Categories listed at t	he top of this sch	iedule)	(b) Des	•		1 (T		
	EXPENDITURE		Fees							officeholder living	olete Schedule T.	
								mbership		onicentitider inving	expense	
							_					
	Complete ONLY if direct	L	Candidate/Off	ceholder name	(Office sou	ght			Office he	ld	
	expenditure to benefit C/OI											
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 6/7 Rpt: 9/11		Bailey, Vonda (The Honorable)					00085267	(
4	Date	5	Payee name								
	10/19/2023		TSU Foundation								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$2,000.00		3100 Cleburne Street								
			Hannah Hall								
			Houston, TX 77004								
_	DUDDOCE				(1-)						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(a)	Description	outei	de of Texas. Com	nloto Schodulo T		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	vittoo				officeholder living			
			candidate/Onicenoide//Fonitear Comm	muee		Cholarships					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office he	eld		
	Date		Payee name								
	07/26/2023		Texas Board of Legal Specialization								
_	Amount (\$)	\vdash		; Zip Co	de						
	\$355.00		505 E. Huntland Drive	,p 00							
	\$555.00										
			Suite 400, LB 28								
			Austin, TX 78752								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Family Law Board Exam fee					de of Texas. Com			
	-							officeholder living			
						Family Law B	50a	ru Examilee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght			Office he	eld		
	Date		Payee name								
	08/10/2023		Texas Board of Legal Specialization								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$189.44		505 E. Huntland Drive								
			Suite 400, LB 28								
			Austin, TX 78752								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description					
	EXPENDITURE		Board Certification study guide		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
						Board Certific					
						Dourd Certille	Juli	on stady gui	40		
		Ľ	Condidate/Officebolder as the		~ h+			Office			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ynt			Office he	au an		

			EXPEND	ITURE CATEGOR	RIES FOR	R BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, _ I Com	-		Office Over Polling Exp Printing Ex Salaries/W	xpense Vages/Contract Labor	Travel in District Travel Out of Distric	ipment & Related Expense
				on Guide explains i			 	
1	Total pages Schedule F1:							Ethics Commission Filers)
	Sch: 7/7 Rpt: 10/11		Bailey, Vonda (The Ho	norable)			00085267	
4	Date 07/17/2023		Payee name Thibodeaux's Cajun Kit	tchen				
_								
	\$56.81	-	Payee address; City; 107 N. Cedar Ridge Dr #106 Duncanville, TX 75137	ive	Zip Coo			
8	PURPOSE OF EXPENDITURE		Category (See Categories list Food/Beverage Expens		edule)		de of Texas. Comple officeholder living ex	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nar	ne C	Office souç	ght	Office held	I

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

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1	1 Total pages Schedule K: Sch: 1/1 Rpt: 11/11				
2	FILER NAME			3	Filer ID	D (Ethics Commissi	on Filers)		
	Bailey, Vond	a (The Honorable)		00085	5267			
4	Date	5	Name of person from whom amount is received	L		8 Amount (\$)			
	07/02/2023		Texas Comptroller of Public Accounts				\$545.38		
		6	Address of person from whom amount is received; City; State; Zip Code						
			Austin, TX 78701						
		7	Purpose for which amount is received X Check if p	oliti	cal cont	ribution returned to fi	ler		
			Travel and stay in Austin, Texas for Family Law Legislative Update						
	Date		Name of person from whom amount is received			Amount (\$)			
	09/01/2023		Texas Comptroller of Public Accounts				\$1,235.52		
			Address of person from whom amount is received; City; State; Zip Code			•			
			cal cont	ribution returned to fi	ler				
			Travel and stay in San Antonio, Texas for the Advanced Family Law Confer	ene	ce				
	Date		Name of person from whom amount is received			Amount (\$)			
	11/20/2023		Texas Comptroller of Public Accounts				\$255.51		
			Address of person from whom amount is received; City; State; Zip Code	•••••		•			
			····· [···· · · · · · · · · · · · · · ·						
			Austin, TX 78701						
			Purpose for which amount is received Check if p	oliti	cal cont	ribution returned to fi	ler		
			Travel and stay in Waco, Texas for Baylor Law Family Law Bootcamp (Adju	Incl	i)				
	Date		Name of person from whom amount is received			Amount (\$)			
	11/01/2023		Texas Comptroller of Public Accounts				\$753.53		
			Address of person from whom amount is received; City; State; Zip Code						
			Austin, TX 78701						
				oliti	cal cont	ribution returned to fi	ler		
			Travel and stay in Georgetown, Texas for the Child Welfare Conference						