FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085267 14 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Vonda NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Bailey CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Vernesha NAME NICKNAME LAST **SUFFIX** Cathey **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 236-9879 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 255 Dallas

Forms provided by Texas Ethics Commission

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Version V4.1.0.d378aba0

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Bailey, Vonda (The F	lonorable)	14 Filer ID ((Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00
EXPENDITURE TOTALS	`	IZED POLITICAL EXPENDITURES	<u> </u>	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 5,400.06
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 47,081.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hor	norable Vonda Bailey	<i>'</i>
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 14
18 FILER NA Bailey, V	ME onda (The Honorable)	19 Filer ID 00085267	(Ethics Commission Filers)
	LE SUBTOTALS 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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 5,400.06
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	ONS	\$
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 787.98

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			pense ages/	Contract Labor		Travel in District Travel Out of Di OTHER (enter a		/e)
1	Total pages Schedule F1:								Filer ID	(Ethics Commissio	n Filers)
	Sch: 1/10 Rpt: 4/14	Bailey, Vor	da (The Honorabl	le)					00085267		
4	Date	5 Payee name									
	04/28/2024	AV Lee Alu	mni Committe								
6	Amount (\$)	7 Payee addre	•	State;	Zip Coo	de					
	\$250.00	1811 Mead	ow Valley Lane								
		Dallas, TX	75232								
8	PURPOSE OF		ee Categories listed at the	top of this sche	dule)	(b)	Description	ot-:	do of Tours C	unlata Cabadida T	
	EXPENDITURE	Advertising	∟xpense			ļ	_		officeholder living	plete Schedule T. g expense	
							ப Scholarship E				
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Ot	ffice soug	ght			Office h	eld	
_	Date	Deves ::::									
	04/19/2024	Payee name Alpha Meri	Committee								
_	Amount (\$)	Payee addre		State:	Zip Cod	de					
	\$150.00	P.O. BOX		Siale,	21p C00	uc					
	Ψ100.00	1.0.20%	2000								
		Dallas, TX	75215								
	PURPOSE		ee Categories listed at the	top of this sche	dule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense			ļ	-		de of Texas. Con officeholder living	nplete Schedule T.	
							Scholarship E			g capolisc	
	Complete ONLY if direct		iceholder name	Ot	ffice soug	ght			Office h	eld	
	expenditure to benefit C/O										
	Date	Payee name									
L	02/07/2024	Benihana				_		_			
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de					
	\$49.40	7775 Bann	er Drive								
		Dallas, TX	75251								
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this sche	dule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense						de of Texas. Con officeholder living	nplete Schedule T.	
						ļ	Staff Lunch	, ,	oo.ioidei iiviiii	5	
	Complete ONLY if direct		iceholder name	Ot	ffice soug	ght			Office h	eld	
	expenditure to benefit C/OH	4									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/10 Rpt: 5/14	Bailey, Vonda (The Honorable) 00085267
4 Date	5 Payee name
01/25/2024	Carter High School
6 Amount (\$) \$477.25	7 Payee address; City; State; Zip Code 1819 W. Wheatland Road Dallas, TX 75232
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Moot Court sponsor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Moot Court Sponsor
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/25/2024	Chimalma Taco Bar
Amount (\$)	Payee address; City; State; Zip Code
\$42.06	701 Commerce Street
2022	Dallas, TX 75202
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business Lunch
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/29/2024	Chism 4 Desoto
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	505 Deer Creek
	Desoto, TX 75115
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 6/14	Bailey, Vonda (The Honorable) 00085267
4	Date	5 Payee name
	01/22/2024	Church of Christ at Cedar Valley
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	4013 N. Dallas Avenue
		Lancaster, TX 75134
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Youth Fund donation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Youth fund donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/18/2024	Cretia's Eatery & Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.49	228 W. Davis Street
		Dallas, TX 75208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Business Lunch
	Complete ONLY if direct	Condidate/Office holder name Office accepts
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Data	
	Date 05/01/2024	Payee name Custom Cleaning Solutions
		<u> </u>
	Amount (\$) \$755.00	Payee address; City; State; Zip Code
	\$755.00	7419 Pineberry Road
		Delles TV 75240
		Dallas, TX 75249
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Courtroom Deep Cleaning (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Courtroom Deep Clearing Check if Austin, TX, officeholder living expense
		Courtroom Deep Cleaning
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/10 Rpt: 7/14	Bailey, Vonda (The Honorable) 00085267	
4	Date	5 Payee name	_
	01/08/2024	Dallas County Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$250.00	1414 N. Washington Avenue	
		Dallas, TX 75204	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Fish Fry	
		Tishiriy	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	the state of the s	
H	Date	Payee name	_
	01/23/2024	Dallas County Tax Accessor	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$152.50	500 Elm Street	
l	,		
		Dallas, TX 75202	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Vehicle registration	
L	Complete ONII V if direct	Constitute (Office held	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
L	Data		_
	Date 04/25/2024	Payee name Edible Arrangements	
L		Edible Arrangements	
	Amount (\$) \$74.86	Payee address; City; State; Zip Code 407 N. Lamar Street	
	Φ14.00	407 N. Lamai Street	
l		Dellas TV 75202	
L		Dallas, TX 75202	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Administrative Professionals Day	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	H	
_			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries	/Wages	s/Contract Labor OTHER (enter a category not listed above)
		r	The Instruction Guid	e explains now to c	ompie	
1	Total pages Schedule F1:					3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 8/14	-	nda (The Honorable	e) 		00085267
4	Date	5 Payee nam				
	01/12/2024	Everything	g Sassy			
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode	
	\$238.15	209 Shady	/ Oaks Lane			
		Red Oak,	TX 75134			
8	PURPOSE	(a) Category	See Categories listed at the	top of this schedule)	(b)	Description
	OF EXPENDITURE	Court ball	oons			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense
						Court balloons
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught	Office held
	experialitate to beliefit 6/01	•				
	Date	Payee nam	e			
	04/12/2024	Everything	g Sassy			
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode	
	\$276.04	209 Shadv	/ Oaks Lane			
	42.0.0		, cano zano			
		Dod Ook	TV 75154			
		Red Oak,	1		_	
	PURPOSE OF	(a) Category	See Categories listed at the	top of this schedule)	(b)	Description
	EXPENDITURE	Courtroom	n Balloon Garland			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense Courtroom Balloon Garland
						Courtiooni Balloon Garland
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught	Office held
	experience to beliefit 6/01	•				
	Date	Payee nam	е			
	02/25/2024	Go Daddy				
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode	
	\$22.17	2155 E G	Daddy Way			
		Tempe, A	7 85284			
					1	
	PURPOSE OF		See Categories listed at the		(b)	Description
	EXPENDITURE	Office Ove	erhead/Rental Expe	nse		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Campaign URL
						Jampaign One
_	Complete ONU V if allow	Compliate to	€ a a la la la u ·· - · · · ·	O#:		Office Is ald
	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	ugnt	Office held

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	morials Expense ion Guide explains		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	bove)
-	Total pages Cabadula 54:	12		- 1				_	Filor ID	(Ethios Commit	cion Filera\
_	Total pages Schedule F1:	ı		norablo)];		Filer ID	(Ethics Commis	Sion Filers)
	Sch: 6/10 Rpt: 9/14	⊢	Bailey, Vonda (The Ho	inorable)					00085267		
4	Date	ı	Payee name								
	01/14/2024		Ojedas								
6	Amount (\$)	7	Payee address; City;	State	e; Zip Co	de					
	\$92.55		2109 N. Hampton Roa	d							
			Desoto, TX 75115								
8	PURPOSE	⊢		12 d 22 d2	handed X	(h)	Description				
ľ	OF		Category (See Categories lis Food/Beverage Expen		hedule)	(2)	_	utsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		. Jour Develage Expen	J					officeholder living		
							Staff Lunch				
9	Complete ONLY if direct		andidate/Officeholder na	me	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н									
H	Date		Payee name								
	04/16/2024	ı	Pappadeaux Seafood	Kitchen							
_	Amount (\$)	╙	Payee address; City;		e; Zip Co	de					
	\$100.00	ı	3520 Oak Lawn Avenı		., <u>L</u> ip C0	ue					
	\$100.00		JJZU Oak Lawn Avent	ıc							
		L	Dallas, TX 75219								
	PURPOSE	(a)	Category (See Categories lis	ted at the top of this scl	hedule)	(b)	Description	_			
	OF EXPENDITURE		Food/Beverage Expen	se			=			plete Schedule T.	
	-						Business Lunc		officeholder living	j expense	
							Pasiliess Fall	UII			
\vdash	Complete ONLY if direct	<u> </u>	'andidata/Officabaldar ==		Office carr	abt			Office	7ld	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder na	iie (Office sou	ynt			Office he	au	
L	•	_									
	Date	ı	Payee name								
	06/19/2024		State Bar of Texas			_					
	Amount (\$)	_	Payee address; City;	State	e; Zip Co	de					
	\$330.00		1414 Colorado Street								
			Texas Law Center								
			Austin, TX 78791								
	PURPOSE	(a)	Category (See Categories lis	ted at the top of this scl	hedule)	(b)	Description				
	OF		Fees	at the top of this 501	cuulc _j	` ′		utsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						—	TX,	officeholder living	j expense	
							Bar dues				
L											
	Complete ONLY if direct		andidate/Officeholder na	me	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H									

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Centributions/ Donations Made By Candidate/Officeholder/Political Committee
Centributions/ Donations Made By Candidate/Officeholder/Political Committee
Centributions/ Donations Made By Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 7/10 Rpt: 10/14	Bailey, Vonda (The Honorable) 00085267
4	Date	5 Payee name
	01/14/2024	Stonewall Democrats of Dallas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	P.O. BOX 192305
		Dallas, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Member Fees
		Wichibel 1 ees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	06/23/2024	T.D. Jakes Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.62	5500 PRESTON RD
		Dallas, TX 75205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cotillion Ticket
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/14/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.95	739 N. Hwy 67
	4000	
		Cedar Hill, TX 75104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Valentine's Day gifts for staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientale to beliefft C/OI	•
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 8/10 Rpt: 11/14	Bailey, Vonda (The Honorable) 00085267
4	Date	5 Payee name
	02/15/2024	Texas Board of Legal Specialization
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	505 E. Huntland Drive
		Suite 400, LB 28
		Austin, TX 78752
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Board Certification Exam
		Board Certification Exam
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	02/01/2024	Texas Justice Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6333 Mockingbird Lane
		Suite 147, Box 800
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/10/2024	The Owner's Box
	Amount (\$)	Payee address; City; State; Zip Code
	\$131.75	555 S. Lamar Blvd
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Staff Birthday Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/10 Rpt: 12/14 Bailey, Vonda (The Honorable) 00085267 4 Date Payee name 04/14/2024 The Ritz Hotel 6 Amount (\$) Payee address; City; State; Zip Code \$15.00 2121 McKinney Avenue Dallas, TX 75201 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Valet **EXPENDITURE** Check if Austin, TX, officeholder living expense Valet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/12/2024 **Thomson West** Amount (\$) Payee address; City; State; Zip Code \$317.00 610 Opperman Drive Eagan, MN 55123 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Family Law Handbook **EXPENDITURE** Check if Austin, TX, officeholder living expense Family Law Handbook Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/07/2024 Thurgood Marshall School of Law Amount (\$) Payee address: City: State; Zip Code \$500.00 3100 Cleburne Street Houston, TX 77004 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense TMSL Annual Crawfish Boil Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 10/10 Rpt: 13/14	Bailey, Vonda (The Honorable) 00085267
4	Date	5 Payee name
	01/22/2024	Tom Thumb
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.54	633 W. Wheatland Road
		Duncanville, TX 75137
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch & Learn
		Lundi & Leam
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
\vdash	Date	
	Date	Payee name
	01/19/2024	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.73	100 Gansvoort Street
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign website
		Campaign website
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/14 2 FILER NAME Filer ID (Ethics Commission Filers) Bailey, Vonda (The Honorable) 00085267 8 Amount (\$) Date 5 Name of person from whom amount is received 01/26/2024 \$75.00 Texas Comptroller of Public Accounts 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer **Judicial Conference** Amount (\$) Name of person from whom amount is received Date 02/27/2024 Texas Comptroller of Public Accounts \$712.98 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Conference Reimbursement