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) 00065784 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Tonya NAME Date Received **ELECTRONICALLY FILED** 01/06/2025 NICKNAME LAST **SUFFIX** Parker CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 225031 MAILING Receipt # Amount **ADDRESS** Change of Address Dallas, TX 75222-5031 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard A. NAME NICKNAME LAST **SUFFIX** Dick Sayles **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 5600 W Lovers Ln Ste 116-363 **ADDRESS** (Residence or Business) Dallas, TX 75209 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 643-8030 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 10/27/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 116 District Judge District 116 Dallas

Forms provided by Texas Ethics Commission

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Parker, Tonya (The F	Honorable)	14 Filer ID 00065784	(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 offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THANES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 22,516.83
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 144,291.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING 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	orable Tonya Parke	r
		Signature of	Candidate or Officeho	lder
AFFIX NOT	ARY STAMP / SEAL AB	OVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 11
18 FILER NAI Parker, T	ME onya (The Honorable)	19 Filer ID 00065784	(Ethics Commission Filers)
l	E 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	\$ 22,516.83
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 1/7 Rpt: 4/11	Parker, Tonya (The Honorable) 00065784
4	Date	5 Payee name
	11/12/2024	Dallas Asian American Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.00	2101 Ross Ave
		Dallas, TX 75201
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 Membership dues
		Wembership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	11/12/2024	Dallas Bar Association
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$155.00	2101 Ross Ave
	Ψ100.00	2101110337110
		Dallas, TX 75201
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership dues
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	11/12/2024	Dallas Hispanic Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	2101 Ross Ave
		Dallas, TX 75201
	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
		Membership dues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Bevera
Contributions/ Donations Made By - Gift/Awards/N
Candidate/Officeholder/Political Committee Legal Service

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sift/Awards/Memorials 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)

	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: 2/7 Rpt: 5/11	Parker, Tonya (The Honorable) 00065784	
4	Date	5 Payee name	
	11/12/2024	Dallas LGBT Bar Association	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	2101 Ross Ave	
		Dallas, TX 75201	
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.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Membership dues	
_	0 1: 0.11.7.7.1.		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	·		
	Date	Payee name	
	12/12/2024	Dallas Women Lawyers Association Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.56	PO Box 700353	
		Dallas, TX 75370	
	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 Membership dues for Foundation Ally Membe	rchin
		Wembership dues for Foundation Any Membe	isiip
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	11/12/2024	Dallas Women Lawyers Association	
		<u> </u>	
	Amount (\$) \$65.00	Payee address; City; State; Zip Code 2101 Ross Ave	
	φ05.00	2101 R055 AVE	
		D-II TV 75004	
		Dallas, TX 75201	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Membership dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

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)

l	Credit Card Payment	The Instruction Guide explains how to complete th	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/7 Rpt: 6/11	Parker, Tonya (The Honorable)	00065784
4	Date	5 Payee name	•
	10/27/2024	Democracy Toolbox	
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 6250 McKinney, TX 75071	
8	PURPOSE OF EXPENDITURE		Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mpaign communications services
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/02/2024	Democracy Toolbox	
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 6250	
		McKinney, TX 75071	
	PURPOSE OF EXPENDITURE		scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mpaign communications services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 12/19/2024	Payee name Izkina	
	Amount (\$) \$382.20	Payee address; City; State; Zip Code 1701 Botham Jean Blvd	
		Dallas, TX 75215	
	PURPOSE OF EXPENDITURE	Toda/Beverage Expense	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense urt staff holiday dinner
	Complete ONLY if direct expenditure to benefit C/OI	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 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)

	Credit Card Payment	The Instruction Guide explains how to comp	plete th	his form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 4/7 Rpt: 7/11	Parker, Tonya (The Honorable)			00065784	
4	Date	5 Payee name		<u> </u>		
	11/12/2024	JL Turner Legal Association				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$75.00	2101 Ross Ave				
		Dallas, TX 75201				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) Des	scription		
	OF EXPENDITURE	Fees		Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITORE			Check if Austin, TX,		expense
			Me	embership due	S	
_	Operation ONLY if direct	Out lide to 10 ff and add an arms			O#: I-	.1.4
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt		Office he	eia
	Date	Payee name				
	11/05/2024	La Hacienda Ranch Restaurants dba Mariono's F		enda ——————		
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$1,331.24	6300 Skillman St				
		Dallas, TX 75231				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)		scription		
	OF EXPENDITURE	Food/Beverage Expense	\Box	Check if travel outsid Check if Austin, TX,		
						on nigh watch party
			-	atorning for our	pangir alaan	on riight matters pairty
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O					
	Date	Payee name				
	11/05/2024	Omni Dallas Hotel				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,196.98	555 S Lamar	C			
	Ψ1,130.30	333 3 Earnai				
		Dallas, TX 75202				
		· ·				
	PURPOSE OF	, ,		scription Check if travel outsid	le of Texas, Com	nlete Schedule T
	EXPENDITURE	Event Expense		Check if Austin, TX,		
			Ho	spitality suite f	for campaig	n election night watch
			pai	rty		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O	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

eimbursement Solicitation/Fundraising Expense
rntal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to	-	lete this form.	OTHE	R (enter a	a category not listed above)	
1	Total pages Schedule F1:	FILER NAME			3 Filer	ID	(Ethics Commission Filers)	_
	Sch: 5/7 Rpt: 8/11	Parker, Tonya (The Honorable)			0006	65784		
4	Date	Payee name						
	12/19/2024	Robinson, John						
6	Amount (\$)	Payee address; City; State; Zip	Code					
	\$1,000.00	600 Commerce St						
		Dallas, TX 75202						
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel of Check if Austin,			nplete Schedule T.	
				End-of-year b				
				zna or your s	01140 10	· oouit		
9	Complete ONLY if direct	Candidate/Officeholder name Office	ough	t		Office he	eld	_
5	expenditure to benefit C/O	Sandidate/Onlecholder Harrie	ougin	•		Jilice III	Ciu	
_	Date	Payee name						_
	11/05/2024	Sam's Warehouse						
			Cada					_
	Amount (\$)	Payee address; City; State; Zip	Code					
	\$237.79	2218 Greenville Ave						
		Dallas, TX 75206						
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b)) Description				
	OF EXPENDITURE	Food/Beverage Expense					nplete Schedule T.	
				Check if Austin,			g expense campaign election night	
				watch party	everage	55 IUI C	ampaign election night	
_	Complete ONLY if direct	Candidate/Officeholder name Office	ough			Office he	old	
	expenditure to benefit C/O	Candidate/Officeholder name Office	ougni	L	(JIIICE III	eiu	
_								_
	Date	Payee name						
	11/12/2024	Texas Association of District Judges c/o Re	iecca	Collier 113th D	District C	ourt		
	Amount (\$)	Payee address; City; State; Zip	Code					
	\$51.06	201 Caroline 10th Floor						
		Houston, TX 77019						
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b)) Description				
	OF EXPENDITURE	Fees					nplete Schedule T.	
	LXI LINDITORE			Check if Austin,		older livinç	g expense	
				Membership (ues			
	2 2		_ـــ					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	ought	t	(Office he	eld	

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

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Labor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/7 Rpt: 9/11	Parker, Tonya (The Honorable)		00065784
4	Date	5 Payee name		1
	12/03/2024	Texas Bar Foundation		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$250.00	515 Congress Ave Ste 1755		
		Austin, TX 78701		
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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Membership dues
_	Complete ONLY if direct	Condidate/Officeholder name Office co	uabt	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ugnı	Office neid
	Date	Payee name		
	12/19/2024	Townsend, Shirl		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$2,500.00	600 Commerce St		
		Dallas, TX 75202		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense End-of-year bonus for court staff member
				and or your bornes for oddit data. Mornbor
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/O		5	
	Date	Payee name		
	12/19/2024	Williams, Lanetta		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$1,500.00	600 Commerce St	oue	
	Ψ1,500.00	ood dominered of		
		Dallac TV 75202		
		Dallas, TX 75202		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense
				End-of-year bonus for court staff member
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	nmittee Lega	Awards/Memorials Expe al Services e Instruction Guide	S		ages/Contract Labor	Travel Out of Di OTHER (enter a	strict a category not listed above)
Ļ		-			CAPIGITIS TIO			,	/= a
1	Total pages Schedule F1: Sch: 7/7 Rpt: 10/11	2		(The Honorable)			3 Filer ID 00065784	(Ethics Commission Filers)
4	Date	5	Payee name				I		
	12/07/2024		iMessenger Me	edia LLC					
6	Amount (\$)	7	Payee address;	City;	State; 2	Zip Cod	de		
	\$3,500.00		320 S RL Thori	nton Fwy Ste 10	00				
				,					
			D-II TV 750	00					
L			Dallas, TX 752	U3 					
8	PURPOSE	(a)	Category (See Ca	ategories listed at the to	p of this schedu	ule)	(b) Description		
	OF EXPENDITURE		Advertising Exp	oense			<u> </u>	outside of Texas. Con	
							_	TX, officeholder livin	
l							advertising	wspaper and e	email newsletter
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeh	older name	Offi	ice soug	jht	Office h	eld
	experialiture to benefit C/O	7							
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l									

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:
		Sch: 1/1 Rpt: 11/11
	FILER NAME Parker, Tonya (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065784
4	Description of Asset	1
	Ergonomic chairs for chambers, bench and court staff originally valued at $\$1,601.02$	