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) 00081818 38 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Sonya L. NAME Date Received **ELECTRONICALLY FILED** 07/06/2023 NICKNAME LAST **SUFFIX** Heath CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 811 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77001 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Hal D. NAME NICKNAME LAST **SUFFIX** Hale **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 1800 Saint James Place **ADDRESS** Suite 105 (Residence or Business) Houston, TX 77056 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 784-7700 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 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** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

Forms provided by Texas Ethics Commission ww

OFFICE HELD (if any)

Family District Court Judge District 310 Harris

11 OFFICE

GO TO PAGE 2
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12 OFFICE SOUGHT (if known)

Version V3.5.1.3ac88bc0

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 38

13 C / OH NAME	Heath, Sonya L. (Th	e Honorable)	14 Filer ID 00081818	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this information	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE			
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 17,225.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 11,121.19
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 57,136.25
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 t	
		The Hor	orable Sonya L. Hea	th
			of Candidate or Officehol	
AFFIX NO	ΓARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			JVER SH	3 of 38
18 FILER N Heath, S	AME Sonya L. (The Honorable)	19 Filer ID 00081818	(Ethics Com	mission Filers)
	JLE SUBTOTALS F SCHEDULE		SUBTO	TAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	17,225.00
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	\$	11,121.19
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	\$	687.96

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/12 Rpt: 4/38
2	FILER NAME Heath, Sony	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 03/07/2023	5 Full name of contributorBates , Nicole6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$250.00
		Houston , TX 77024				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Solo Practitioner		
10		employer/law firm f Nicole R. Bates		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
=	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	02/27/2023	Brock-Clure, Julie Contributor address; City;	State; Zip Code			\$1,000.00
		Houston, TX 77002				
		Principal Occupation		Contributor's Job Title		
	Attorney			solo practitioner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		f Julie Brock				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/27/2023	C.Y. Legal Group, PLLC				\$575.00
		Contributor address; City; Sugar Land, TX 77478	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u>I</u>		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/12 Rpt: 5/38
2	FILER NAME Heath, Sony	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 02/27/2023	5 Full name of contributor Davis, Brandon 6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Katy, TX 77024				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Lawyer			practitioner		
10	Contributor's e Fielder & Da	employer/law firm vis PLLC		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	03/02/2023	Diggs, Cynthia Contributor address; City;	State; Zip Code			\$1,000.00
		Houston, TX 77007		I 0		
	Lawyer	Principal Occupation		Contributor's Job Title practitioner		
		employer/law firm		Law firm of contributor's sp	20110	eo (if any)
	Diggs & Sad			Law iiiii or contributor 3 3	Jous	ic (ii aiiy)
		s a child, law firm of parent(s) (i	f any)			
=	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)
	02/27/2023	Farias , Karleana	out of state (No (ID#.)		\$250.00
		Contributor address; City; Houston , TX 77007	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Solo Practitioner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Farias Law F	Firm				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/12 Rpt: 6/38
2	FILER NAME Heath, Sony	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 02/27/2023	5 Full name of contributor Gray, Daniel6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Houston, TX 77005				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			practitioner		
10		employer/law firm ices of Thao T. Tran		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	02/27/2023	Gregory, Myrna Contributor address; City;	<u> </u>			\$1,000.00
		Houston, TX 77008				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Atty.			practitioner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Gregory Lav	v PLLC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	03/08/2023	Hale , Catherine	<u> </u>			\$550.00
		Contributor address; City; Houston , TX 77043	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	тпстрат Оссираноп		Solo Practitioner		
-		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		ton Law Firm, PC		·		, ,,
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL COI	NTRIBUTIC	ONS	SCHE	DULE A(J)1
	The Instru	ction Guide explains how to	complete this fo	orm.	1 Total pages Sched Sch: 4/12 Rpt: 7/	
2	FILER NAME Heath, Sony	a L. (The Honorable)			3 Filer ID (Ethics C 00081818	ommission Filers)
4	Date 03/07/2023	 5 Full name of contributor	out-of-state PAC (ID#:_ Zip Code)	7 Amount of Contribu	stion (\$) \$500.00
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	I	
	Attorney			Solo Practitioner		
10	Contributor's of The Hale Fire	employer/law firm m, P.C.		11 Law firm of contributor's sp	oouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribu	ıtion (\$)
	03/08/2023	Harrison, Ronnie Contributor address; City; State; 2 Houston, TX 77002				\$1,000.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	•		Solo Practitioner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)	
	Harrison Lav	v Office, P.C.				
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribu	ution (\$)
	03/01/2023	Indelicato, Joe Contributor address; City; State; 2 Richmond, TX 77469	Zip Code			\$500.00
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Attorney			solo practitioner		
		employer/law firm		Law firm of contributor's sp	oouse (if any)	
	Joseph Inde	licato, Jr., P.C				
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/12 Rpt: 8/38
2	FILER NAME Heath, Sonv	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 03/01/2023	5 Full name of contributor Kamin, Lynn6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$500.00
		Houston, TX 77046				
8		Principal Occupation		9 Contributor's Job Title		
	Atty.			solo practitioner		
10	Contributor's of Jenkins & Ka	employer/law firm amin		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/27/2023	King, Thomas Contributor address; City;	State; Zip Code			\$100.00
		Houston, TX 77024				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Practitioner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		rn Mediation & CLE				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
=	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	03/07/2023	Lopez, Jorge	_			\$500.00
		Contributor address; City; Houston , TX 77598	State; Zip Code			
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	тпера Оссираноп		Solo Practitioner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Jorge Lopez	Law, PC				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/12 Rpt: 9/38
2	FILER NAME Heath Sonv	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 03/07/2023	 5 Full name of contributor McFerren, Eric 6 Contributor address; City; 	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Houston , TX 77074				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Practitioner		
10	Contributor's e Anderson &	employer/law firm Smith, PC		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/27/2023	Moon, Tammy Contributor address; City;	State; Zip Code			\$300.00
		Houston, TX 77024				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			practitioner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Schlanger S	ilver				
	If contributor is	s a child, law firm of parent(s) (i	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	03/04/2023	Myres, Susan	_ (\$100.00
		Contributor address; City; Houston , TX 77046	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	- Inicipal Occupation		Solo Practitioner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		sociates PLLC				
	If contributor is	s a child, law firm of parent(s) (i	fany)	1		

M	IONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
Tł	ne Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 7/12 Rpt: 10/38
	ER NAME	ra L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Da 03	ite //07/2023	 Full name of contributor)	7 Amount of Contribution (\$) \$1,500.00
		Houston , TX 77098		
8 Co	ntributor's	Principal Occupation	9 Contributor's Job Title	
	torney		Solo Practitioner	
		employer/law firm	11 Law firm of contributor's sp	pouse (if any)
		wman, P.C. s a child, law firm of parent(s) (if any)		
	onthibator i	o a orma, tax mm or parorition (it arry)		
Da	te	Full name of contributor ut-of-state PAC (ID#:	·)	Amount of Contribution (\$)
03	03/08/2023 Orellana, Heidy			\$250.00
		Contributor address; City; State; Zip Code		
		Pasadena, TX 77508		
Со	ntributor's	Principal Occupation	Contributor's Job Title	•
Att	torney		Solo Practitioner	
Со	ntributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
Or	ellana La	w, PLLC		
If c	contributor i	s a child, law firm of parent(s) (if any)		
Da	ite	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
03	/07/2023	Powell, Dennis		\$500.00
		Contributor address; City; State; Zip Code		·-
		Houston, TX 77008		
Со	ntributor's	Principal Occupation	Contributor's Job Title	
	torney		Solo Practitioner	
		employer/law firm of Dennis Powell	Law firm of contributor's sp	pouse (if any)
		s a child, law firm of parent(s) (if any)		
11 0	Ontinbutor i	s a clind, law little of parefill(s) (ii arry)		

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.		ages Schedule A(J)1: 3/12 Rpt: 11/38	
2	FILER NAME					(Ethics Commissio	n Filers)
	Heath, Sony	a L. (The Honorable)			00081	818	
4	Date 02/27/2023	Full name of contributorProffitt, StephanieContributor address; City; S	out-of-state PAC (ID#:_	,	7 Amoun	t of Contribution (\$)	\$500.00
		Houston, TX 77002					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	Attorney			solo pratitioner			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any	/)	
	Proffitt & As	sociates					
12	! If contributor	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amoun	t of Contribution (\$)	
	03/07/2023	Puente , Bianca	_	,			\$50.00
		Contributor address; City; S	tate; Zip Code				
		,, -	,р от				
		Houston , TX 78711					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Attorney	тпора Оссараноп		Practitioner			
_		employer/law firm		Law firm of contributor's s	nouso (if any	Λ	
	State Bar of			Law IIIII of Contributor 3 3	pouse (ii aii)	<i>(</i>)	
			anu)				
	ii contributor	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amoun	t of Contribution (\$)	
	03/01/2023	Runge, Barbara					\$200.00
		Contributor address; City; S	tate; Zip Code				
		Houston, TX 77005					
	Contributor's	Principal Occupation		Contributor's Job Title	1		
	Atty.			solo practitioner			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any	/)	
	Law Office of	of Runge					
	If contributor i	s a child, law firm of parent(s) (if a	any)				

	MONET	ARY POLITICAL CONTRIBI	UTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	this f	orm.	1	Total pages Schedule A(J)1: Sch: 9/12 Rpt: 12/38
2	FILER NAME Heath, Sony	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 03/08/2023	 5 Full name of contributor out-of-state PA Slate, Dennis 6 Contributor address; City; State; Zip Code Houston, TX 77006 	AC (ID#:_)	7	Amount of Contribution (\$) \$1,500.00
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	_	
	Attorney			Solo Practitioner		
10		employer/law firm ociates Attorneys at Law		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor ut-of-state PA	AC (ID#:)		Amount of Contribution (\$)
	03/07/2023	Sowers, Carrie Contributor address; City; State; Zip Code Sugar Land , TX 77479				\$250.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Practitioner		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Law Offices	of Sowers & Assoc.				
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PA	AC (ID#:_)		Amount of Contribution (\$)
	03/03/2023	Stadler and Associates Contributor address; City; State; Zip Code Houston , TX 77027				\$50.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTR	RIBUTIC	ONS		SCHEDULE A	4(J)1
	The Instru	ction Guide explains how to comp	lete this f	orm.	l	tal pages Schedule A(J)1 ch: 10/12 Rpt: 13/38	:
2	FILER NAME Heath, Sony	a L. (The Honorable)			l	er ID (Ethics Commission 081818	on Filers)
4	Date 02/27/2023	 5 Full name of contributor out-of-st Tran, Thao 6 Contributor address; City; State; Zip Coo Houston, TX 77023 	ate PAC (ID#:_		7 An	nount of Contribution (\$)	\$250.00
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	<u> </u>		
	Atty.	· · · · · · · · · · · · · · · · · · ·		solo practitioner			
10	Contributor's	employer/law firm ices of Thao T. Tran		11 Law firm of contributor's sp	ouse (i	f any)	
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-st	ate PAC (ID#:_)	An	nount of Contribution (\$)	
	02/27/2023	Vossler, Kathleen Contributor address; City; State; Zip Cod Houston , TX 77007	de				\$250.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			solo practitioner			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (i	f any)	
	Kathleen M	Vossler & Associates, PC					
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-st	ate PAC (ID#:_		An	nount of Contribution (\$)	
	03/07/2023	Vu, Tiffany Contributor address; City; State; Zip Cod Houston , TX 77046	de				\$50.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Practitioner			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (i	f any)	
	Myres & Ass	sociates, PLLC					
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/12 Rpt: 14/38
2	FILER NAME Heath, Sonv	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 03/07/2023	5 Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$) \$500.00
		Houston, TX 77046				
8		Principal Occupation 9 Contributor's Job Title				
_	Atty.			Solo Practitioner		
10	Contributor's e Waddell Lav	employer/law firm v Firm, P.C.		11 Law firm of contributor's sp	oous	se (If any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	I.		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	03/08/2023 Walters, Brian Contributor address; City; State; Zip Code					\$500.00
		Houston , TX 77002				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Practitioner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Walters Gilb		6 A			
	If contributor is	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	03/02/2023	Yates, III, Sam				\$500.00
	Contributor address; City; State; Zip Code Houston, TX 77027					
_	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	molpai Goodpaion		solo practitioner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office S	Sam M. (Trey) Yates, III, P.				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this f	1	ges Schedule A(J)1: 2/12 Rpt: 15/38	
2	FILER NAME				(Ethics Commission Filers)
4	Heath, Sonya L. (The Honorable) Date		000818	of Contribution (\$) \$250.00	
		Webster, TX 77598			
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	•	
	Attorney		Solo Practitioner		
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
	Zimmerman	Family Law PLLC			

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 Committee

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 complete this fo	orm.
1	Total pages Schedule F1: Sch: 1/22 Rpt: 16/38	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4	Date 05/23/2023	5 Payee name Academy	·
6	Amount (\$) \$32.46	7 Payee address; City; State; Zip Code 2404 Southwest Frwy. Houston, TX 77098	
8	PURPOSE OF EXPENDITURE	Chec	tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense Fred's bday shirt
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/01/2023	Payee name Amazon.com	
	Amount (\$) \$72.93	Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
	PURPOSE OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/16/2023	Payee name Amazon.com	
	Amount (\$) \$41.38	Payee address; City; State; Zip Code 410 Terry Ave. N	
		Seattle, WA 98109	
	PURPOSE OF EXPENDITURE	Chec	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense pp Wired Microphone System for AJ's
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	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: 2/22 Rpt: 17/38	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	03/06/2023	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.29	410 Terry Ave. N
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advil Dual Action Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Over-counter Medication
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/17/2023	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.57	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Equipment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		for AJ courtroom (to run hybrid hearings) mixer and
		TV stand
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/15/2023	Amazon.com
-	Amount (\$)	Payee address; City; State; Zip Code
	\$104.01	410 Terry Ave. N
	φ104.01	410 TOLLY AVE. IN
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Complete Schedule T. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Jury snacks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	
ı		

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 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 comple	ete this form.		
1	Total pages Schedule F1: Sch: 3/22 Rpt: 18/38	2 FILER NAME Heath, Sonya L. (The Honorable)	3	Filer ID 00081818	(Ethics Commission Filers)
4	Date 06/16/2023	5 Payee name Amazon.com	I		
6	Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 410 Terry Ave. N			
8	PURPOSE OF EXPENDITURE	Seattle, WA 98109 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b)	<u>—</u>	tside of Texas. Com X, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date 06/02/2023	Payee name Bunn-O-Matic Corporation			
	Amount (\$) \$329.08	Payee address; City; State; Zip Code 5020 Ash Grove Dr. Springfield, IL 62711			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Service fee	\Box	tside of Texas. Com X, officeholder living Aker in jury roo	expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	Date 05/10/2023	Payee name Burta Rhodes Raborn Family Law American Inn of	Court		
	Amount (\$) \$684.50	Payee address; City; State; Zip Code 1415 North Loop West Suite 200 Houston, TX 77008			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)		tside of Texas. Com X, officeholder living	
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought		Office he	eld

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services The Instruction Guide explains	-	es/Contract Labor	OTHER (enter a	strict a category not listed above)
1	Total pages Cobadula F1	· · · · · · · · · · · · · · · · · · ·		1	3 Filer ID	(Ethics Commission Filers)
1	Total pages Schedule F1:					(Ethics Commission Filers)
	Sch: 4/22 Rpt: 19/38	Heath, Sonya L. (The Honorable)			00081818	
4	Date	Payee name				
	05/18/2023	CVS Pharmacy				
6	Amount (\$)	Payee address; City; State	e; Zip Code			
	\$21.81	1003 Richmond Ave.	•			
		Houston TV 77004				
		Houston, TX 77004				
8	PURPOSE OF	a) Category (See Categories listed at the top of this so	hedule) (b)	Description		
	EXPENDITURE	Food/Beverage Expense			outside of Texas. Com TX, officeholder living	•
				Heath candy		y expense
				riodir odridy	Saio	
_	Complete ONLY if direct	Condidate/Officeholder name	Office cought		Office b	ald
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office h	eiu
	Date	Payee name				
	04/06/2023	Colvin, Chloe				
	Amount (\$)	Payee address; City; State	e; Zip Code			
	\$150.00	2108 San Gabriel St.				
		Apt 201				
		Austin, TX 78705				
_	DUDDOCE	·	(b)	l December		
	PURPOSE OF	a) Category (See Categories listed at the top of this sc	hedule)	Description Check if travel of	outside of Texas. Com	nnlete Schedule T
	EXPENDITURE	Salaries/Wages/Contract Labor		=	TX, officeholder living	
				15 hours of w	ork inputting d	ata for campaign finance
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office h	eld
	expenditure to benefit C/OI		J			
_	Data	Paris a series				
	Date	Payee name				
	03/09/2023	Crumbl Cookies				
	Amount (\$)	•	e; Zip Code			
	\$43.08	174 Yale St ste 700				
		Houston, TX 77007				
	PURPOSE	a) Category (See Categories listed at the top of this so	hadula) (b)	Description		
	OF	Food/Beverage Expense	nedule)		outside of Texas. Com	nplete Schedule T.
	EXPENDITURE	, , , , , , , , , , , , , , , , , , ,		Check if Austin,	TX, officeholder living	g expense
				crumbl Cookie	es for staff me	mbers bday
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office h	eld
	expenditure to benefit C/OI					
<u> </u>	me provided by Texas F	ice Commission	etate ty us			Version V3 5 1 3ac88hc0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 5/22 Rpt: 20/38	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	05/01/2023	Dropbox Inc.
6	Amount (\$) \$127.79	7 Payee address; City; State; Zip Code 1800 Owens Street San Francisco , CA 94158
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Cloud storage (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense For campaign, old client files and court exhibits
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/08/2023	Epilepsy Foundation Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	2401 Fountain View Dr
		Ste. 900
		Houston, TX 77057
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tax ID 74-2141084
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/19/2023	Family Courts Benevolent Fund
	Amount (\$) \$50.00	Payee address; City; State; Zip Code c/o Court Admistrator Richard Woods 1201 Franklin, 7th fl. Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Maintain flowers fund
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Paymont		nmittee		ards/Memorial Services	s Expense	Printing E Salaries/V		se s/Contract Labor		Travel Out of I OTHER (enter	District a category not listed above)	
L	Credit Card Payment			The II	nstruction G	uide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commission F	ilers)
	Sch: 6/22 Rpt: 21/38		Heath, Sony	ya L.	(The Hor	orable)					00081818		
4	Date	5	Payee name										
	03/06/2023		FamilyTime										
6	Amount (\$)	7	Payee addres	ss;	City;	Stat	e; Zip Co	ode					
	\$200.00		PO Box 893	3									
			Humble, TX	7734	47								
8	PURPOSE	(a)	Category (Se	ee Cate	gories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Contribution	rs/Do	nations M	ade By						mplete Schedule T.	
	LAI LINDITORL		Candidate/0	Office	holder/Po	litical Com	mittee		\Box		officeholder livi		
									Donation only	y (c	ııd not attei	nd annual event)	
								Ļ					
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholo	der name		Office sou	ıght			Office I	neld	
	pondition to bonom 0/01												
	Date		Payee name										
	06/20/2023		Franks Pizz	a									
	Amount (\$)		Payee addres	ss;	City;	Stat	e; Zip Co	ode					
	\$91.50		417 Travis S	St.									
			Houston, T	X 770	02								
	PURPOSE	(a)	Category (Se	ee Cate	gories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age E	Expense							mplete Schedule T.	
									Judges bday		officeholder livi		
									Judy Dudy	CC	iobration IC	1 01001	
_	Complete ONLY if direct	<u> </u>	andidate/Offi	cehol	der namo		Office sou	lapt I			Office I	neld	
	expenditure to benefit C/OI		a luiuale/OIII	CETION	aci name		Office Suc	agrit			Onice	iciu	
\vdash		ı											
	Date	ı	Payee name	^ - · ·		: A : · ·							
	06/08/2023	-	Gulf Coast (nunity Act								
	Amount (\$)	ı	Payee addres	•	City;	Stat	e; Zip Co	ode					
	\$104.09		500 24th St										
			Gulfport, MS	S 395	07								
	PURPOSE		Category (Se		-		chedule)	(b)	Description				
	OF EXPENDITURE		Contribution						ш			mplete Schedule T.	
			Candidate/0	JTIICE	noider/Po	litical Com	mittee		ш		officeholder livi	ng expense scheduled for 6/19/2	23 W
									5121 Rue Str				23 W
	Complete ONLY if direct	Щ	andidate/Offi	cehol	der name		Office sou	laht			Office I	neld	
	expenditure to benefit C/OI		ai iuiuale/OIII	CEHOIC	iei name		Onice Sot	ıgrıt			Onice	ICIU	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/22 Rpt: 22/38	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/01/2023	Hearsay
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$182.13	218 Travis St.
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff luncheon after reswearing in ceremony
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/23/2023	Houston Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.40	1111 Bagby
	¥3 <u>=</u> 3	FLB 200
		Houston, TX 77002
	PURPOSE	<u></u>
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		DEI Mentorship Program (Astros game)
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2023	Houston Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1111 Bagby
		FLB 200
		Houston, TX 77002
	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
		Sponsorship for summer associate luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor 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: 8/22 Rpt: 23/38 Heath, Sonya L. (The Honorable) 00081818 4 Date Payee name 05/09/2023 Houston Bar Association 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1111 Bagby **FLB 200** Houston, TX 77002 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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense sponsorship for HBA/DEI mentorship event (Astros game) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/14/2023 Houston GLBT Caucus Amount (\$) Payee address; City; State; Zip Code \$10.00 P.O. Box 66664 Houston, TX 77266 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Monthly sustaining member dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/14/2023 Houston GLBT Caucus Amount (\$) Payee address: City: State; Zip Code \$10.00 P.O. Box 66664 Houston, TX 77266 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Monthly membership fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/22 Rpt: 24/38	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	03/14/2023	Houston GLBT Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$10.00	P.O. Box 66664
		Houston, TX 77266
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
		Monthly membership fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/17/2023	Houston GLBT Caucus
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
		Houston, TX 77266
┢	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense sustaining member
		Sustaining member
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
F	Date	Payee name
	05/14/2023	Houston GLBT Caucus
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
		Houston, TX 77266
Н	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.
l	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Sustaining member dues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	
<u> </u>	T.1 6111=	
1	Total pages Schedule F1:	
L	Sch: 10/22 Rpt: 25/38	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	06/15/2023	Houston GLBT Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
	7_0.00	1.0.200.0000
		Houston TV 77000
		Houston, TX 77266
8	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 Sustaining member
		Sustaining member
<u>_</u>	Operation Children	Overdildete (Office healther resource of the control of the contro
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	04/27/2023	Houston Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 300009
		Houston, TX 77230
	DUDDOCE	
	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	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual gala
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash	Data	
	Date	Payee name
	05/22/2023	Houston Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.00	P.O. Box 300009
		Houston, TX 77230
	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
		Yearly dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/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: 11/22 Rpt: 26/38	Heath, Sonya L. (The Honorable) 00081818	
4	Date	5 Payee name	
	05/09/2023	International Academy of Family Law	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	81 Main Street	
		Ste. 405	
		White Plains, NY 10601	
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	
		Application fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
F	Date	Payee name	=
	03/27/2023	Medina, Alyssa	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$100.00	19302 Glenwest Dr apt 308	
		Friendswood , TX 77546	
	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 Birthday gift for intern	
		Billinday girt for intern	
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O	1	
	Date	Payee name	
	02/02/2023	Merida Mexicain	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$346.91	2509 navigation	
		Houston, TX 77003	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Bday lunch for Court coordinator	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
\vdash			-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 12/22 Rpt: 27/38	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/04/2023	Mexican American Bar Association of Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	PO Box 303
		Houston, TX 77001
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 Yearly dues
		really dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
·	expenditure to benefit C/OI	
	Date	Payee name
	04/13/2023	Mexican American Bar Association of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 303
		Houston, TX 77001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense 2023 Golf Classic sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/31/2023	Misfit Mutts Dog Rescue
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	324 BROOKRIDGE ST
		Green Bay, WI 54301-2130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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
		2 55 2555 .1
	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)

	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)	_
l	Sch: 13/22 Rpt: 28/38	Heath, Sonya L. (The Honorable) 00081818	
4	Date	5 Payee name	_
	03/06/2023	Ninfa's Original	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$160.36	2704 Navigation Blvd	
l			
l		Houston, TX 77003	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense Intern Dinner	
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
l	expenditure to benefit C/OI		
F	Date	Payee name	=
l	03/31/2023	PayPal	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$406.90	2211 North First Street	
l	* *******		
l		San Jose, CA 95131	
⊢	PURPOSE	(4)	_
l	OF	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		credit card processing fees	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡	·		_
l	Date	Payee name	
┡	02/28/2023	PayPal	_
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$170.86	2211 North First Street	
l			
L		San Jose, CA 95131	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if to use outside of Taylor Complete Schedule T	
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Credit card processing fees	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
			_
ı			

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 14/22 Rpt: 29/38	Heath, Sonya L. (The Honorable)	00081818
4	Date	5 Payee name	-
	03/24/2023	Rush, Kaylee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	11991 S. Main St.	
		Houston, TX 77035	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF	1	if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	if Austin, TX, officeholder living expense
		Bday gi	ft to intern
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/04/2023	Shipley Donuts	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.97	3235 Riley Fuzzel Rd.	
		Spring, TX 77386	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Food/Beverage Expense	if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		if Austin, TX, officeholder living expense
		Stall Di	eakfast (remburse Melinda)
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
	Date	Payee name	
	04/03/2023	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$290.96	P.O. Box 36647-1CR	
		Dallas, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
	OF EXPENDITURE	Traver out or district	if travel outside of Texas. Complete Schedule T.
			if Austin, TX, officeholder living expense regional TCJ conference
		Allend	agional 100 domeronoc
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Since Held

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
OTHER (enter a category not listed above)

	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: 15/22 Rpt: 30/38	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	04/27/2023	Sunrise Taquitos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.05	3009 Navigation Blvd.
		Houston, TX 77003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast for staff of 310th and 245th for
		administative assistants' day
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	01/30/2023	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio St.
	Ψ10.00	Suite 800
		Austin, TX 78701
	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
		Conference registration fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/01/2023	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio St.
		Suite 800
		Austin, TX 78701
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Court Professionals Conference registration fee for Melinda
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter a	strict a category not listed abo	ove)
	·			The Instruction G	uide explains h	low to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 16/22 Rpt: 31/38		Heath, Sony	a L. (The Hon	orable)					00081818		
4	Date	5	Payee name									
	06/01/2023			er for the Judici	ary							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$325.00		1210 San Ai	ntonio St.								
			Suite 800									
			Austin, TX 7	8701								
8	PURPOSE	(0)					(h)	<u> </u>				
°	OF	(a)		e Categories listed at	the top of this sche	dule)	(D)	Description Check if travel (outei	de of Tevas Com	nplete Schedule T.	
	EXPENDITURE		Event Exper	ise				=		officeholder living		
								—			Conference regis	stration
								fee			· ·	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/24/2023		Texas Fire F	ighters Home								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,500.00		P.O.Box 541	L905								
			Houston, TX	77254								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By			=			nplete Schedule T.	
	ZA ZHOHOKZ		Candidate/C	Officeholder/Pol	itical Commi	ttee		ш		officeholder living		
								Sponsorship	tor	annuai gaia	ì	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	O	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	04/11/2023		Texas Latin	k Judges								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$100.00		PO Box 906	83								
			San Antonio	, TX 78209								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Fees					<u></u>			nplete Schedule T.	
	LAI LINDITORE									officeholder living	g expense	
								membership t	ree			
	0 1. 0											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	O	ffice sou	ght			Office h	eld	
	onponditure to belieff 0/01											

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 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

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: 17/22 Rpt: 32/38 Heath, Sonya L. (The Honorable) 00081818 4 Date Payee name 03/29/2023 The Rotary Foundation 6 Amount (\$) Payee address; City; State; Zip Code \$240.00 PO Box 811 Houston, TX 77001 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Zoo of Love Polio Plus Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/06/2023 The UPS Store Amount (\$) Payee address; City; State; Zip Code \$11.98 2450 Louisiana Ste. 400 Houston, TX 77006 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Postage to mail adoption toy Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/17/2023 The UPS Store Amount (\$) Payee address: City: State; Zip Code \$11.98 2450 Louisiana Ste. 400 Houston, TX 77006 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Resend adoption toy (first address incorrect) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense Contributions/ Donations Made By -

Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 18/22 Rpt: 33/38	Heath, Sonya L. (The Honorable) 00081818	
4	Date	5 Payee name	
	03/02/2023	United States Postal Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$6.15	8205 Braesmain dr	
		Houston, TX 77025	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		mail adoption toy	
		man despersion	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/19/2023	United States Postal Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.80	1500 Hadley St.	
		Houston, TX 77002	
	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 Postage to mail out adoption toy	
		l soluge to man out adoption toy	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
F	Date	Payee name	=
	05/02/2023	Universal Life Church	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$74.13	2720 1st Ave S	
		Seattle, WA 98134	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Wedding package credentials for Colorado Check if travel outside of Texas. Complete Schedule T.	
	,,,,,,,,,	Check if Austin, TX, officeholder living expense Ordination	
		Ordination	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	y	
\vdash			_

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Wangs/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	Ü	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
	Sch: 19/22 Rpt: 34/38	Heath, Sonya L. (The Honorable)		00081818
4	Date	5 Payee name		-
	05/23/2023	Voodoo Doughnut		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$23.10	1214 Westheimer Rd.		
		Houston, TX 77006		
8	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
				Bday donuts for 310th staff for Fred's bday
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	04/17/2023	Walmart		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$290.11	702 S.w. 8th St.		
		Bentonville, AR 72716		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Equipment		Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE			Check if Austin, TX, officeholder living expense
				Television for AJ's courtroom (hybrid hearings)
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		yııı	Office field
	5.			
	Date	Payee name		
	04/20/2023	Westin Irving Convention Center		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$322.00	400 West Colinas Blvd.		
		Irving, TX 75039		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Hotel during TCJ Regional Conference
				Trotol during 1 do Regional demolence
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		ar	Silico Hold

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: 20/22 Rpt: 35/38	Heath, Sonya L. (The Honorable) 00081818	
4	Date	5 Payee name	
	01/18/2023	Wix.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.03	P.O. Box 40190	
L		San Francisco, CA 94140	
8	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	
		monthly business email charge	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/31/2023	Wix.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.73	P.O. Box 40190	
		San Francisco, CA 94140	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		yearly website fee	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/17/2023	Wix.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.03	P.O. Box 40190	
L		San Francisco, CA 94140	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		email	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1: Sch: 21/22 Rpt: 36/38	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4	Date 03/17/2023	5 Payee name Wix.com	·
6	Amount (\$) \$7.03	7 Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense email
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date 04/20/2023	Payee name Wix.com	
	Amount (\$) \$7.03	Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly email fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 05/17/2023	Payee name Wix.com	
	Amount (\$) \$7.03	Payee address; City; State; Zip Code P.O. Box 40190	
		San Francisco, CA 94140	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly cost
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	ı - ıl Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	nse	Polling Expense Printing Expense	ad/Rental Expense se nse es/Contract Labor		Travel in District Travel Out of Dis	
l	Credit Card Payment			The Instruction Guide	explains l	how to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
l	Sch: 22/22 Rpt: 37/38		Heath, Sor	nya L. (The Honorab	le)				00081818	
4	Date	5	Payee name	<u> </u>						
	06/20/2023	ľ	Wix.com	•						
Ļ		-		City	Ctoto	Zin Codo				
٥	Amount (\$)	 ′	Payee addre		State;	Zip Code				
l	\$7.03		P.O. Box 4	0190						
l										
l			San Franci	sco, CA 94140						
8	PURPOSE	(a)	Category (9	See Categories listed at the top	of this sch	edule) (b)	Description			
l	OF EXPENDITURE		Fees	,		,	Check if travel	l outsi	de of Texas. Com	plete Schedule T.
l	EXPENDITORE						_		officeholder living	g expense
l							monthly ema	ail		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	C	Office sought			Office he	eld
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 38/38 2 FILER NAME Filer ID (Ethics Commission Filers) Heath, Sonya L. (The Honorable) 00081818 8 Amount (\$) 5 Name of person from whom amount is received Date 05/11/2023 \$75.00 Eleventh Administrative Judicial Region of Texas 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77002 Purpose for which amount is received Check if political contribution returned to filer Registration fee Amount (\$) Date Name of person from whom amount is received 04/03/2023 Texas Center for the Judiciary \$612.96 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 Regional Conference