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) 00062519 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Susan B. NAME Date Received **ELECTRONICALLY FILED** 07/17/2023 NICKNAME LAST **SUFFIX** Heygood-McCoy CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 6406 Champion Way MAILING Receipt # Amount **ADDRESS** Change of Address Colleyville, TX 76034 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Neal NAME NICKNAME LAST **SUFFIX** Adams **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 3950 TX-360 **ADDRESS** (Residence or Business) Grapevine, TX 76051 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 552-7742 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 05/04/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 153 Tarrant District Judge District 153

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Heygood-McCoy, Su	san B. (The Honorable)	14 Filer ID 00062519	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	enditures made by political of thout the candidate's or office mation only if they receive n	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
Ш	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NA	ME			
		COMMITTEE CAMPAIGN TREASURER AD	DRESS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00		
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		\$ 10,500.00		
EVDENDITUDE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	\$ 0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 1,860.37		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T ERIOD	THE LAST DAY OF THE	\$ 10,590.34		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOAN RTING PERIOD	S AS OF THE LAST DAY	\$ 1,150.00		
17 AFFIDAVIT			enalty of perjury, that the ac des all information required ode.			
		The Hono	rable Susan B. Heygood	-МсСоу		
		Signati	ure of Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
of	, 20, to c	ertify which, witness my hand and seal of offic	e.			
Signature of office	cer administering oath	Printed name of officer administering oa	th Title of office	er administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 16
l .	ER NAM	ME McCoy, Susan B. (The Honorable)	19 Filer ID 00062519	(Ethics Commission Filers)
	HEDUL ME OF	SUBTOTAL AMOUNT		
1.	X	\$ 10,500.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 1,150.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 1,097.69
6.		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 762.68
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 TO FILER	RETURNED	\$

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/16		
2	FILER NAME Heygood-Mo	cCoy, Susan B. (The Honora	3	Filer ID (Ethics Commission Filers) 00062519		
4 Date 06/28/2023 5 Full name of contributor out-of-state PAC (ID#:) Auld, Marrianne (Ms.) 6 Contributor address; City; State; Zip Code					7	Amount of Contribution (\$) \$1,000.00
		Fort Worth, TX 76102				
8		Principal Occupation		9 Contributor's Job Title		
	attorney			attorney		
10	Contributor's 6 Kelly, Hart &	employer/law firm . Hallman		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
06/28/2023 Kelly Hart PAC Contributor address; City; State; Zip Code						\$2,500.00
		Fort Worth, TX 76102		1		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/28/2023	Kelly Jr., Dee (Mr.)	_			\$1,000.00
		Contributor address; City; Fort Worth, TX 76102	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Kelly, Hart &	. Hallman				
	If contributor i	s a child, law firm of parent(s) (i	fany)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/16	
2	FILER NAME Heygood-Mo	cCoy, Susan B. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062519
4	Date 06/28/2023	 5 Full name of contributor out-of-state PAC (ID# Keltner, David (Mr.) 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102 	7 Amount of Contribution (\$) \$1,000.00	
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
	attorney		attorney	
10	Contributor's 6 Kelly, Hart &	employer/law firm : Hallman	11 Law firm of contributor's sp	oouse (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#)	Amount of Contribution (\$)
	06/16/2023	Witherite Law Group PLLC	\$5,000.00	
		Contributor address; City; State; Zip Code Dallas, TX 75231		
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1	

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	on Guide explains how to complete this t	form.		pages Schedule E(J): : 1/2 Rpt: 6/16
2	FILER NAME Heygood-McCoy	y, Susan B. (The Honorable)		3 Filer	ID (Ethics Commission Filers) 62519
4	TOTAL OF UN	IITEMIZED LOANS		1	\$
5	Date of loan 02/16/2023	7 Name of lender	AC (ID#:		9 Loan Amount (\$) \$150.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Colleyville, TX 76034			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		•
	District Judge		District Judge		
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)	
	Tarrant County			(3)/	
16		aw firm of parent(s) (if any)			
17	Description of Coll	lateral	18 Check if personal funds we	ere depos	
	X None				(See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
	X not applicable	21 Guarantor address; City; State;	Zip Code		
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title		
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if a	ny)
27	If guarantor is chil	d, law firm of parent(s) (if any)	<u> </u>		

	LOANS (J	IUDICIAL)				SCHEDULE E(J)
	The Instruction	on Guide explains how to complete this f	orm.	1		ges Schedule E(J): 2 Rpt: 7/16
2	FILER NAME Heygood-McCo	y, Susan B. (The Honorable)			er ID 0625	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		1		\$
5	Date of loan 05/26/2023	7 Name of lender	C (ID#:			9 Loan Amount (\$) \$1,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Rate
	No	Colleyville, TX 76034				11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title			
	District Judge		District Judge			
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if an	y)	
16	If lender is child, la	aw firm of parent(s) (if any)				
17	Description of Col	lateral	18 Check if personal funds we	ere dep	osited	
	X None					(See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed (\$)			
23	X not applicable Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title			
25	Guarantor's Emplo	over/Levy Firm	26 Low Firm of guarantaria an	ougo (i	f amil	
25	Guarantor's Emplo	byer/Law Firm	26 Law Firm of guarantor's sp	ouse (i	i any)	
27	If guarantor is chil	d, law firm of parent(s) (if any)				

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 complete this form.
1	Total pages Schedule F1: Sch: 1/5 Rpt: 8/16	2 FILER NAME Heygood-McCoy, Susan B. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062519
4	Date 04/11/2023	5 Payee name Aggie Bar Association
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 6387 Camp Bowie Blvd Ste. B323 Fort Worth, TX 76116
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/03/2023	Payee name Bank Of America
	Amount (\$) \$16.00	Payee address; City; State; Zip Code P.O. Box 15284
		Wilmintgon, DE 19850
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/01/2023	Payee name Bank Of America
	Amount (\$) \$16.00	Payee address; City; State; Zip Code P.O. Box 15284
		Wilmintgon, DE 19850
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fees
	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodula F1:	
1	Total pages Schedule F1: Sch: 2/5 Rpt: 9/16	Heygood-McCoy, Susan B. (The Honorable) General Description (Entites Commission Files) 00062519
4	Date	5 Payee name
	03/01/2023	Bank Of America
6	Amount (\$) \$16.00	7 Payee address; City; State; Zip Code P.O. Box 15284 Wilmintgon, DE 19850
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Bank fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2023	Bank Of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	P.O. Box 15284
		Wilmintgon, DE 19850
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Taylor Camplete Schedule T
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/01/2023	Bank Of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	P.O. Box 15284
		Wilmintgon, DE 19850
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank fees
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┡	Total pages Cabadula F1:	
	Total pages Schedule F1: Sch: 3/5 Rpt: 10/16	2 FILER NAME Heygood-McCoy, Susan B. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062519
4	Date	5 Payee name
	05/04/2023	Bank Of America
<u>-</u>	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$31.66	P.O. Box 15284
	Ψ01.00	1.0. 50% 10204
		Wilmintgon, DE 19850
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking
		Check if Austin, TX, officeholder living expense
		Check reorder
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
Г	Date	Payee name
	02/21/2023	Colleyville Lions Club
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	P.O. Box 536
		Colleyville, TX 76034
Г	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Dues
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialiture to benefit C/Oi	'
	Date	Payee name
	03/28/2023	Fort Worth Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box101613
		Fort Worth, TX 76185
	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
		Petition Signature Event
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiorder to beliefft 6/01	•
1		

SCHEDULE F1

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Polling Ex nse Printing E Salaries/V	xpense xpens Vages	e /Contract Labor		Travel in Distr Travel Out of		ise
	oroun oura r aymone		The Instruction Guide	explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER N	AME	[3 F					(Ethics Commission I	-ilers)
	Sch: 4/5 Rpt: 11/16	Heygoo	d-McCoy, Susan B. (Th	e Honorable)				00062519)	
4	Date	5 Payee n	ame				_			
	04/25/2023	,	o Italian Grill							
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip Co	nda					
١	\$105.89	-		State, Zip Ct	Jue					
	Ф102.09	122 010	apevine Hwy							
		Hurst, T	X 76054							
8	PURPOSE	(a) Categor	1 (0 0 1 1 1 1 1 1 1		(b)	Description				
ľ	OF		/ (See Categories listed at the top everage Expense	of this schedule)	(5)		outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE	1 000/10	everage Expense			Check if Austin				
						Meal to discu	ISS	officeholde	er issues	
9	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office sou	ıght			Office	held	
_	Date	Payee n	amo							
	05/30/2023	,	arr of Texas							
	Amount (\$)	Payee a	•	State; Zip Co	ode					
	\$270.00	1414 C	olorado Street							
		Austin,	TX 78701							
	PURPOSE	(a) Category	/ (See Categories listed at the top	of this schedule)	(b)	Description				
	OF	Fees	(eee ealegonee noted at the top	or and correadicy		_ :	outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE					Check if Austin	, TX	officeholder liv	ing expense	
						State Bar due	es			
	Complete ONLY if direct		/Officeholder name	Office sou	ıght			Office	held	
	expenditure to benefit C/OI	1								
	Date	Payee n	ame							
	04/14/2023	1	County Bar Association	1						
	Amount (\$)	Payee a		State; Zip Co	odo					
	` '	_		State, Zip Ct	Jue					
	\$120.00	1315 C	alhoun St.							
		Fort Wo	orth, TX 76102							
	PURPOSE	(a) Category	/ (See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Event E	expense						omplete Schedule T.	
	LXI LINDITORE					Check if Austin		officeholder liv	ing expense	
						Awards Even	ΙŢ			
	Complete ONLY if direct		e/Officeholder name	Office sou	ıght			Office	held	
	expenditure to benefit C/O	٦								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Food/Beverage E Gift/Awards/Mem Legal Services The Instruction			ense ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 12/16		Heygood-N	IcCoy, Susa	n B. (The Hond	orable)			00062519	
4	Date	5	Payee name							
	05/10/2023		Zafiros Me	xican Grill						
6	Amount (\$)	7	Payee addre		State	e; Zip Cod	е			
	\$55.14		5204 Colle	yville Blvd.						
			Callarrilla	TV 70004						
Ļ	DUDDOCE	(-)	Colleyville,			1,	h)			
8	PURPOSE OF	(a)			ed at the top of this sc	hedule) (b) Description Check if tra		ide of Texas. Com	plete Schedule T.
	EXPENDITURE		roou/beve	rage Expens	e				, officeholder living	
							Meal to dis	scuss	officeholder	issues
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Of	ficeholder nam	e	Office soug	nt		Office he	eld

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)			
			The Instruction Guide explains I	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAMI	E			3 Filer	ID (Ethics Commission Filers)		
	Sch: 1/4 Rpt: 13/16	Heygood-M	IcCoy, Susan B. (The Honor	rable)		000	62519		
4	Date	5 Payee name							
	05/31/2023	Amazon							
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	nde				
ľ	\$104.77	P.O. Box 8		2.p 00	, ac				
		1.0. box 0	1220						
	Reimbursement from political contributions	0							
	intended	Seattle, WA	4 98108						
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sche	edule)	(b) Description	≓	travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Event Expe	ense		L	Check if	Austin, TX, officeholder living expense		
					supplies				
9		Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								
	Date	Payee name							
	06/01/2023	Amazon							
	Amount (\$)	Payee address; City; State; Zip Code							
\$47.68 P.O. Box 81226									
	Reimbursement from								
	x political contributions intended	Seattle, WA	\ 08108						
					Barada F	7			
	PURPOSE OF	1	see Categories listed at the top of this scho	edule)	Description	_	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
	EXPENDITURE	Event Expe	ense		L	_ Chiccia ii	Addati, 174, diffeenolder living expense		
					supplies				
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held		
	C/OH								
	Date	Davis a marina							
	06/01/2023	Payee name							
		Amazon							
	Amount (\$)	Payee addre		Zip Co	ode				
	\$41.99	P.O. Box 8	1226						
	Reimbursement from political contributions								
	X political contributions intended	Seattle, WA	A 98108						
	PURPOSE	Category (s	see Categories listed at the top of this sch	edule)	Description	Check if	travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Event Expe	ense			Check if	Austin, TX, officeholder living expense		
	EXPENDITORE				supplies				
	Complete ONLY if direct	<u> </u>	holder name		Office sought		Office held		
	expenditure to benefit				5 ·				
L	C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	7	Transportation Equipment & Relate Travel in District Travel Out of District OTHER (enter a category not listed		
L			The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAMI				3 F	Filer ID (Ethics Commis	sion Filers)	
	Sch: 2/4 Rpt: 14/16	Heygood-M	IcCoy, Susan B. (The Hono	rable)		0	00062519		
4	Date	5 Payee name				1			
-	06/02/2023	Amazon							
6	6 Amount (\$) 7 Payee address; City; State; Zip Code								
	\$63.83	P.O. Box 81226							
	Reimbursement from								
	X political contributions intended	Seattle, WA 98108							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.							
	OF EXPENDITURE	Event Expe	ense		L	Che	eck if Austin, TX, officeholder living	expense	
					supplies				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held		
	Date	Payee name							
	06/07/2023	Amazon							
	Amount (\$)	Payee addre	Payee address; City; State; Zip Code						
	\$15.99 P.O. Box 81226								
	Reimbursement from								
	x political contributions intended	Seattle, WA	\ 98108						
		_			Description F	7 01	aliffmont outside of Tours Comm	alata Cabadala T	
	PURPOSE OF		see Categories listed at the top of this sch	iedule)	Description	=	eck if travel outside of Texas. Comp eck if Austin, TX, officeholder living		
	EXPENDITURE	Event Expe	ense		supplies				
					Supplies				
_	Occupated ONLY if alice at	0	L-1-1		Office accorded		0#:		
	Complete ONLY if direct expenditure to benefit	Candidate/Office	nolder name		Office sought		Office held		
	C/OH								
H	Date	Deves ::-:							
	Date 06/14/2023	Payee name							
	06/14/2023		ter for the Judiciary						
	Amount (\$)	Payee addre		; Zip Co	ode				
	\$60.00	1210 San <i>F</i>	Antonio Street						
	Reimbursement from political contributions								
	X political contributions intended	Austin, TX	78701						
	PURPOSE	Category (S	see Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Com	plete Schedule T.	
	OF EXPENDITURE	Fees				Che	ck if Austin, TX, officeholder living	expense	
	EAPENDITUKE				CLE				
	Complete ONLY if direct	<u>ı</u> Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit				Ç ·				
L	C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services	Polling Ex Printing E		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 G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 3/4 Rpt: 15/16		Heygood-McCoy, Susan B. (The Hono	rable)		00062519					
4	Date	5	Payee name			•					
	06/15/2023		Texas Center for the Judiciary								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$35.00		1210 San Antonio Street								
	Reimbursement from										
	X political contributions intended	Austin, TX 78701									
8	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule	÷ Т.				
	OF EXPENDITURE	1	Fees			Check if Austin, TX, officeholder living expense					
	LAFEINDITORE	l			CLE						
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held					
	expenditure to benefit C/OH										
	Data	-					_				
	Date		Payee name								
06/14/2023 USPS Amount (\$) Payee address; City; State; Zip Code											
	Amount (\$)		ode								
	\$126.00		1501 Hall Johnson Rd.								
	Reimbursement from political contributions intended		Colleyville, TX 76034								
	PURPOSE	T	Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule	: Т.				
	OF EXPENDITURE		Solicitation/Fundraising Expense			Check if Austin, TX, officeholder living expense					
	EXI ENDITORE				postage						
	· —	Car	ndidate/Officeholder name		Office sought	Office held					
	expenditure to benefit C/OH										
		1					_				
	Date		Payee name								
	06/15/2023	╙	USPS								
	Amount (\$)		Payee address; City; State; Zip Code								
	\$226.00		1501 Hall Johnson Rd.								
	X Reimbursement from political contributions										
	intended		Colleyville, TX 76034								
	PURPOSE OF		Category (See Categories listed at the top of this scho	edule)	Description	Check if travel outside of Texas. Complete Schedule	: T.				
	EXPENDITURE	l	Fees		L	Check if Austin, TX, officeholder living expense					
					PO Box rental						
	Complete ONLY if direct	Car	adidata/Officeholder neme		Office sought	Office hold					
	Complete ONLY if direct expenditure to benefit	Cal	ndidate/Officeholder name		Office sought	Office held					
	C/OH										
I											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 16/16 Heygood-McCoy, Susan B. (The Honorable) 00062519 Date Payee name 06/08/2023 Walgreen's 6 Amount (\$) Payee address; City; State; Zip Code 3809 E Belknap St. \$41.42 Reimbursement from political contributions intended Х Fort Worth, TX 76111 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** supplies Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH