JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commis 00081818	sion Filers)	2 Total pages file			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY		
OFFICEHOLDER	The Honorable	Sonya L.						
NAME		Conya E.			Date Received			
					ELECTRONICA	ALLY FILED		
	NICKNAME	LAST		SUFFIX	01/09/2025			
		Heath						
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked		
MAILING	P.O. Box 811					_		
ADDRESS					Receipt #	Amount		
Change of Address	Houston, TX 77001							
					Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST			MI			
TREASURER	Mr.	Hal D.						
NAME								
	NICKNAME	LAST			SUFFIX			
		Hale						
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE		
TREASURER	1800 Saint James Place							
ADDRESS	Suite 105							
(Residence or Business)								
	Houston, TX 77056							
7 CAMPAIGN	AREA CODE PHO		VTENCION					
TREASURER		NE NUMBER	EXTENSION					
PHONE	(713) 784-7700							
8 REPORT TYPE								
	X January 15	30th day before	election	Runoff	15th day after car appointment (offic			
	July 15	8th day before		Exceeded modified	Final Report (Atta			
		our day before		reporting limit				
9 PERIOD COVERED	Month Day Year			Month Day	Year			
GOVERED	07/01/2024	IF	IROUGH	12/31/202	4			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year	P	rimary	Runoff	Other			
	11/03/2026		ieneral	Special				
		XG	eneral					
				1				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT				
	Family District Court Jud	ge District 310 H	arris	Family District C	ourt Judge Distric	rt 310		
	1			1				
	GO TO PAGE 2							
Forms provided by Te	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7							

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 32

13 C / OH NAME	Heath, Sonya L. (The	e Honorable)	14 Filer ID (00081818	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS							
				\$ 0.00			
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOAN ZED POLITICAL EXPENDITURES	5)	.			
TOTALS				\$ 0.00			
	4. TOTAL POLIT	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 20,744.82			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
		l swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		The Liene	rable Capua I - Llast	th			
			rable Sonya L. Heat Candidate or Officehol				
		Signature of	Canada of Onicefion				
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
		aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7			

FORM JC/OH COVER SHEET PG 3

3 of 3	32
--------	----

18 FILER NAME	(Ethics Commission Filers)	
Heath, Sonya L. (The Honorable)		
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 16,228.61
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 TO FILER	\$ 3,501.18	

SUBTOTALS - JC/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awar nmittee Legal Ser	erage Expense ds/Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	rs)
	Sch: 1/26 Rpt: 4/32		Heath, Sonya L.(The Honorable)				00081818	
4	Date	5	Payee name						
	11/22/2024		A Plus Print Studio)					
6	Amount (\$)	7	Payee address;	City; Stat	te; Zip Co	de			
	\$106.45		9419 Echo Peaks						
			Humble, TX 77396	6					
8	PURPOSE OF	(a)	, -	ries listed at the top of this s	schedule)	(b) Description			
	EXPENDITURE		shirts					ide of Texas. Complete Schedule T. , officeholder living expense	
								uring National Adoption Day	
								3	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholde	r name	Office sou	ght		Office held	
	Date		Payee name						
	09/11/2024		Aden Hassan Has	san					
	Amount (\$)		Payee address;	City; Sta	te; Zip Co	de			
	\$52.00		32335 19th Ct SW						
	PURPOSE		Federal Way, WA			(b) December 2			
	OF EXPENDITURE	(a)	Category (See Categor Travel In District	ries listed at the top of this s	schedule)	Check if Austi	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense t to hotel while attending IAFL in	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholde	r name	Office sou	ght		Office held	
	Date		Payee name						
	10/08/2024		Ahart, Traci						
	Amount (\$)		Payee address;	City; Sta	te; Zip Co	de			
	\$234.00		1602 Hill Country I		· ·				
			Cedar Pak, TX 786	613					
	PURPOSE OF	(a)	Category (See Categor		schedule)	(b) Description	مىنى ا	ide of Toylog, Complete Optical 1. T	
	EXPENDITURE		Contributions/Dona Candidate/Officeho		mittoo			ide of Texas. Complete Schedule T.	
			Canuluale/Onicent		millee			's battle against lymphoma	
						capport in 1			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholde	r name	Office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILEF	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/26 Rpt: 5/32	Heat	n, Sonya L. (The Honora	ble)				00081818	
4	Date	Payee	e name						
	08/05/2024	Amaz	zon.com						
6	Amount (\$)	7 Payee	e address; City;	State;	Zip Coo	le			
	\$237.21	410 1	erry Ave. N						
		Seatt	le, WA 98109						
8	PURPOSE OF		Ory (See Categories listed at the to		edule)	b) Description			
	EXPENDITURE	Gift/A	wards/Memorials Expens	se				ide of Texas. Com , officeholder living	
						Adoption toys			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	0	Office soug	ht		Office he	eld
	Date	Payee	e name						
	12/10/2024	Amaz	zon.com						
	Amount (\$)	Payee	e address; City;	State;	Zip Coo	le			
	\$58.32	410 7	Ferry Ave. N						
			le, WA 98109						
	PURPOSE OF		Ory (See Categories listed at the to	op of this sche	edule)	b) Description	outoi	ide of Texas. Com	plata Sabadula T
	EXPENDITURE	Adve	rtising Expense					, officeholder living	
						Holiday cards	S		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	0	Office soug	ht		Office he	eld
	Date	Payee	e name						
	12/10/2024	Amaz	zon.com						
	Amount (\$)	Payee	e address; City;	State;	Zip Coo	le			
	\$6.48	410 1	erry Ave. N						
		Seatt	le, WA 98109						
	PURPOSE	a) Categ	Ory (See Categories listed at the to	op of this sche	edule)	b Description			
	OF EXPENDITURE	Adve	rtising Expense					ide of Texas. Com	
						Holiday cards		, officeholder living	expense
							-		
-	Complete ONLY if direct	Candid	ate/Officeholder name	0)ffice souc	ht		Office he	eld
	expenditure to benefit C/OF			-					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 3/26 Rpt: 6/32	Heath, Sonya L. (The Honorable)	00081818				
4	Date	Payee name					
	12/10/2024	Amazon.com					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$6.74	410 Terry Ave. N					
		Seattle, WA 98109					
8	PURPOSE OF	(b) Description					
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
		Metallic gel pe					
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/13/2024	Amazon.com					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$30.23	410 Terry Ave. N					
		Seattle, WA 98109					
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Is self-inking stamp				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/23/2024	Amazon.com					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$650.00	410 Terry Ave. N					
		Seattle, WA 98109					
	PURPOSE	(b) Description					
	OF EXPENDITURE		ıtside of Texas. Complete Schedule T. TX, officeholder living expense İfts				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

_						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipme Food/Beverage Expense Polling Expense Travel in District By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District				
	Total pages Cabadula E1.		ian Commission Filoro)			
	Total pages Schedule F1:		ics Commission Filers)			
	Sch: 4/26 Rpt: 7/32	Heath, Sonya L. (The Honorable) 00081818				
4	Date	5 Payee name				
	10/30/2024	American Leadership Forum				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
ľ	\$103.63					
	φ103.03					
		Suite 910				
		Houston, TX 77002				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Contributions/Donations Made By	chedule T.			
	EXPENDITURE	Candidate/Officeholder/Political Committee	se			
		donation				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/OI					
╞		1				
	Date	Payee name				
	09/19/2024	Archdiocese of Galveston Houston				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$50.00	905 Main St.				
		Houston, TX 77002				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense				
		Check if Austin, TX, officeholder living expension	ISE			
		Dinner after Red Mass				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	12/09/2024	Area 5 Democrats				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$50.00					
	φ00.00					
		Suite L				
		Pasadena, TX 77504				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Contributions/Donations Made By	chedule T.			
	EXPENDITURE	Candidate/Officeholder/Political Committee	ise			
		Fundraiser during annual holiday	' party			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
-						

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Loan Repayment/Rein Office Overhead/Rent Polling Expense Printing Expense Salaries/Wages/Contr lains how to complete th	tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ract Labor OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	LER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 5/26 Rpt: 8/32	eath, Sonya L. (The Honorable)		00081818		
4	Date	ayee name				
	11/22/2024	rne's				
6	Amount (\$)	ayee address; City; S	State; Zip Code			
	\$16.54	330 Hicks St.				
		ouston, TX 77007				
8	PURPOSE	ategory (See Categories listed at the top of t	nis schedule) (b) Des	cription		
	OF EXPENDITURE	vent Expense		Check if travel outside of Texas. Complete Schedule T.		
				Check if Austin, TX, officeholder living expense		
			Sup	oplies for National Adoption Day party		
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
_	Date					
		ayee name				
	08/28/2024	ssociation of Women Attorneys				
	Amount (\$)	ayee address; City; S	State; Zip Code			
	\$35.00	450 Louisiana St.				
		uite 400-301				
		ouston, TX 77006				
	PURPOSE OF EXPENDITURE	OF Geos				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held		
	Date	ayee name				
	07/05/2024	RR Inn of Court				
	Amount (\$)	ayee address; City; S	State; Zip Code			
	\$684.50	25 Reinekers Lane				
		uite 770				
		lexandria, VA 22314	i			
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of t CeS		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nual dues		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Supense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 6/26 Rpt: 9/32	Heath, Sonya L. (The Honorable)	00081818			
4	Date 12/10/2024	Payee name Best Buy				
6	Amount (\$) \$552.05	Payee address; City; State; Zip Code 10780 Kempwood Dr Houston, TX 77043				
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Supplies (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Color printer 				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/20/2024	Cleburne Cafeteria				
	Amount (\$) \$256.64	Payee address; City; State; Zip Code 3606 Bissonnet St.				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense luncheon			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/05/2024	DirecTV for Business				
	Amount (\$) \$115.36	Payee address;City;State;Zip Code2260 E. Imperial Hwy.				
		El Segundo, CA 90245				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 7/26 Rpt: 10/32		Heath, Sonya L. (The Honorable)				00081818
4	Date 09/15/2024	5	Payee name Fairmont Olympic Hotel				
6	Amount (\$) \$1,679.01	7	Payee address; City; State; 411 University St. Seattle, WA 98101	Zip Co	le		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)	Check if Austin	n, TX Inte	ide of Texas. Complete Schedule T. , officeholder living expense ernational Academy of Family ence
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ht		Office held
	Date		Payee name				
	10/30/2024		Fannin Flowers				
	Amount (\$) \$59.54		4803 Fannin St.	Zip Co	le		
	PURPOSE OF EXPENDITURE	(a)	Houston, TX 77004 Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)	Check if Austin	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense Lancelin's aunt passing
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O)ffice sou	ht		Office held
	Date		Payee name				
	11/13/2024		HEB				
	Amount (\$) \$40.75		Payee address;City;State;6055 South Frwy.	Zip Co	le		
			Houston, TX 77004				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense illy judges' meeting
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ht		Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1		
	Sch: 8/26 Rpt: 11/32	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	09/08/2024	Houston Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	()	
	\$260.00	1111 Bagby
		FLB 200
		Houston, TX 77002
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description
	EXPENDITURE	Event Expense
		75th Annual Harvest Celebration ticket
		75th Annual Harvest Celebration licket
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/14/2024	Houston GLBT Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
		Houston, TX 77266
	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 Monthly sustaining membership
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	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 EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Monthly membership
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	5

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 9/26 Rpt: 12/32		Heath, Sonya L. (The Honorable)				00081818			
4	Date	5	Payee name							
	09/14/2024		Houston GLBT Caucus							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$10.00		P.O. Box 66664							
			Houston TV 77266							
			Houston, TX 77266							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T. , officeholder living expense			
			Candidate/Officeholder/Political Comm	ittee	Monthly sust					
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name C	Office sou	ght		Office held			
	-									
	Date		Payee name							
	10/15/2024		Houston GLBT Caucus							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$10.00		P.O. Box 66664							
			Houston, TX 77266							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Contributions/Donations Made By	,	Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE		Candidate/Officeholder/Political Comm	ittee			, officeholder living expense			
					monthly mem	be	ership			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OI	-								
	Date		Payee name							
	11/15/2024		Houston GLBT Caucus							
-	Amount (\$)	-	Payee address; City; State;	Zip Co	de					
	\$10.00		P.O. Box 66664	p 00.						
	\$10,000									
			Louston TV 77266							
			Houston, TX 77266							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T.			
							, officeholder living expense ing membership dues			
						aii 11	ing membership ades			
	Complete ONUM Station	L	Condidate /Office helder							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ynt		Office held			
	,									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense I	Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	FILER N/	AME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 10/26 Rpt: 13/32	Heath, S	Sonya L. (The Honor	able)				00081818		
4	Date	Payee na	me							
	12/16/2024	Houston	GLBT Caucus							
6	Amount (\$)	Payee ac	dress; City;	State;	Zip Code					
	\$10.00	P.O. Bo	x 66664							
Houston, TX 77266										
8	PURPOSE) Category	(See Categories listed at the	top of this sched	_{ule)} (b)	Description				
	OF EXPENDITURE	Contribu	tions/Donations Mad	е Ву				de of Texas. Com		
	_/	Candida	te/Officeholder/Politio	cal Commit	tee			officeholder living	expense	
						Monthly susta	ann	ng member		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	Off	ice sought			Office he	eld	
	Date	Payee na	me							
	11/01/2024		Public Library Found	lation						
	Amount (\$)	Payee ad			Zip Code					
	\$100.00		Kinney St	State,						
	φ100.00	550 10101	difficy St							
		Houston	, TX 77002							
	PURPOSE OF		(See Categories listed at the		ule) (b)	Description				
	EXPENDITURE		tions/Donations Mad te/Officeholder/Politic					de of Texas. Com officeholder living		
		Canulua			lee	Donation	i, i <i>x</i> ,	oniceriolder innig	expense	
						2 011041011				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	Officeholder name	Off	ice sought			Office he	eld	
	Date	Payee na	me							
	12/27/2024		outh Program							
	Amount (\$)	Payee ac	dress; City;	State:	Zip Code					
	\$100.00	PO Box		,	P					
			, TX 77226							
	PURPOSE OF		(See Categories listed at the		ule) (b)	Description	outoi	de of Texas. Com	nloto Sobodulo T	
	EXPENDITURE		tions/Donations Mad te/Officeholder/Politic					officeholder living		
		Canalaa				Toy & Coat D				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	Officeholder name	Off	ice sought			Office he	eld	
	,									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	Fees Office Food/Beverage Expense Pollinu Gift/Awards/Memorials Expense Printir	e Overhea Ig Expens Ig Expens Ig Expens ies/Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)					
	Sch: 11/26 Rpt: 14/32		Heath, Sonya L. (The Honorable)				00081818		
4	Date	5	Payee name						
	10/21/2024		Imagine A Way						
6	Amount (\$)	7	Payee address; City; State; Zip	Code					
	\$103.63		PO Box 1027						
			Leander, TX 78646						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.		
	_/		Candidate/Officeholder/Political Committee			, TX,	officeholder living expense		
					CONTINUUT				
9	Complete ONLY if direct		Candidate/Officeholder name Office	sought			Office held		
9	expenditure to benefit C/OI			Sought			Onice field		
	Date		Payee name						
	11/04/2024		International Academy of Family Lawyers						
	Amount (\$)		Payee address; City; State; Zip	Code					
	\$80.00		81 Main Street						
	+00.00		Suite 405						
			White Plains, NY 10601						
	DUDDOCE			(1-)					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(0)	Description	nutsii	de of Texas. Complete Schedule T.		
	EXPENDITURE		Fees				officeholder living expense		
					Yearly memb	ers	hip dues		
	Complete ONLY if direct		Candidate/Officeholder name Office s	sought			Office held		
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	11/13/2024		Its Just Like Art, LLC						
	Amount (\$)		Payee address; City; State; Zip	Code					
	\$250.00		9033 Cullen Blvd						
			Houston, TX 77051						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.		
							officeholder living expense ily judges' board meeting while 310th		
					was presiding				
	Complete ONLY if direct	Ľ	Candidate/Officeholder name Office	souaht			Office held		
	expenditure to benefit C/Oł			Longin					

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Ex mittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	rhead/Re bense pense ages/Cor	eimbursement ental Expense ntract Labor this form.		Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commi	ssion Filers)	
	Sch: 12/26 Rpt: 15/32		Heath, Sonya L. (The Honora	able)					00081818			
4	Date	5	Payee name									
	11/21/2024		ts Just Like Art, LLC									
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de						
	\$143.75		9033 Cullen Blvd									
			Houston, TX 77051									
8	PURPOSE OF		Category (See Categories listed at the t	op of this sch	edule)	(b) De	escription					
	EXPENDITURE		Food/Beverage Expense				1		de of Texas. Com officeholder living	plete Schedule T.		
						Fo	bod during N					
							3					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ght			Office h	eld		
	Date		Payee name									
	09/06/2024	.	JW Marriott San Antonio									
	Amount (\$)		Payee address; City;	State;	Zip Co	de						
	\$709.50		23808 Resort Pkwy.									
			San Antonio, TX 78261									
	PURPOSE OF		Category (See Categories listed at the t	op of this sch	edule)	(b) De	escription		1 (T	alata Oshadula T		
	EXPENDITURE		Travel In District			H	1		officeholder living	plete Schedule T. g expense		
						Ho	1			dmin Judicial	Region	
						Ar	nnual Conf					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office sou	ght			Office h	eld		
	Date		Payee name									
	07/05/2024		Kroger									
	Amount (\$)		Payee address; City;	State:	Zip Co	de						
	\$27.99		1505 Wirt	Olalo,	2.0 00	40						
	+=1.00											
			Houston, TX 77055									
	PURPOSE OF		Category (See Categories listed at the t	op of this sch	edule)	(b) De	escription					
	EXPENDITURE		Food/Beverage Expense				1		de of Texas. Com officeholder living	plete Schedule T.		
						Ju	Iry coffee	17,		g expense		
						24	,					
-	Complete ONLY if direct	LC	andidate/Officeholder name	ſ	Office sou	aht			Office h	eld		
	expenditure to benefit C/Oł								0			
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	erhead kpense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
_	Sch: 13/26 Rpt: 16/32		Heath, Sonya L. (The Honorable)				00081818		
4	Date	5	Payee name						
	10/07/2024		Lillian Alexander for Judge						
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode					
	\$100.00		PO Box 56386						
			Houston, TX 77256						
8	PURPOSE	<u> </u>		(h)	Description				
Ŭ	OF	(4)	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(0)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Committee				officeholder living expense		
					campaign co	ntril	bution		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office sou	ught			Office held		
	Date		Payee name						
	12/31/2024		Mancuso Harley-Davidson Central						
_	Amount (\$)	-	Payee address; City; State; Zip Co	ode					
	\$87.67		535 North Loop						
	401.01								
			Houston, TX 77018						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense ailiff		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Office sou	l ught			Office held		
	Date		Payee name						
	10/28/2024		Nancy Owens Breast Cancer Foundation						
	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$103.50		9575 Katy Frwy.						
	+=00.00		Suite 205						
			Houston, TX 77024	1					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	outoi	de of Toway, Complete Cabadula T		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee				de of Texas. Complete Schedule T. officeholder living expense		
			Candidate/Onicenoiden/Folitical Committee		Donation	, .,,			
				1					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Office sou	l Jght			Office held		
\vdash									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Co	Event Expense Loan Repay Fees Office Overt Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp	/ment/ head/f ense bense ages/C	nt/Reimbursement Solicitation/Fundraising Expense I/Rental Expense Transportation Equipment & Related Expense I/Rental Expense Travel in District e Travel Out of District //Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 14/26 Rpt: 17/32		Heath, Sonya L. (The Honorable)		00081818					
4	Date	5	Payee name							
	10/04/2024		Nothing Bundt Cakes							
6	Amount (\$)	7	Payee address; City; State; Zip Cod	le						
	\$40.00		6025 Crenshaw Rd.							
			Suite 101							
			Pasadena, TX 77505							
8	PURPOSE	(a)		′b) г	Description					
-	OF	()	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	, Γ	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·	Ē	Check if Austin, TX, officeholder living expense					
				E	Bday cake for Deputy Davis.					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office soug	ht	Office held					
	Date		Payee name							
	09/09/2024		Randalls							
	Amount (\$)		Payee address; City; State; Zip Cod	le						
	\$16.99		2225 Louisiana							
			Houston, TX 77002							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bday cake for 310th court reporter Selena Stone					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held DH								
	Date		Payee name							
	08/19/2024		Rotary Club of the University Area							
	Amount (\$)		Payee address; City; State; Zip Cod	le						
	\$400.00		PO Box 980834							
			Houston, TX 77098							
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 Membership dues 2024-25										
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sough	ht	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E	xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 15/26 Rpt: 18/32	leath, Sonya L. (The Honorable)	00081818						
4	Date 10/21/2024	Payee name San Jose Clinic							
6	Amount (\$) \$100.00								
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		outside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office so	ught	Office held					
	Date	Payee name							
	10/24/2024	Sheraton Georgetown							
	Amount (\$) \$408.37	Payee address; City; State; Zip C 101 Woodlawn Ave.	ode						
		Georgetown, TX 78268							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ravel In District	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense FCJ Child Welfare Conference					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office so	ught	Office held					
	Date	ayee name							
	12/29/2024	Shields of Strength							
	Amount (\$) \$71.38	Payee address; City; State; Zip C 1955 N. Major Drive	ode						
		Beaumont, TX 77713							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sift/Awards/Memorials Expense		outside of Texas. Complete Schedule T. TX, officeholder living expense Ir bailiff					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office so	ught	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 16/26 Rpt: 19/32		Heath, Sonya L. (The Honorable)				00081818		
4	Date	5	Payee name						
	07/24/2024	Taqueria Dona Maria							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le				
	\$185.99		2601 Navigation Blvd.						
			Houston, TX 77003						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	a dula)	(b) Description				
	OF		Food/Beverage Expense	iedule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX,	officeholder living expense		
					310th lunch f	or s	staff July bdays		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	12/30/2024		Taste of Texas						
	Amount (\$)		Payee address; City; State;	; Zip Co	le				
	\$65.98	I	10505 Katy Frwy	,					
	\$00.00		10000 ((() () () () () () () ()						
			Houston, TX 77024						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Gift/Awards/Memorials Expense				de of Texas. Complete Schedule T.		
					Holiday gift fo		officeholder living expense		
					rioliday giit it	- 1			
	Complete ONLY if direct		Candidate/Officeholder name	Office sour	uht		Office held		
	expenditure to benefit C/OI				jint		Onice held		
	Date		Payee name						
	12/02/2024		Texas Association for Court Administra	ation					
	Amount (\$)		Payee address; City; State;	; Zip Co	le				
	\$75.00		George J. Beto Criminal Justice Cente	r					
			Sam Houston State University						
		I	Huntsville, TX 77431						
	PURPOSE			I	(b) Description				
	OF	(a)	Category (See Categories listed at the top of this sch	edule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Fees				officeholder living expense		
					Court Coordi	nat	or's yearly membership renewal		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Dffice sou	jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 17/26 Rpt: 20/32		Heath, Sonya L. (The Honorable)				00081818			
4	Date	5	Payee name							
	09/01/2024		Texas Association of District Judges							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	le					
	\$51.06		PO Box 1748	· •						
			Austin, TX 78767							
8	PURPOSE				(b) Description					
ľ	OF	(")	Category (See Categories listed at the top of this sch Fees	iedule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austir	, TX	, officeholder living expense			
					Yearly dues					
9	Complete ONLY if direct		Candidate/Officeholder name	Office soug	Jht		Office held			
	expenditure to benefit C/OI	Π								
	Date		Payee name							
	09/16/2024		Texas Association of District Judges							
	Amount (\$)		Payee address; City; State	; Zip Co	le					
	\$201.06		PO Box 1748							
			Austin, TX 78767							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	(elube)	(b) Description					
			Contributions/Donations Made By	icuaic)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Comm	nittee		I, TX	, officeholder living expense			
					Donation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	Jht		Office held			
		_								
	Date		Payee name							
	10/16/2024		Texas Bar Foundation							
	Amount (\$)		5	; Zip Co	le					
	\$270.00		515 Congress Ave.							
			Suite 1755							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	iedule)	(b) Description					
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Comm	nittee		I, TX	, officeholder living expense			
					annual gift					
		Ļ	Condidate/Officebolder as an a	Office	.bt		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Jrit		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)									
1											
	Sch: 18/26 Rpt: 21/32	Heath, Sonya L. (The Honorable)00081818									
4	Date	5 Payee name									
	10/17/2024	Texas Center for the Judiciary									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$75.00	1210 San Antonio St.									
	+	Suite 800									
		Austin, TX 78701									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.									
	LAFENDITORE	Check if Austin, TX, officeholder living expense									
		2025 Family Justice Conference									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	10/17/2024	Texas Center for the Judiciary									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$35.00	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.									
	EXPENDITORE	Check if Austin, TX, officeholder living expense									
		CLE: Addressing Gender Bias in Judicial Decision									
		Making									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OI	4									
-	Date	Payee name									
	11/13/2024	Texas Center for the Judiciary									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$65.00	1210 San Antonio St.									
		Suite 800									
		Austin, TX 78701									
-	PURPOSE										
	OF	 (a) Category (See Categories listed at the top of this schedule) Education (b) Description Check if travel outside of Texas. Complete Schedule T. 									
	EXPENDITURE	Check if Austin, TX, officeholder living expense									
		2024 Texas Bar Bench Book									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/Oł										
	•										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F G mmittee L	EXPENDITURE event Expense ood/Beverage Expense Sift/Awards/Memorials E egal Services The Instruction Gui	e xpense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymei erhead pense xpens Vages	nt/Reimbursement d/Rental Expense e se //Contract Labor		Transportation Travel in Distric Travel Out of D		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
-	Sch: 19/26 Rpt: 22/32	[a L. (The Hono	rable)				ľ	00081818		
4	Date	5	Payee name						•			
-	08/16/2024			cratic Women								
6	Amount (\$)	7	Payee address	s; City;	State	; Zip Co	ode					
	\$95.00	[.	1445 North L			,						
	φ95.00											
			Suite 110									
			Houston, TX	77008								
8	PURPOSE	(2)	Catagon				(h)	Description				
Ů	OF	``'		Categories listed at the	e top of this sch	iedule)	()	<u> </u>	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Food/Bevera	ge Expense						officeholder livir		
								2024 Awards			3 - 1	
								20247.004103	u	mencon		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	(Office sou	ıght			Office h	neld	
	Date		Payee name									
	10/31/2024			/ Law Foundatio	n							
			-			7:- 0-						
	Amount (\$)		Payee address		State;	; Zip Co	bae					
	\$75.00		14546 Brook	Hollow Blvd.								
			Suite 350									
			San Antonio,	TX 78232								
	PURPOSE	(2)					(h)	Description				
	OF	(")		Categories listed at the	e top of this sch	iedule)	(5)		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Membership	lee						officeholder livir		
								annual	.,,		.9	
								amaa				
						2.45						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(Office sou	ight			Office h	neld	
	experiatore to benefit 0/01											
	Date		Payee name									
	08/01/2024		Texas Fire F	ighters Home								
	۸mount (۹)	-		-	Ctoto	; Zip Co	ndo					
	Amount (\$)		Payee address		Siale	, ∠ıµ C0	Jue					
	\$1,400.00		P.O.Box 541	905								
			Houston, TX	77254								
	PURPOSE	(a)	Category /	Categories listed at the	ton of the '	adul-`	(h)	Description				
	OF	``'		-		iedule)	(3)	•	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee										
			Canuluale/U			nuce		Sponsor at 6				
								Sponsor at 0	<i>r</i>	unidal Gala	A	
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ight			Office h	neld	
	expenditure to benefit C/OI	Η										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla	Office Ov Polling Ex Printing E Salaries/V	erhead kpense Expens Wages	e s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Rel Travel in District Travel Out of District OTHER (enter a category not lis	ated Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Con	nmission Filers)
	Sch: 20/26 Rpt: 23/32		Heath, Sonya L. (The Honorable)					00081818	
4	Date	5	Payee name						
	10/08/2024		Texas Latinx Judges						
6	Amount (\$)	7	Payee address; City; S	tate; Zip Co	ode				
	\$100.00		PO Box 90683						
			San Antonio, TX 78209						
8	PURPOSE	(a)			(h)	Description			
ľ	OF		Category (See Categories listed at the top of thi Membership	is schedule)	(3)	·	outsid	le of Texas. Complete Schedule	т.
	EXPENDITURE		Wennbership			Check if Austin,	, тх,	officeholder living expense	
						Annual judicia	al di	ues	
9	Complete ONLY if direct		andidate/Officeholder name	Office sou	ight			Office held	
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	12/06/2024		Texas Lawyers Insurance Exchang	je					
	Amount (\$)		Payee address; City; S	tate; Zip Co	ode				
	\$1,500.00		1801 S. Mopac	uno, <u>-</u> p or	540				
	\$1,000.00		Suite 300						
	51155005	<u> </u>	Austin, TX 78746		(a.)				
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	is schedule)	(0)	Description	outsid	le of Texas. Complete Schedule	т
	EXPENDITURE		Insurance					officeholder living expense	
						Judges' Profe	essi	onal Liability policy	
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ught			Office held	
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	10/18/2024		The Exchange Club of Sugar Land						
	Amount (\$)		Payee address; City; S	tate; Zip Co	ode				
	\$51.70	1	4800 Sugar Grove Blvd.	<i>,</i> -					
			Suite 100						
			Stafford, TX 77477						
	DUDDOCC				(1-)	Dana i ri			
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	is schedule)	(a)	Description	nutsid	le of Texas. Complete Schedule	т
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Co	ommittee				officeholder living expense	
						Veterans Day	/ fla	g donation	
					1	-			
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ught			Office held	
	expenditure to benefit C/OI	Н							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ov Polling E Printing I Salaries/	verhea Expense Expense Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 21/26 Rpt: 24/32		Heath, Sonya L. (The Honorable)					00081818
4	Date	5	Payee name					
	09/11/2024		The Parking Spot JFK					
6	Amount (\$)	7	Payee address; City; S	tate; Zip C	ode			
	\$56.21		15800 JFK Blvd					
			Houston, TX 77032					
8	PURPOSE	(a)	Category (See Categories listed at the top of th	:	(b)	Description		
-	OF	,	Travel Out of District	is schedule)	()	·	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, тх,	officeholder living expense
						parking while	att	ending IAFL in Seattle
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught			Office held
	Date		Payee name					
	08/19/2024		The Rotary Foundation of Rotary In	nternational	l			
	Amount (\$)		Payee address; City; S	itate; Zip C	ode			
	\$100.00		1560 Sherman Avenue					
	\$100.00							
			FN110					
			Evanston, IL 60211					
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Co	ommittee		Annual contri		officeholder living expense
						Annual contin	but	
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	Office so	ught			Office held
	expenditure to benefit C/OI							
	Date		Payee name					
	11/22/2024		Thomas, Ben					
	Amount (\$)		Payee address; City; S	itate; Zip C	ode			
	\$31.25		2310 Main St.					
			Apt 223					
			Houston, TX 77002					
	BUBBAAS				10			
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(0)	Description	outei	de of Texas. Complete Schedule T.
	EXPENDITURE		Supplies					officeholder living expense
								onal Adoption Day party
	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Office so	L uaht			Office held
	expenditure to benefit C/OI			200 30	-9.11			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · · ·		•	3	Filer ID (Ethics Commission Filers)
-	Sch: 22/26 Rpt: 25/32		Heath, Sonya L. (The Honorable)				00081818
4	Date	5	Payee name				
	10/02/2024		Treebeard's Cloister				
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de		
	\$31.93		1117 Texas St.				
			Houston, TX 77002				
8	PURPOSE	<u> </u>			(b) Description		
ľ	OF		Category (See Categories listed at the top of this sch Food/Beverage Expense	iedule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense
					Lunch in jury	roc	om during meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	11/18/2024		US Postal Service				
	Amount (\$)		Payee address; City; State;	; Zip Co	de		
	\$216.00		1500 Hadley St.	· •			
			Houston, TX 77002				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Fees	iedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense 11 rental fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	12/03/2024		United States Postal Service				
	Amount (\$)		Payee address; City; State;	; Zip Co	de		
	\$87.60		1500 Hadley St.	, 1			
			Houston, TX 77002				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	EXPENDITURE		Postage				ide of Texas. Complete Schedule T.
					stamps for ho		, officeholder living expense
					stamps for ht	mu	ay carus
		Ľ	condidate/Officebolder	Office and	n.h.t		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	Office sou	yrit		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Ľ	Sch: 23/26 Rpt: 26/32	Heath, Sonya L. (The Honorable) 00081818					
1	Date	5 Payee name					
-	09/08/2024	University of Houston Downtown					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$300.00	c/o Alumni Relations					
		One Main Street					
		Houston, TX 77002					
8	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					
		50th Anniversary Gala ticket					
0	Complete ONIL V if direct	Candidata/Office halder name					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	10/17/2024	University of Houston Downtown					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$425.00	One Main Street					
	+ -=0100	Suite S990N					
		Houston, TX 77002					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Contributions/Donations Made By					
		Candidate/Officeholder/Political Committee					
		, it work					
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OF						
	Date	Payee name					
	11/04/2024	University of Houston Downtown					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	One Main Street					
	φ1,000.00						
		Suite S990N					
		Houston, TX 77002					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By					
		Candidate/Officeholder/Political Committee					
		Scholarship for students to attend jazz concert series					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
		ı 					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME		1	3 Filer ID	(Ethics Commission Filers)
-	Sch: 24/26 Rpt: 27/32		Heath, Sonya L. (The Honorable)			00081818	()
4	Date 12/17/2024		Payee name Vic & Anthony's				
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	e		
	\$1,439.27		1510 Texas Ave.	·			
			Houston, TX 77002				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	(o)	b) Description		
	OF	`	Food/Beverage Expense			outside of Texas. Com	nplete Schedule T.
	EXPENDITURE				Check if Austin,	, TX, officeholder living	g expense
					Goodbye/thar	nk you dinner f	or Judge Maldonado
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Officeholder	ice soug	ht	Office he	eld
	Date		Payee name				
	07/30/2024		Village Frame Gallery				
	Amount (\$)	-	Payee address; City; State; Z	Zin Cod	P		
	\$66.15		2708 Bissonnet St.		C		
	\$00.T2		2708 BISSONNEL SL				
			Houston, TX 77005				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Repair	ule) (Check if Austin,	outside of Texas. Com , TX, officeholder living e fell from clean	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Offi	ice soug	ht	Office he	eld
	Date		Payee name				
	07/17/2024		Wix.com				
_	Amount (\$)		Payee address; City; State; Z	7in Cod			
					C		
	\$7.03		P.O. Box 40190				
			San Francisco, CA 94140				
	PURPOSE OF		Category (See Categories listed at the top of this schedu	ule)	b) Description		
	EXPENDITURE		Fees			outside of Texas. Com	
						, TX, officeholder living	g expense
					Monthly email	ii iee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Officeholder name	ice soug	ht	Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			·	3	Filer ID (Ethics Commission Filers)
	Sch: 25/26 Rpt: 28/32		Heath, Sonya L. (The Honorable)				00081818
4	Date	5	Payee name				
	08/19/2024		Wix.com				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$7.03		P.O. Box 40190				
			San Francisco, CA 94140				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description		
Ĩ	OF		Fees	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense
					Monthly ema	il cl	harge
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	09/17/2024		Wix.com				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$7.03		P.O. Box 40190				
			San Francisco, CA 94140				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Email	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
_	Data	1					
	Date 10/21/2024		Payee name Wix.com				
	Amount (\$)			Zip Co	de		
	\$7.03		P.O. Box 40190				
			San Francisco, CA 94140				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.
	-						, officeholder living expense
					monthly ema	11 50	
	Complete ONIL V if direct	Ľ	Condidate/Officeholder name)ffico com			Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	JIIL		Office held
_							

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing Ex	ayment/Reinbursement Solicitation/Fundraising Expense rhead/Rental Expense Transportation Equipment & Related Expense bense Travel in District rpense Travel Out of District /ages/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 26/26 Rpt: 29/32	Heath, Sonya L. (The Honorable)	00081818			
4 Date					
11/18/2024	5 Payee name Wix.com				
6 Amount (\$) \$7.03	 7 Payee address; City; State; Zip Co P.O. Box 40190 San Francisco, CA 94140 	de			
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 monthly email fee 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sour H	ght Office held			
Date	Payee name				
12/17/2024	Wix.com				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$7.03	P.O. Box 40190 San Francisco, CA 94140				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly email charge			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office source H	ght Office held			

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

SCHEDULE K

The Instru	1 Total pages Schedule K: Sch: 1/3 Rpt: 30/32	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Heath, Sony	00081818	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
12/17/2024	Berg, Janice (Judge)	\$400.00
	6 Address of person from whom amount is received; City; State; Zip Code	
	Houston, TX 77002	
		olitical contribution returned to filer
	Reimbursement for goodbye dinner for Judge Maldonado	
Date	Name of person from whom amount is received	Amount (\$)
12/18/2024	Dunson, Linda (Judge)	\$149.00
	Address of person from whom amount is received; City; State; Zip Code	
	Houston, TX 77002	
		l olitical contribution returned to filer
	Reimbursement for goodbye dinner for Judge Maldonado	
Date	Name of person from whom amount is received	Amount (\$)
10/08/2024	Eleventh Administrative Judicial Region of Texas	\$1,137.00
	Address of person from whom amount is received; City; State; Zip Code	
	Houston, TX 77002	
		olitical contribution returned to filer
	Refund from Annual Conference	
Date	Name of person from whom amount is received	Amount (\$)
09/27/2024	Geer & Associates	\$700.00
	Address of person from whom amount is received; City; State; Zip Code	
	Houston, TX 77055-4503	
	Purpose for which amount is received Check if p Refund for her half of table at TFFH gala	olitical contribution returned to filer
Data		Amount (¢)
Date 12/18/2024	Name of person from whom amount is received Graves-Harrington, Angela (Judge)	Amount (\$) \$148.46
12,10,202.	Address of person from whom amount is received; City; State; Zip Code	
	Houston, TX 77002	
		olitical contribution returned to filer
	Reimbursement for goodbye dinner for Judge Maldonado	

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

SCHEDULE K

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule K: Sch: 2/3 Rpt: 31/32						
2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
Heath, Sony	00081818							
4 Date	5 Name of person from whom amount is received	8 Amount (\$)						
12/18/2024	Lopez, Gloria (Judge)	\$148.47						
	6 Address of person from whom amount is received; City; State; Zip Code							
	Houston, TX 77002 7 Purpose for which amount is received Check if							
	Reimbursement for goodbye dinner for Judge Maldonado	political contribution returned to filer						
		1						
Date	Name of person from whom amount is received	Amount (\$)						
12/23/2024	Peake, Sandra (Judge)	\$148.00						
	Address of person from whom amount is received; City; State; Zip Code							
	Houston, TX 77002							
		political contribution returned to filer						
	Reimbursement for goodbye dinner for Judge Maldonado							
Date	Name of person from whom amount is received	Amount (\$)						
12/17/2024	Tanner, Germaine (Judge)	\$150.00						
	Address of person from whom amount is received; City; State; Zip Code	······						
	Houston, TX 77002							
		political contribution returned to filer						
	Reimbursement for goodbye dinner for Judge Maldonado							
Date	Name of person from whom amount is received	Amount (\$)						
10/29/2024	Texas Center for the Judiciary	\$269.08						
	Address of person from whom amount is received; City; State; Zip Code							
	Austin, TX 78701							
		political contribution returned to filer						
	Refund for Child Welfare Conference							
Date	Name of person from whom amount is received	Amount (\$)						
12/26/2024	Texas Lawyers Insurance Exchange	\$102.71						
	Address of person from whom amount is received; City; State; Zip Code							
	Austin, TX 78746							
Purpose for which amount is received Check if political contribution returned to								
	2024 TLIE Policyholder Distribution							
I								

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		bages Schedule K: 3/3 Rpt: 32/32
2	FILER NAME		3	Filer II	O (Ethics Commission Filers)
	Heath, Sony	a L. (The Honorable)		00082	1818
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	12/18/2024	Waldrop, Teresa (Judge)			\$148.46
		6 Address of person from whom amount is received; City; State; Zip Code			
		Houston, TX 77002			
			oliti	cal cont	ribution returned to filer
		Reimbursement for goodbye dinner for Judge Maldonado			