#### 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 23 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Susan B. NAME Date Received **ELECTRONICALLY FILED** 01/11/2025 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 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

**GO TO PAGE 2** 

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District Judge District 153 Tarrant

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	Heygood-McCoy, Su	san B. (The Honorable)		<b>14</b> Filer ID 00062519	(Ethics Com	mission 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. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. 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	OMMITTEE ADDRESS					
	SPECIFIC							
		COMMITTEE CAMPAIGN TI	REASURER NAME					
		COMMITTEE CAMPAIGN TI	REASURER ADDRES	 S				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBU ES OF LOANS, OR CONTRIE			, \$	0.00		
	2. TOTAL POLIT	ICAL CONTRIBUTIONS			\$	1,000.00		
<del></del>		PLEDGES, LOANS, OR GUARANTEES OF LOANS) IZED POLITICAL EXPENDITURES						
TOTALS					\$	0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES			\$	8,840.30		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINT RIOD	AINED AS OF THE LA	ST DAY OF THE	\$	57,848.54		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTST TING PERIOD	TANDING LOANS AS (	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT		true and o	or affirm, under penalty correct and includes all e 15, Election Code.					
			The Honorable	Susan B. Heygood	d-McCov			
				Candidate or Officeh				
AFFIX NC	TARY STAMP / SEAL AB	OVE						
Sworn to and subs	cribed before me, by the s	aid		, this the		day		
of	, 20, to c	ertify which, witness my hand a	and seal of office.					
Signature of offi	cer administering oath	Printed name of officer a	administering oath	Title of office	er administer	ing oath		
-	Č		ū			-		

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

	JVER ONEET	3 of 23						
Heygood	8 FILER NAME Heygood-McCoy, Susan B. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00062519							
20 SCHEDU NAME O	SUBTOTAL AN	10UNT						
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,000.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	8,840.30				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

	MONET	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete this f		l pages Schedule A(J)1: : 1/1 Rpt: 4/23	
2	FILER NAME				ID (Ethics Commission Filers)
		COy, Susan B. (The Honorable)			62519
4	Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:_	)	<b>7</b> Amo	unt of Contribution (\$)
	10/22/2024 Bennett, Montgomery (Mr.)			\$1,000.0	
		6 Contributor address; City; State; Zip Code  Dallas, TX 75254			
8	Contributor's F	L Principal Occupation	9 Contributor's Job Title		
-	CEO	<u>-</u>	CEO		
10		employer/law firm	11 Law firm of contributor's sp	ouse (if a	anv)
	Ashford, Inc.		sp	. 5456 (11 6	··· <i>y</i> /

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		nmittee	Gift/Awards/Memo Legal Services	rials Expense		kpens /ages	se s/Contract Labor		Travel Out of Dis OTHER (enter a	
_		1_			n Guide explains	s now to co	mpie	ete this form.	-		
1	Total pages Schedule F1:	1							3	Filer ID	(Ethics Commission Filers)
	Sch: 1/19 Rpt: 5/23		Heygood-M	cCoy, Susan	B. (The Hono	orable)				00062519	
4	Date	5	Payee name								
	07/11/2024		54th Street	Restaurant							
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de				
	\$35.23		2201 State	Hwy 121							
			Euless, TX	76039							
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE			age Expense				_			plete Schedule T.
	EXI ENDITORE							_		, officeholder living	
								Meal to discu	ISS	omicenoider	issues
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	9	Office sou	ght			Office he	eld
	Date		Payee name								
	09/12/2024		Amazon								
	Amount (\$)	┢	Payee addres	ss; City;	State	e; Zip Co	de				
	\$25.96	ı	•	venue North		-, <u>-</u> ,					
	420.00		0 . 0, 7								
			Seattle, WA	98109							
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE			Fundraising I				<b>=</b>			plete Schedule T.
	EXI ENDITORE								, TX	, officeholder living	g expense
								Supplies			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	9	Office sou	ght			Office he	eld
	Date	Т	Payee name								
	09/13/2024	ı	Amazon								
	Amount (\$)	_	Payee addres	ss; City;	State	e; Zip Co	da				
	\$277.71	1		venue North	Sidit	., <u>L</u> ip C0	uC				
	ΦΔ11.11		TO LELLY A	venue NOILII							
			Seattle, WA	00100							
		-				ı					
	PURPOSE OF				at the top of this sci	hedule)	(b)	Description	a	ide of Tours O	mloto Cobodulo T
	EXPENDITURE		Solicitation/	Fundraising I	Expense					ide of Texas. Com , officeholder living	plete Schedule T.
								Supplies	, 17,	, omcendaer hving	у схрепас
								Cappiloo			
	Complete ONLY if direct	Щ	`andidate/Offi	ceholder name	<u> </u>	Office corr	ah+			Office he	2ld
	expenditure to benefit C/OI		ai iuiuale/OIII	centiuel name	-	Office sou	grit			Office He	ziu .
	•										

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/19 Rpt: 6/23	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	09/13/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.22	410 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Supplies
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/13/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.95	410 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantific to benefit G/OI	<u>'</u>
	Date	Payee name
	09/16/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.58	410 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies
_		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services S		ges/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
ᆫ		The Instruction Guide explains ho	w to com	piete tilis ioriii.		
1	Total pages Schedule F1: Sch: 3/19 Rpt: 7/23	2 FILER NAME Heygood-McCoy, Susan B. (The Honora	ıhle)	3	Filer ID 00062519	(Ethics Commission Filers)
ᆫ						
4	Date	Payee name				
l	09/16/2024	Amazon				
<u>ہ</u>	Amount (\$)	7 Payee address; City; State;	Zip Code			
ľ	\$23.58		Zip Couc	•		
l	Φ23.30	410 Terry Avenue North				
l						
		Seattle, WA 98109				
8	PURPOSE	(a) Category (c. C.)	10	Description		
ľ	OF	a) Category (See Categories listed at the top of this schedu	ule)	Check if travel outs	side of Texas, Com	nlete Schedule T
l	EXPENDITURE	Solicitation/Fundraising Expense		Check if Austin, TX		
l				Supplies		
				Сиррноо		
9	Complete ONLY if direct	Candidate/Officeholder name Offi	ice sough	nt	Office he	eld
	expenditure to benefit C/OI					
F	Date	Payee name				
	11/25/2024	Amazon				
L						
	Amount (\$)	Payee address; City; State;	Zip Code	9		
	\$37.95	410 Terry Avenue North				
		Seattle, WA 98109				
		·	1			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedu	ule) (I	Description		
	EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outs		
				Check if Austin, TX Supplies	t, officeriolder living	expense
				Supplies		
L						
	Complete ONLY if direct	Candidate/Officeholder name Offi	ice sough	nt	Office he	eld
	expenditure to benefit C/OI					
F	Date	Payee name				
	11/25/2024	Amazon				
	Amount (\$)	, ,,	Zip Code	Э		
	\$78.95	410 Terry Avenue North				
1						
		Seattle, WA 98109				
$\vdash$	DUDDOCT		1	-		
	PURPOSE OF	a) Category (See Categories listed at the top of this schedu	ule) (r	Description	ide of Tours Comm	alaka Oaka dula T
	EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outs		
				Check if Austin, TX	k, officenolaer living	expense
				Supplies		
L						
	Complete ONLY if direct	Candidate/Officeholder name Offi	ice sough	nt	Office he	eld
1	expenditure to benefit C/OI					
H						
l						

#### 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: 4/19 Rpt: 8/23	2 FILER NAME Heygood-McCoy, Susan B. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062519
4	Date 12/09/2024	5 Payee name Amazon
6	Amount (\$) \$248.45	7 Payee address; City; State; Zip Code 410 Terry Avenue North
8	PURPOSE OF EXPENDITURE	Seattle, WA 98109  (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/09/2024	Payee name Amazon
	Amount (\$) \$35.99	Payee address; City; State; Zip Code 410 Terry Avenue North
	PURPOSE OF EXPENDITURE	Seattle, WA 98109  (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/13/2024	Payee name Amazon
	Amount (\$) \$75.89	Payee address; City; State; Zip Code 410 Terry Avenue North
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/19 Rpt: 9/23	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	12/09/2024	Arlington Republican Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 14095
		Arlington, TX 76012
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event
		275.11
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	07/29/2024	Beachside Restaurant
H	Amount (\$)	Payee address; City; State; Zip Code
	\$176.73	14160 Palawan Way
	,	
		Marina del Ray, CA 90292
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal to discuss officeholder issues
		meat to disease emberrolaer isolaes
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/24/2024	Blue Mesa Grill
H	Amount (\$)	Payee address; City; State; Zip Code
	\$43.27	612 Carroll Street
		Fort Worth, TX 76107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal to discuss officeholder issues
		ivical to discuss officeriolider issues
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### 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	Committee Legal Service	Memorials Expense	-	nse es/Contract Labor	Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:		D (T)			3 Filer ID	(Ethics Commission Filers)
	Sch: 6/19 Rpt: 10/23	Heygood-McCoy, Su	san B. (The Honor	able)		00062519	
4	Date	Payee name	over Caill				
	12/31/2024	BottleCap Alley Iceho					
6	Amount (\$)	7 Payee address; Cit	y; State;	Zip Code			
	\$75.14	1469 SH 114					
		Grapevine, TX 76051	ı				
8	PURPOSE	(a) Category (See Categories		odulo) (b	) Description		
	OF	Food/Beverage Expe		suule)	Check if travel	outside of Texas. Com	
	EXPENDITURE	<b>5</b> P			_	, TX, officeholder living	
					Meal to discu	ss officeholder	ISSUES
9	Complete ONLY if direct	Candidate/Officeholder n	ame O	ffice sough	t	Office h	eld
9	expenditure to benefit C/O	Candidate/Officerolder II	unie O	mce sough		Onice III	Ciu
	Date	Payee name					
	08/29/2024	Brio Italian Grille					
	Amount (\$)	Payee address; Cit	y; State;	Zip Code	•		
	\$39.27   1431 Plaza Place						
		Southlake, TX 76092					
	PURPOSE OF	(a) Category (See Categories		edule) (b	Description  Check if travel	outside of Toyas Cam	nnlate Schedule T
	EXPENDITURE	Food/Beverage Expe	ense		<u> </u>	outside of Texas. Com , TX, officeholder living	
					Meal to discu	ıss officeholder	issues
L							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder n	ame O	ffice sough	t	Office h	eld
	Date	Payee name					
	09/26/2024	Brio Italian Grille					
	Amount (\$)	Payee address; Cit	y; State;	Zip Code	<u> </u>		
	\$47.47	1431 Plaza Place	,	•			
		Southlake, TX 76092					
	PURPOSE	(a) Category (See Categories	listed at the top of this sche	edule) (b	) Description		
	OF EXPENDITURE	Food/Beverage Expe	ense			outside of Texas. Com	
						, TX, officeholder living ISS officeholder	
	Complete ONLY if direct	Candidate/Officeholder n	ame O	ffice sough	t	Office h	eld
	expenditure to benefit C/OI						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/19 Rpt: 11/23	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	07/10/2024	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.79	3500 N. Beach Street
		Haltom City, TX 76111
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Judge's Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/30/2024	Colleyville Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	6605 Pleasant Run Rd.
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/15/2024	Del Frisco's Grille
	Amount (\$)	Payee address; City; State; Zip Code
	\$164.90	1200 E. Southlake Blvd.
		Southlake, TX 79092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal to discuss officeholder issues
		medite discuss effectioner issues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 8/19 Rpt: 12/23	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	09/23/2024	Don Artemio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$242.42	3268 W. 7th Street
		Fort Worth, TX 76107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal to discuss officeholder issues
_	2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	'	
	Date	Payee name
	09/18/2024	Gloria's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.71	5611 Colleyville Blvd.
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal to discuss officeholder issues
		Wedi to discuss officeriolder issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/21/2024	Gloria's Restaurant
		Payee address; City; State; Zip Code
	Amount (\$) \$75.79	5611 Colleyville Blvd.
	Ψ13.13	3011 Colleyville Bivu.
		Colleyville, TX 76034
	DUDD 005	To a second seco
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal to discuss officeholder issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/19 Rpt: 13/23	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	11/26/2024	Gloria's Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.88	5611 Colleyville Blvd.
		Colleyville, TX 76034
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal to discuss officeholder issues
		medite diecuse emechicus isoses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	the state of the s
_	Data	
	Date	Payee name
	12/03/2024	Gloria's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.93	5611 Colleyville Blvd.
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal to discuss officeholder issues
		iviedi to discuss officeriolaer issues
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	10/23/2024	Goode Time Productions
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	1811 Whitley Avenue
		Ste. 201
		Hollywood, CA 90078
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	n

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

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 com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/19 Rpt: 14/23	Heygood-McCoy, Susan B. (The Honorable)		00062519
4	Date	5 Payee name		•
	09/10/2024	L. Clifford Davis Association		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$156.40	P.O. Box 894		
		Fort Worth, TX 76102		
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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Event
_	Complete ONLY if direct	Condidate/Officeholder name Office acus	.b+	Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	mı	Office held
_				
	Date	Payee name		
	09/30/2024	Le Margot		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$95.16	3150 S. Hulen Street		
		Fort Worth, TX 76109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Meal to discuss officeholder issues
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O		,	
	Date	Payee name		
	09/05/2024	Lili's Bistro		
	Amount (\$)	Payee address; City; State; Zip Cod	ما	
	\$41.10	1310 W Magnolia Ave.	10	
	Ψ-1.10	1310 W Magnona / We.		
		Fort Worth, TX 76104		
	DUDD005			
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Meal to discuss officeholder issues
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
_				

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
ᆫ		The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 11/19 Rpt: 15/23	Heygood-McCoy, Susan B. (The Honorable) 00062519				
4	Date	5 Payee name				
	12/17/2024	Lilium Floral				
6	Amount (\$)	7 Payee address; City; State; Zip Code	_			
	\$200.00	4800 Colleyville Blvd.				
		Colleyville, TX 76034				
8	PURPOSE	1	_			
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Gift				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/OI	1				
F	Date	Payee name	=			
	07/11/2024	Lisa's Chicken and Seafood				
⊢	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$92.36	716 N Riverside Dr.				
		Fort Worth, TX 76111				
⊢	PURPOSE	I	_			
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Judge's Lunch				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1				
	Date	Payee name	_			
	09/09/2024	Luna Grill				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$19.91	5505 Colleyville Blvd.				
		Colleyville, TX 76034				
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_			
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Meal to discuss officeholder issues				
L						
ً	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
L	expenditure to benefit C/OI	1				

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

teimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 7	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/19 Rpt: 16/23	Heygood-McCoy, Susan B. (The Honorable) 00062519
4 [	Date	5 Payee name
	07/09/2024	Marshall's
6 <i>A</i>	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.30	327 Carroll Street
		Fort Worth, TX 76107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies
		Cappines
9 (	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
1	12/19/2024	Marshall's
F	Amount (\$)	Payee address; City; State; Zip Code
	\$143.82	327 Carroll Street
		Fort Worth, TX 76107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies
		Сирино
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	2-4-	
	Date	Payee name Michaella
	07/08/2024	Michael's
F	Amount (\$)	Payee address; City; State; Zip Code
	\$45.84	130 Lincoln Square
		Arlington, TX 76011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	mportantare to borront of or	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/19 Rpt: 17/23	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	09/16/2024	Mid Cities Women's Clinic
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	201 Westpark Way
		Euless, TX 76040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee
		Candidate/Officeholder/Political Committee
		2 shadon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
_	Data	
	Date	Payee name  Maying Southlake
	07/10/2024	Moxies Southlake
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.74	1472 Main Street
		Southlake, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal to discuss officeholder issues
		iviedi to discuss officeriolaer issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/18/2024	Net Media Consultants
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 12
		Tomball, TX 77377
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense
		Campaign Consulting
	Operation ONLY if allowed	Our distance (Office holder marries and Office holder
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 14/19 Rpt: 18/23	Heygood-McCoy, Susan B. (The Honorable) 00062519				
4	Date	5 Payee name				
	09/03/2024	Platinum Park				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$17.30	200 Taylor Street				
		Fort Worth, TX 76102				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Valet Parking				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Ol	1				
	Date	Payee name				
	11/20/2024	Prince Lebanese Grill				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$185.00 502 W. Randol Mill Rd.					
		Arlington, TX 76011				
	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				
		Event				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Ol					
	Date	Payee name				
	09/03/2024	Reata Restaurant				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$131.09	530 Throckmorton St.				
		Fort Worth, TX 76102				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Evnense  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Meal to discuss officeholder issues				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	exponential to belieff 0/01	·				

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<del>-</del>					
	Sch: 15/19 Rpt: 19/23	Heygood-McCoy, Susan B. (The Honorable)  00062519					
4	Date	5 Payee name					
	09/20/2024	Republican Women of Arlington					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	P.O. Box 14317					
		Arlington, TX 76094					
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.					
	LAPENDITORE	Check if Austin, TX, officeholder living expense					
		Event					
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	09/30/2024	Southern Recipes Grill					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$54.72	2715 N. Collins					
		Arlington, TX 76006					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense					
	_/	Check if Austin, TX, officeholder living expense  Meal to discuss officeholder issues					
		Weat to discuss officeriolider issues					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI						
	Data	Description					
	Date 07/24/2024	Payee name Stafford Judgan (Mr.)					
		Stafford, Judson (Mr.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$400.00	505 W. State Street					
		Garland, TX 75040					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Campaign Sign Storage							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/19 Rpt: 20/23 Heygood-McCoy, Susan B. (The Honorable) 00062519 4 Date Payee name 12/19/2024 **Tarrant County Bar Association** 6 Amount (\$) Payee address; City; State; Zip Code \$40.00 1315 Calhoun St. Fort Worth, TX 76102 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/13/2024 **Tarrant County Bar Foundation** Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1315 Calhoun St. Fort Worth, TX 76102 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/30/2024 Teatro Bistro Amount (\$) Payee address: City; State; Zip Code \$186.96 120 S. Main Street Grapevine, TX 76051 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal to discuss officeholder issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/19 Rpt: 21/23	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	10/31/2024	Texan's for Life
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	P.O. Box 177727
		Arlington, TX 75017
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Para and
	10/11/2024	Payee name Texas Association of District Judges
	Amount (\$) \$251.06	Payee address; City; State; Zip Code 201 Caroline
	\$251.00	
		10th Floor
		Houston, TX 77019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/31/2024	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$480.00	1210 San Antonio Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Donation
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/19 Rpt: 22/23	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	08/09/2024	UPS Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.46	4843 Colleyville Blvd.
		Ste. 251
		Colleyville, TX 76034
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Shipping
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	12/09/2024	USPS
H	Amount (\$)	Payee address; City; State; Zip Code
	\$146.00	777 Cannon Drive
	Ψ1-10.00	TH Gallion Blive
		Hurst, TX 76054
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Postage
		1 ootage
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/15/2024	Wildwood Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.78	2700 E. Southlake Blvd.
		Southlake, TX 76092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal to discuss officeholder issues
		iviedi to discuss officeriolder issues
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Cont C	sulting Expense ributions/ Donations Made By andidate/Officeholder/Politica it Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/V	xpense Vages/Contract Labor	Travel (	n District Out of District ! (enter a category not lis	ted above)
	pages Schedule F1:	2 FILER NAM	1E			3 Filer II	D (Ethics Con	nmission Filers)
Sch:	19/19 Rpt: 23/23	Heygood-l	McCoy, Susan B. (The	e Honorable)		0006	2519	
4 Date		5 Payee nam	е					
09/2	0/2024	Zafiros Me	exican Grill					
6 Amo	unt (\$)	7 Payee addr	ess; City;	State; Zip Co	ode			
	\$80.54	5204 Colle	eyville Blvd.					
		Collovatillo	, TX 76034					
0 5	UDDOCE				(1-)			
	URPOSE OF		See Categories listed at the top or cerage Expense	of this schedule)	(b) Description  Check if trave	el outside of Tex	as. Complete Schedule	т.
EXF	PENDITURE	F00u/beve	erage Expense				der living expense	
					Meal to disc	cuss officel	nolder issues	
9 Com expe	plete <u>ONLY</u> if direct nditure to benefit C/OI		fficeholder name	Office sou	ght	0	ffice held	