FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081818 54 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Sonya L. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Heath CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Hal D. NAME NICKNAME LAST **SUFFIX** Hale **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 784-7700 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Family District Court Judge District 310 Harris

Forms provided by Texas Ethics Commission

GO TO PAGE 2
www.ethics.state.tx.us

Version V4.1.0.5dd2ace2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 54

13 C / OH NAME	Heath, Sonya L. (Th	e Honorable)	14 Filer ID (I	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		II IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 30,824.63
EXPENDITURE TOTALS	· ·	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 17,439.73
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 28,330.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Sonya L. Heat	:h
		Signature of	Candidate or Officehold	der
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subsc	cribed before me, by the s	aid	, this the	day
of	, 20, to 0	ertify which, witness my hand and seal of office.		
Signature of offic	eer administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

					3 of 54
	ER NAM	(Eth	nics Commission Filers)		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	26,450.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,374.63
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	17,439.73
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 F TO FILER	RETURNED	\$	1,026.61

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/15 Rpt: 4/54
2	FILER NAME Heath, Sony	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/07/2025	5 Full name of contributor Alsandor, Cheryl6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$500.00
		Houston, TX 77004				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	The Alsando	employer/law firm or Law Firm		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if	f any)	I		
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/05/2025	Attorney Jalene Mack, F Contributor address; City;				\$100.00
	Cantuila staula I	Houston, TX 77288		Contributoulo Job Title		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/05/2025	Braun, Anjali Contributor address; City;	State; Zip Code			\$200.00
		Houston, TX 77098				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp		
	ADBraun La			The Litigation Group (M	lahe	endru, PC)
	If contributor is	s a child, law firm of parent(s) (il	fany)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	pages Schedule A(J)1 2/15 Rpt: 5/54	:
2	FILER NAME Heath, Sony	a L. (The Honorable)			3 Filer II 00081	C (Ethics Commission 1818	on Filers)
4	Date 06/04/2025	5 Full name of contributor Burgower, Wendy 6 Contributor address; City;	out-of-state PAC (ID#:)		nt of Contribution (\$)	\$250.00
		Houston, TX 77007					
8		Principal Occupation		9 Contributor's Job Title			
_	Attorney			Partner			
10	Schlanger S	employer/law firm ilver LLP		11 Law firm of contributor's sp	oouse (if an	у)	
12	If contributor is	s a child, law firm of parent(s) (if	f any)	•			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amoui	nt of Contribution (\$)	
	06/05/2025	C.Y. Lee Legal Group, F Contributor address; City;					\$500.00
		Houston, TX 77002		T			
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if an	у)	
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amoui	nt of Contribution (\$)	
	06/05/2025	Cerf, Lawrence Contributor address; City;	State; Zip Code				\$1,000.00
		Houston, TX 77008					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	oouse (if an	y)	
		Cerf Attorney at Law					
	If contributor is	s a child, law firm of parent(s) (if	fany)				

	MONET	ARY POLITICAL	. CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains h	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/15 Rpt: 6/54
2	FILER NAME	/a L. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00081818
_					
4	Date 06/05/2025	5 Full name of contributor Clinton E. Wells, Jr. LL	out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$500.00
	00/03/2023	6 Contributor address; City			
		Houston, TX 77006	, State, ZIp Code		
8	Contributor's	I Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
12	If contributor	is a child, law firm of parent(s)	(if any)		
H	Doto	Tull name of contributor			Amount of Contribution (A)
	Date 06/05/2025	Full name of contributor Cortes, Eduardo	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$250.00
	00/03/2023		· Ctata · Zia Cada		\$250.00
		Contributor address; City	; State; Zip Code		
		Houston, TX 77001			
		Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's s	spouse (if any)
	Law Office o	of Eddie Cortes			
	If contributor i	s a child, law firm of parent(s)	(if any)		
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/25/2025	Crump, Grace			\$500.00
		Contributor address; City	; State; Zip Code		··· <mark> </mark>
			,		
		Houston, TX 77008			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's s	spouse (if any)
	McKiernan (Harris County District A	
		s a child, law firm of parent(s)	(if anv)	<u> </u>	
		o a oa, iam o. paro(o) ((·· w.·))		
_					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	otal pages Schedule A(J)1: ch: 4/15 Rpt: 7/54	
2	FILER NAME Heath, Sony	a L. (The Honorable)			1	er ID (Ethics Commission 0081818	n Filers)
4	Date 06/04/2025	5 Full name of contributorDiggs & Sadler6 Contributor address; City;	out-of-state PAC (ID#:		7 Ar	nount of Contribution (\$)	\$1,000.00
		Houston, TX 77007					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	T Ar	mount of Contribution (\$)	
	06/05/2025	Gregory Law PLLC Contributor address; City;					\$1,500.00
		Houston, TX 77008					
	Contributor's I Attorney	Principal Occupation		Contributor's Job Title			
_		employer/law firm		Law firm of contributor's sp	oouse (if any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ar	mount of Contribution (\$)	
	06/29/2025	Harrison, Ronnie					\$500.00
		Contributor address; City; Houston, TX 77002	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)	
	Harrison Lav	v Office, P.C.		Harrison Law Office, P.	C.		
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/15 Rpt: 8/54
2	FILER NAME	ra L. (The Hanerahle)			3	Filer ID (Ethics Commission Filers)
4	Date 06/05/2025	5 Full name of contributor Hatamleh, Fayez 6 Contributor address; City;	out-of-state PAC (ID#:		7	O0081818 Amount of Contribution (\$) \$500.00
		Houston, TX 77546	, .			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Owner		
10	Contributor's (Fayez Law (employer/law firm Group		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)	<u> </u>		
		, , , , , , , , , , , , , , , , , , , ,	•			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/05/2025	Hinojosa, Monica				\$500.00
		Contributor address; City;	State; Zip Code		1	
		Houston, TX 77015				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hinojosa La	w Office, P.C.		No		
	If contributor i	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	06/05/2025	Hirsch, Patricia				\$250.00
		Contributor address; City;	State; Zip Code		1	
		Houston, TX 77027				
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Partner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Schlanger S	ilver		Yes		
	If contributor i	s a child, law firm of parent(s) (i	f any)	•		
					_	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/15 Rpt: 9/54
2	FILER NAME	a L. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/05/2025	Full name of contributor Holland, Christine Contributor address; City;	out-of-state PAC (ID#:		_	Amount of Contribution (\$) \$250.00
		Houston, TX 77008				
8		Principal Occupation		9 Contributor's Job Title		
	Nonprofit			CEO		
10		employer/law firm Houston Together		11 Law firm of contributor's sp The Holland Law Firm	oous	e (if any)
12		s a child, law firm of parent(s) (if	· any)	THE HOHAHU LAW FIITH		
12	. II COILLIBULOI I.	s a criliu, law litti or pareril(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/19/2025	Indelicato, Joseph Contributor address; City;	State; Zip Code			\$750.00
		Richmond, TX 77469				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
		licato, Jr., P.C.				
	If contributor is	s a child, law firm of parent(s) (if	fany)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/05/2025	Kelly L. Fritsch, P.C.				\$1,000.00
		Contributor address; City; Houston, TX 77007	State; Zip Code			
_	Contributor's F	Principal Occupation		Contributor's Job Title		
		o.par o ocapano				
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	I.		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/15 Rpt: 10/54
2	FILER NAME Heath, Sonv	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/05/2025	5 Full name of contributor Laura Dale & Associate6 Contributor address; City;			7	Amount of Contribution (\$) \$500.00
		Houston, TX 77056				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	06/05/2025	Longino, Tristan Contributor address; City;	<u> </u>			\$1,000.00
		Houston, TX 77057				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Longino Law			Texas Judiciary		
	If contributor is	s a child, law firm of parent(s) (i	f any)			
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/05/2025	Magnan Couture PLLC	_			\$300.00
		Contributor address; City; Houston, TX 77008	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 8/15 Rpt: 11/54
2	FILER NAME Heath, Sony	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/05/2025	5 Full name of contributor Monsen, Suzan6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1,000.00
		Montgomery, TX 77356				
8	Contributor's F	Principal Occupation		Contributor's Job Title CPA		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12		s a child, law firm of parent(s) (if	any)	NO		
	Date 06/04/2025	Full name of contributor Moon, Tammy Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$) \$250.00
	Contributor's F	Houston, TX 77024 Principal Occupation		Contributor's Job Title		
	Attorney	molpai Occupation		Partner		
	Schlanger S	employer/law firm ilver LLP s a child, law firm of parent(s) (if	any)	Law firm of contributor's sp	oou	se (if any)
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	06/05/2025	Myres and Associates, P Contributor address; City; S Houston, TX 77046	LLC			\$500.00
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 9/15 Rpt: 12/54
2	FILER NAME Heath, Sonv	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/05/2025	Full name of contributor O'Neil Wysocki Contributor address; City;	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77027				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date 06/05/2025	Full name of contributor Ogbeide, Daniel Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$500.00
	Contributor's F	Houston, TX 77074 Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's of Daniel Ogbe	employer/law firm eide Law		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/05/2025	Peavy, John Contributor address; City; Houston, TX 77288	State; Zip Code			\$1,000.00
-	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Attorney			Retired		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1: Sch: 10/15 Rpt: 13/54 2 FILER NAME	Filers) \$500.00
Heath, Sonya L. (The Honorable) 4 Date O6/06/2025	
4 Date 06/06/2025 Runge, Barbara 6 Contributor address; City; State; Zip Code Houston, TX 77005 8 Contributor's Principal Occupation Attorney 10 Contributor's employer/law firm Law Office of Barbara Runge 11 Law firm of contributor's spouse (if any)	\$500.00
06/06/2025 Runge, Barbara 6 Contributor address; City; State; Zip Code Houston, TX 77005 8 Contributor's Principal Occupation Attorney 9 Contributor's Job Title Attorney 10 Contributor's employer/law firm Law Office of Barbara Runge 11 Law firm of contributor's spouse (if any)	\$500.00
6 Contributor address; City; State; Zip Code Houston, TX 77005 8 Contributor's Principal Occupation Attorney 9 Contributor's Job Title Attorney 10 Contributor's employer/law firm Law Office of Barbara Runge 11 Law firm of contributor's spouse (if any)	\$500.00
Houston, TX 77005 8 Contributor's Principal Occupation Attorney 9 Contributor's Job Title Attorney 10 Contributor's employer/law firm Law Office of Barbara Runge 11 Law firm of contributor's spouse (if any)	
8 Contributor's Principal Occupation Attorney 9 Contributor's Job Title Attorney 10 Contributor's employer/law firm Law Office of Barbara Runge 11 Law firm of contributor's spouse (if any)	
Attorney Attorney 10 Contributor's employer/law firm Law Office of Barbara Runge Attorney 11 Law firm of contributor's spouse (if any)	
10 Contributor's employer/law firm Law Office of Barbara Runge 11 Law firm of contributor's spouse (if any)	
Law Office of Barbara Runge	
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
06/05/2025 Shapiro Golub, Stefani	\$250.00
Contributor address; City; State; Zip Code	
Houston, TX 77024	
Contributor's Principal Occupation Contributor's Job Title	
Attorney Partner	
Contributor's employer/law firm Law firm of contributor's spouse (if any)	
Schlanger Silver LLP Dow Bolub Remels & Gilbreath	
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
06/05/2025 Smith, Shelly	\$500.00
Contributor address; City; State; Zip Code	
Houston, TX 77098	
Contributor's Principal Occupation Contributor's Job Title	
Attorney Principal Attorney	
Contributor's employer/law firm Law firm of contributor's spouse (if any)	
The Davis Law Firm No	
If contributor is a child, law firm of parent(s) (if any)	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 11/15 Rpt: 14/54	
2	FILER NAME	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 05/15/2025	Full name of contributor St. Yves Brewer, Diane Contributor address; City;	7	Amount of Contribution (\$) \$250.00		
		Houston, TX 77006				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney					
10		employer/law firm Diane St Yves, PLLC		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	f any)	1.0		
	Date 06/09/2025	Full name of contributor Stalder, Barbara	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code					
_	Contributor's I	Friendswood, TX 77546 Principal Occupation		Contributor's Job Title		
	Attorney	Tilicipal Occupation		Attorney		
_		employer/law firm		Law firm of contributor's sp	יווח	se (if any)
	Richmond La	, ,		Retired	, ,	(i. di.ly)
	If contributor is	s a child, law firm of parent(s) (if	f any)	1		
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/17/2025	Stevens, John		,		\$250.00
	Contributor address; City; State; Zip Code				•	
		Houston, TX 77004				
		Principal Occupation		Contributor's Job Title		
	Engineer			Retired		
	Contributor's employer/law firm Law firm of contributor's s Retired					se (if any)
	If contributor is	s a child, law firm of parent(s) (if	<u>l</u>			

MONET	ARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A(J)1			
The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 12/15 Rpt: 15/54				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Heath, Sony	a L. (The Honorable)		00081818			
4 Date	5 Full name of contributor ut-of-state PAC (ID	#:)	7 Amount of Contribution (\$)			
06/05/2025	The Bayley Law Firm	\$2,500.00				
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77008					
8 Contributor's F	Principal Occupation					
10 Contributor's 6	employer/law firm	pouse (if any)				
12 If contributor is	s a child, law firm of parent(s) (if any)	1				
Date	Full name of contributor out-of-state PAC (ID	Amount of Contribution (\$)				
06/05/2025	The Herrington Law Firm, P.C.		\$500.00			
	Contributor address; City; State; Zip Code Houston, TX 77043					
Contributor's F	L Principal Occupation	Contributor's Job Title	<u> </u>			
Contributor's e	employer/law firm	Law firm of contributor's spouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)			
06/05/2025	The Kuehm Law Firm PLLC		\$1,000.00			
	Contributor address; City; State; Zip Code Houston, TX 77017					
Contributor's	Principal Occupation	Contributor's Job Title				
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)	•				

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 13/15 Rpt: 16/54
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Heath, Sonya	a L. (The Honorable)		00081818
4 Date 06/05/2025	5 Full name of contributor out-of-state PAC (ID#: The Stout Law Firm PLLC)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77008		
8 Contributor's P	Principal Occupation		
10 Contributor's e	employer/law firm	pouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/11/2025	Torres, Enrique		\$1,000.00
	Contributor address; City; State; Zip Code		•
	Houston, TX 77018		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Managing Attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
The Torres L	aw Group, PC	Law Office of Isaias D.	Torres
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/30/2025	Torres, Enrique		\$1,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77018		
	Principal Occupation	Contributor's Job Title	
Attorney		Managing Attorney	
	employer/law firm	Law firm of contributor's sp	
	aw Group, PC	Law Office of Isaias D.	Torres
If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 14/15 Rpt: 17/54			
2	FILER NAME Heath Sonv	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818		
4	Date 06/05/2025	5 Full name of contributor Valentine, Sara6 Contributor address; City;	7	Amount of Contribution (\$) \$250.00				
		Houston, TX 77024						
8		Principal Occupation		9 Contributor's Job Title				
_	Attorney			Partner				
10	Contributor's 6 Schlanger S	employer/law firm		11 Law firm of contributor's sp Munsch Hardt Kopf & H		e (If any)		
12		s a child, law firm of parent(s) (i	f any)	ινιατισετή πατάι κορί & π	iaii			
12	. Il continuator i	s a criliu, iaw iliiri or parerii(s) (i	i arry)					
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)		
	06/05/2025	Waddell, Lauren				\$500.00		
	Contributor address; City; State; Zip Code							
		Houston, TX 77098						
_	Contributor's I	Principal Occupation		Contributor's Job Title				
	Attorney	Throipar Occupation		Attorney				
		employer/law firm		Law firm of contributor's sp	ากแร	e (if any)		
	Waddell Lav			Zabel Freeman				
_		s a child, law firm of parent(s) (i	f any)					
	ii ooniinaator ii	o a orma, iam iim or parom(o) (i						
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)		
	06/05/2025	Yablon, Mark	_			\$50.00		
		Contributor address; City;	State; Zip Code		1			
		Houston, TX 77019						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Attorney			Managing Member				
	Contributor's employer/law firm Law firm of contributor's s					se (if any)		
	Yablon Law	PLLC	No					
	If contributor is	s a child, law firm of parent(s) (i						

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	action Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 15/15 Rpt: 18/54	
2	FILER NAME Heath, Sony	; /a L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4	Date 06/05/2025	 Full name of contributor		7 Amount of Contribution (\$) \$500.00
		Katy, TX 77494		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Legal Counsel & Senio	· VP
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
	CREDUS G	roup Co.	Legal Counsel and Sen	ior VP
12	If contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/05/2025	Zimmerman Family Law, PLLC		\$250.00
		Contributor address; City; State; Zip Code Webster, TX 77598		
	Contributor's	T Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor i	is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/54 FILER NAME 3 Filer ID (Ethics Commission Filers) Heath, Sonya L. (The Honorable) 00081818 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/05/2025 Wilson, Tim \$4,374.63 Paid for campaign kickoff 7 Contributor address; City; State; Zip Code at Tony's Hempstead, TX 77445 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) Private Investigator 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Tim D. Wilson Investigations 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 1/34 Rpt: 20/54	Heath, Sonya L. (The Honorable)		00081818
4	Date	5 Payee name		<u> </u>
	01/15/2025	Amazon.com		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
l	\$84.90	410 Terry Ave. N		
		Seattle, WA 98109		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Jury snacks
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	01/30/2025	Amazon.com		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$22.06	410 Terry Ave. N		
		Seattle, WA 98109		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Fast charging laptop cord		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				for new county laptop
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	04/16/2025	Amazon.com		
l	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$64.96	410 Terry Ave. N		
		Seattle, WA 98109		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
l				Jury snacks
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
	experiorale to belieff C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/34 Rpt: 21/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	04/23/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	410 Terry Ave. N
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		4 \$25 gift cards for staff on Administrative Assistant's
		Day
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/20/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.78	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Court supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Toner and coffee
		Total and conce
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Davida nama
	06/23/2025	Payee name Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.43	410 Terry Ave. N
		Seattle, WA 98109
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gift bag goodies for kids going to Election Poster
		Contest / Ice Cream Social
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 B Candidate/Officeholder/Politic 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	l 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:		
	Sch: 3/34 Rpt: 22/54	Heath, Sonya L. (The Honorable) 00081818	
4	Date	5 Payee name	
L	06/14/2025	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.14	410 Terry Ave. N	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Gift bag goodies for kids going to Election Poster	
L		Contest / Ice Cream Social	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiditure to benefit C/Or		
	Date	Payee name	
L	06/30/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.80	410 Terry Ave. N	
		Seattle, WA 98109	
	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.	
		Cift has goodies for kide going to Election Poster	
		Gift bag goodies for kids going to Election Poster Contest / Ice Cream Social	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
\vdash	Date	Payee name	=
	02/18/2025	Payee name American Leadership Forum	
		·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$103.62	1801 Main St.	
		Suite 910	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	Za Enditone	Candidate/Officeholder/Political Committee	
		Annual Fundraiser	
	Commission ONE V. C. F.	Constitute (Office helder name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	ĺ

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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 Salaries/Wages/Contract Labor

	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: 4/34 Rpt: 23/54	Heath, Sonya L. (The Honorable) 00081818						
4	Date	5 Payee name						
	01/27/2025	Area 5 Democrats						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$29.00	PO Box 608						
		Pasadena, TX 77501						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
ľ	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Fabulous Brunch Fundraiser on 3/8/25						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	- CAPONIARCHO LO DONORIO GAOL							
	Date	Payee name						
	03/08/2025	Area 5 Democrats						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$100.00	PO Box 608						
		Pasadena, TX 77501						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
		Candidate/Officeholder/Political Committee						
		Sponsor for annual brunen						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
-	Data	Para and a second						
	Date 05/22/2025	Payee name Area 5 Democrats						
	Amount (\$)	Payee address; City; State; Zip Code PO Box 608						
	\$100.00	PO BOX 608						
		Pasadena, TX 77501						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry						
	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						
		Sponsor of board games with blue voters						
	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

	Candidate/Officeholder/Politica Credit Card Payment			aries/Wa		contract Labor		OTHER (enter a	category not listed a	bove)
	Orean Sara Fayment		The Instruction Guide explains how	to con	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 5/34 Rpt: 24/54		Heath, Sonya L. (The Honorable)					00081818		
4	Date	5	Payee name							
	01/03/2025		Barnaby's Cafe							
6	Amount (\$)	7	Payee address; City; State; Zip	p Coc	le					
	\$49.68		L601 Binz St.	•						
			Ste. 110							
			Houston, TX 77004							
_	DUDD005	ļ.,	,	1.						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)) [(b) 	Description Check if travel of	outci	do of Toyas Com	plete Schedule T.	
	EXPENDITURE		Food/Beverage Expense			=		officeholder living		
						ഥ Goodbye lund	ch v	with Intern F	irdaos	
9	Complete ONLY if direct		andidate/Officeholder name Office	e soug	ht			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Ī	Payee name							
	02/21/2025		Barnaby's Cafe							
	Amount (\$)	┢	Payee address; City; State; Zip	n Coc	le.					
	\$53.51		301 Congress	p 000						
	400.02		Ste. 175							
		ļ.,	Houston, TX 77002							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)) [(b)	Description Charle if travel of	outoi	do of Toyas, Com	nloto Cobodulo T	
	EXPENDITURE		Food/Beverage Expense			-		officeholder living	plete Schedule T. expense	
						Lunch during				
						·				
	Complete ONLY if direct		andidate/Officeholder name Office	e soug	ht			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Ī	Payee name							
	04/11/2025		Black Walnut							
	Amount (\$)		Payee address; City; State; Zip	n Coc	le					
	\$47.46		5512 Memorial Dr.							
	¥									
			Houston, TX 77007							
	PURPOSE	(0)		1.	'h)	Description				
	OF	^(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense) [ν) I	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		-oou/beverage Expense					officeholder living		
						Breakfast for	2 iı	nterns (good	lbye)	
	Complete ONLY if direct		andidate/Officeholder name Office	e soug	ht			Office he	eld	
	expenditure to benefit C/OI	Н								

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTUPD (Cotton on the Cotton and Microscopies)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 6/34 Rpt: 25/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/24/2025	Brothers Taco Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.14	1604 Emancipation Ave
		Houston, TX 77003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Jan bday tacos for 245th and 310 staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/03/2025	CVS Photo
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.26	One CVS Dr.
		Woonsocket, RI 02895
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Judge photo for Area 5 Democrats
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/27/2025	Dreamstime LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.00	1616 Westgate Circle
		Brentwood, TN 37027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Stock photography for website
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft 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	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
<u> </u>		The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:		s)
	Sch: 7/34 Rpt: 26/54	Heath, Sonya L. (The Honorable) 00081818	
4	Date	5 Payee name	
	06/23/2025	Dreamstime LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$39.00	1616 Westgate Circle	
		Brentwood, TN 37027	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Stock photography for website	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	PH	
	Date	Payee name	
	05/01/2025	Dropbox Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$127.79	1800 Owens Street	
		San Francisco , CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Yearly charge for file storage in cloud	
		rearry charge for the storage in cloud	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash	Date	Payeo name	
	05/01/2025	Payee name Envato	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.23	moxcreative	
		Sleman DIY 48774 Indonesia	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Website stock photos	
_	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 -Candidate/Officeholder/Political Com

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

	Candidate/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: 8/34 Rpt: 27/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	04/23/2025	FTD Companies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.99	200 N. LaSalle St
		Ste. 2550
		Chicago, IL 60601
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Plant for funeral of court reporter's sister-in-law
		Figure 101 fulleral of court reporter 3 sister-in-law
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/24/2025	FedEx Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.57	801 Louisiana St.
		Suite 101
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense
		Print petitions to be on the ballot (40 copies)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/28/2025	FedEx Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.37	801 Louisiana St.
		Suite 101
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Petitions to be on the ballot
_	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 -Candidate/Officeholder/Political Co

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

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: 9/34 Rpt: 28/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	05/19/2025	FedEx Office
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.86	801 Louisiana St.
		Suite 101
		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		100 copies of petition in lieu of filing fee
		100 dopies of peaker in field of filling fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/25/2025	Flora
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.64	3422 Allen Pkwy
		Houston, TX 77019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with intern
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/16/2025	Girls' Empowerment Rotary Action Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	1213 W. Morehead Street
		5th Floor
		Charlotte, NC 28208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 10/34 Rpt: 29/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	04/14/2025	Gloria's Midtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$212.95	2616 Louisiana St.
		Suite 100
		Houston, TX 77006
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (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
		Intern Alyson and court staff for dinner for passing
		bar exam
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2025	Go Fund Me
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	855 Jefferson Ave.
	Ψ0.00	333 VCHC130117 WC.
		Redwood City, CA 94063
	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
		Tip amount for Kade Sorrell donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/17/2025	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.97	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Monthly charge for Facebook Meta Verified account
_	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 11/34 Rpt: 30/54	Heath, Sonya L. (The Honorable) 00081818							
4	Date	5 Payee name							
	01/12/2025	Greater Houston Frontiers Club							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$125.00	15814 Champion Forest Dr.							
		Spring, TX 77379							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense							
		Candidate/Officeholder/Political Committee							
		merconolation priogram							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·							
\vdash	Data	Para a same							
	Date	Payee name							
	06/24/2025	Griffin, Vanessa							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00 1742 Eastfield Dr.								
		Missouri City, TX 77459							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense							
		Check if Austin, TX, officeholder living expense Website design and development							
		website design and development							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	04/15/2025	Guejen, Ahava							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$100.00	2121 Bering Dr.							
		Houston, TX 77057							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Gift/Awards/Memorials Expense							
		Coodby o gift for intern							
		Goodbye gift for intern							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract The Instruction Guide explains how to complete this f	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 12/34 Rpt: 31/54	Heath, Sonya L. (The Honorable)	00081818
	•	Healii, Soriya L. (The Horiorable)	00081818
4	Date	Payee name	
	02/03/2025	Harris County Democratic Party	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3302 Canal St.	
		Houston, TX 77003	
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·	
ľ	OF	a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Descrip	DHOTI ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By	ck if Austin, TX, officeholder living expense
			ly sustaining member
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Data		
	Date	Payee name	
	03/03/2025	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3302 Canal St.	
		Houston, TX 77003	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Descri	otion
	OF EXPENDITURE	, , , , , , , , , , , , , , , , , , ,	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	k if Austin, TX, officeholder living expense
		Month	ly sustaining member
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	04/01/2025	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3302 Canal St.	
	Ψ1,000.00		
		Herreton TV 77000	
		Houston, TX 77003	
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	Continuations/Ponditions Wade By	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
			ly sustaining member
		World	.,
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Candidate/Officeriolder name Office Sought	Office field
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 13/34 Rpt: 32/54	Heath, Sonya L. (The Honorable) 00081818							
4	Date	5 Payee name							
	04/09/2025	Harris County Democratic Party							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$60.00	3302 Canal St.							
		Houston, TX 77003							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Name badges							
	LXI LINDITORE	Check if Austin, TX, officeholder living expense							
		name badges							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	Complete ONLY if direct expenditure to benefit C/OI								
	Date	Payee name							
	05/01/2025	Harris County Democratic Party							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	3302 Canal St.							
		Houston, TX 77003							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	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							
		Monthly sustaining member							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	06/02/2025	Harris County Democratic Party							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$103.45	3302 Canal St.							
		Houston, TX 77003							
	PURPOSE	<u> </u>							
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		CEC Sponsorship							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experientare to benefit 6/01	•							

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

	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: 14/34 Rpt: 33/54	Heath, Sonya L. (The Honorable)	00081818				
4	Date	5 Payee name					
	06/03/2025	Harris County Democratic Party					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1,000.00	3302 Canal St.					
		Houston, TX 77003					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.				
			n, TX, officeholder living expense				
		ivioriting sust	taining member				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
9	expenditure to benefit C/O		Office field				
_	Date						
	06/10/2025	Payee name Harris County Democratic Party					
		·					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$51.83	3302 Canal St.					
		Houston, TX 77003					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	/\dvcrtising Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
		,	name badges (2)				
			3 ()				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH						
	Date	Payee name					
	04/28/2025	Hermann Park Conservancy					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	1700 Hermann Dr.					
	, , , , , , , , , , , , , , , , , , , ,						
		Houston, TX 77004					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF		outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense				
		Reserve pav	rilion for Campaign poster event and ice				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held				
	——————————————————————————————————————						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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: 15/34 Rpt: 34/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	06/13/2025	Houston Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	PO Box 4346
		Dept. 192
		Houston, TX 77210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense 2 tickets to summer intern luncheon
		2 tickets to summer interm function
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/25/2025	Houston Black American Democrats PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.99	4806 Edfield St
		1666 Ediloid 61
		Houston, TX 77033
	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
		Seat w/other HC family judges at Gospel Brunch
		Sout mounds the name judged at Seeper 2. a.m.s.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/05/2025	Houston Black American Democrats PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	4806 Edfield St
		Houston, TX 77033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Yearly membership fee
		really membership ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

	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: 16/34 Rpt: 35/54	Heath, Sonya L. (The Honorable)	00081818
4	Date	5 Payee name	
	01/14/2025	Houston GLBT Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	P.O. Box 66664	
		Houston, TX 77266	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	ıvel outside of Texas. Complete Schedule T. ıstin, TX, officeholder living expense
			monthly membership fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/18/2025	Houston GLBT Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	P.O. Box 66664	
		Houston, TX 77266	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 1663	ıvel outside of Texas. Complete Schedule T. ıstin, TX, officeholder living expense
			ustaining member fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	03/17/2025	Houston GLBT Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	P.O. Box 66664	
		Houston, TX 77266	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	ivel outside of Texas. Complete Schedule T. istin, TX, officeholder living expense
		l	ustaining member fee
			-
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			dal Services	s Expense	Salaries/V		e /Contract Labor		OTHER (enter a	a category not listed above)	
	Credit Card Payment	T	ne Instruction G	uide explains	s how to co	mple	ete this form.					
1	Total pages Schedule F1:	2 FIL	2 FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 17/34 Rpt: 36/54	Нє	Heath, Sonya L. (The Honorable)							00081818		
4	Date	5 Pa	yee name									_
	04/11/2025		Houston GLBT Caucus									
6	Amount (\$)	7 Pa	yee address:	City;	State	e; Zip Co	de					_
	\$10.00	Ρ.	O. Box 666	64								
		Ho	ouston, TX	77266								
8	PURPOSE			Categories listed at	the ten of this es	shadula)	(b)	Description				_
	OF			Donations M		cnedule)	(~)	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			iceholder/Pol		mittee		Check if Austin	, TX,	officeholder livin	g expense	
								Monthly susta	aini	ng member	-	
9	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Office	holder name		Office sou	ght			Office h	eld	
	experiulture to beliefit C/Oi	'										
	Date	Pa	yee name									
	05/15/2025	Ho	ouston GLB	T Caucus								
	Amount (\$)	Pa	yee address	City;	State	e; Zip Co	de					
	\$10.00	Ρ.	O. Box 666	64								
		Ho	ouston, TX	77266								
	PURPOSE	(a) Ca	ategory (See	Categories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE			Donations M	,			=			nplete Schedule T.	
		Ca	andidate/Off	iceholder/Pol	itical Comi	mittee		ш	ustin, TX, officeholder living expense ustaining member			
								Wieriuny Sust	II	ng member		
	Complete ONLY if direct	L Can	ndidate/Office	holder name		Office sou	aht			Office h	eld	_
	expenditure to benefit C/OI						9					
_	Date	Da	ayee name									=
	06/16/2025		ouston GLB	T Caucus								
	Amount (\$)		yee address:		State	e; Zip Co	de					_
	\$10.00		O. Box 666	-	Sidi	c, Zip Co	uc					
	410.00		0. Box 000									
		Цr	ouston, TX	77266								
	DUDDOCE						(h)	Description				_
	PURPOSE OF			Categories listed at Donations Ma		chedule)	(D)	Description Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			iceholder/Pol		mittee				officeholder livin		
								Monthly susta	aini	ng member	•	
L												
	Complete ONLY if direct		ndidate/Office	holder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	1										

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

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: 18/34 Rpt: 37/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/17/2025	Houston Lawyers Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	P.O. Box 300009
		Houston, TX 77230
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Breakfast for 5 staff members
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	-
	Date	Payee name
	03/19/2025	Houston Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.00	P.O. Box 300009
		Houston, TX 77230
	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
		1 gala ticket
		g
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	05/29/2025	Human Age Digital LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2700 Post Oak Blvd
		21st floor
		Houston, TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Digital consulting retainer
	0 1: 0:11:4"	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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/Political Co Credit Card Payment			nmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 19/34 Rpt: 38/54		Heath, Sony	a L. (The Hono	rable)					00081818		
4	Date	5	Payee name									
	06/11/2025		Human Age	Digital LLC								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$500.00		2700 Post C	ak Blvd								
			21st floor									
			Houston, TX	(77056								
8	PURPOSE	(a)	Category (6)	e Categories listed at the	- 4 445 15	1 -1 - 1	(b)	Description				
	OF	(-,	Consulting I		e top of this sch	edule)	(~)	_ ·	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Corloaning i					Check if Austin,	TX,	officeholder living	g expense	
								Digital Consu	ltin	g Retainer		
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	05/02/2025		InterContine	ental Hotel San A	ntonio							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$514.70		111 E. Peca	ın St.								
			San Antonio									
	PURPOSE OF	(a)	Category (Se	e Categories listed at the	e top of this sch	edule)	(b)	Description				
	EXPENDITURE		Travel Out of	of District				=		de of Texas. Com officeholder living	plete Schedule T.	
								ш			aker for State Bar	
											daries in Child Custod	у
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OF	H										
	Date		Payee name									
	05/05/2025		InterContine	ental Hotel San A	ntonio							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$7.00		111 E. Peca	ın St.								
			San Antonio	o, TX 78205								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense							plete Schedule T.	
								Coffee while t		officeholder living		
								Conce wille	u y ii	ng to check	out of floter	
\vdash	Complete ONLY if direct	<u> </u>	`andidate/Offi	ceholder name		Office sou	aht			Office he	əld	
	expenditure to benefit C/O		Januiuale/OIII	Choidel Hallie		mice sou	grit			Office H	Jiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 20/34 Rpt: 39/54	Heath, Sonya L. (The Honorable)			00081818	
4	Date	5 Payee name				
	05/05/2025	InterContinental Hotel San Antonio				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$4.99	111 E. Pecan St.				
		San Antonio, TX 78205				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Travel Out of District	Check if travel			nplete Schedule T.
	EXI ENDITORE		_		officeholder living	
			valet lip durii	ıy (contenence	in San Antonio
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	eld.
	expenditure to benefit C/O				Office II	eiu
	Data					
	Date 02/10/2025	Payee name Leadership Houston, Inc.				
		' '				
	Amount (\$) \$94.60	Payee address; City; State; Zip Code 4306 Yoakum Blvd.				
	Ф94.00					
		Ste. 350				
		Houston, TX 77006				
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description		do of Toyon Com	anlata Cabadula T
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	ш		officeholder living	nplete Schedule T. g expense
		Canadate/Onecholach/ Onitical Committee	ш			43 (Ana Baskharone)
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	eld
	expenditure to benefit C/O	4				
	Date	Payee name				
	05/13/2025	LinkedIn				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$56.82	1000 W Maude Ave				
		Sunnyvale, CA 94085				
	PURPOSE	<u> </u>	Description			
	OF EXPENDITURE	Advertising Expense		outsi	de of Texas. Com	nplete Schedule T.
	EXPENDITORE		ш		officeholder living	
			One month of advertising (n			n Premium for
	Commission ONU V if allow	Condidate Office helder page				ماط
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H			Office h	eiu
	•					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

ordan dara i ayınısın	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 21/34 Rpt: 40/54	Heath, Sonya L. (The Honorable)		00081818	
4 Date	5 Payee name		•	
06/12/2025	LinkedIn			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$56.82	1000 W Maude Ave			
	Sunnyvale, CA 94085			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	l <u>—</u>	vel outside of Texas. Com	
		. —	stin, TX, officeholder living Business Monthly	
				oa. go
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> uaht	Office he	eld
expenditure to benefit C/O				
Date	Payee name			
02/11/2025	Mexican American Bar Association of Houstor	1		
Amount (\$)	Payee address; City; State; Zip Ci	ode		
\$75.00	PO Box 303			
	Houston, TX 77001			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees		vel outside of Texas. Com	plete Schedule T.
EXPENDITURE			stin, TX, officeholder living	expense
		Yearly mer	nbership fee	
0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 5 1 1 10 5 1 1 1	L	0.00	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ugnt	Office he	ela
	T			
Date	Payee name			
01/29/2025	Mexican Sugar			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$200.05	3505 W. Dallas St.			
	Houston, TX 77019			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ual autaida of Tayaa Cam	plata Cabadula T
EXPENDITURE	Food/Beverage Expense	 	vel outside of Texas. Com stin, TX, officeholder living	
				elin and both our court
		coordinato	rs.	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office he	eld
expenditure to benefit C/O	Н			

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 22/34 Rpt: 41/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/02/2025	Michael's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.82	3904 Bissonnet St.
		Houston, TX 77005
8	PURPOSE	(3)
٠	OF	(a) Category (See Categories listed at the top of this schedule) Frame (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		for article in 2024 about Judge Heath's personal
		journey
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/30/2025	Nothing Bundt Cakes
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	19250 W. Lake Houston Pkwy.
		Suite 1
		Humble, TX 77346
	PURPOSE	
	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
		Court Coordinator's bday cake
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiordine to berieff C/O	
	Date	Payee name
	04/14/2025	Nothing Bundt Cakes
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.00	19250 W. Lake Houston Pkwy.
		Suite 1
		Humble, TX 77346
	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
		Assistant Clerk's bday cake (Brenda Constance)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefft C/OI	'

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	Gift/Awards/Memorials Expense Printing E nmittee Legal Services Salaries/N		se s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
	Credit Card Payment	The Instruction Guide explains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission Filer	s)
	Sch: 23/34 Rpt: 42/54	Heath, Sonya L. (The Honorable)				00081818		
4	Date	Payee name						
	05/17/2025	Paws on Death Row						
6	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$207.25	288 Egg Harbor Rd						
		Ste. 9						
		Sewell, NJ 08080						
8	PURPOSE		(h)	Description				
o	OF	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(0)	Description Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee				officeholder living		
				501(c)(3) cha	rity	donation		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight			Office he	eld	
	experientare to benefit Grot							
	Date	Payee name						
	05/31/2025	PayPal						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$7.72	2211 North First Street						
		San Jose, CA 95131						
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Accounting/Banking				de of Texas. Com		
				—		officeholder living	g expense	
				Credit card p	UC	essing lee		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht			Office he	əld	
	expenditure to benefit C/OI	onice 300	igiit			Office fic	Siu	
	Date	Davies name						
	06/30/2025	Payee name PayPal						
			. al a					
	Amount (\$) \$330.66	Payee address; City; State; Zip Co 2211 North First Street	oue					
	Φ330.00	ZZII NOItii Fiist Stieet						
		Car 1 04 05404						
		San Jose, CA 95131						
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel	oute	do of Toyas Com	plete Schedule T.	
	EXPENDITURE	Accounting/Banking				officeholder living	•	
				Credit card p				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 24/34 Rpt: 43/54	2 FILER NAME Heath, Sonya L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081818
4	Date	5 Payee name
	05/21/2025	Ray Sunshine, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3120 Southwest Frwy
		Ste 101 #904116
		Houston, TX 77098
_	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		LIN 33-1347310
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	Robinett Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	50 Spring Lane
	φ250.00	50 Spring Lane
		Manvel, TX 77578
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Photography
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Shot video and took pics at UHD's president lecture
		series where I was presenting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	D :	
	Date	Payee name
	04/14/2025	Robinett Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	50 Spring Lane
		Manvel, TX 77578
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Deposit for 4 videos, logo design and event video
		recap
	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
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

e Travel In Dist e Travel Out of Contract Labor OTHER (ente

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 25/34 Rpt: 44/54	Heath, Sonya L. (The Honorable)	00081818
4	Date	5 Payee name	•
	04/18/2025	Rotary Club of Lake Houston Area	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 2676	
		Humble, TX 77347	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		do	pnation
Ļ	Complete ONLY if direct	Condidate (Office helder neuro	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	D :		
	Date	Payee name	
	01/21/2025	Sheraton Georgetown	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$320.85	1101 Woodlawn Ave.	
		Georgetown, TX 78268	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		│	otel during TCJ Family conference January 2025
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	-	
	Date	Payee name	
	01/21/2025	Sheraton Georgetown	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.50	1101 Woodlawn Ave.	
	Ψ1.00	1101 Woodiawii / Wo	
		Georgetown, TX 78268	
_	PURPOSE	-	a aviration
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Co	offee during conference call
	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 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

	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: 26/34 Rpt: 45/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/09/2025	Shipley Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.09	10525 N. Sam Houston Pkwy. E
		Ste. 100
		Humble, TX 77396
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 Donuts for staff meeting
		Donats for stall meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
F	Date	Payee name
	02/03/2025	Shipley Donuts
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$24.98	6655 Ardmore
		Humble, TX 77021
	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 Donuts for Friday coffee with the 245th/310th
		Bollate for Finding conce with the 24-stills soft
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/07/2025	Shipley Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.85	4701 Almeda Rd.
		Houston, TX 77004
	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.
l	_,, _,,,,,,	Check if Austin, TX, officeholder living expense
		Donuts for 310th staff and attys for Friday Coffee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 27/34 Rpt: 46/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	04/22/2025	Shipley Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.19	10525 N. Sam Houston Pkwy E.
		Suite 100
		Humble, TX 77396
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donuts for jury and 310th staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Date	Payee name
	01/23/2025	Sorrell, Kade
	Amount (\$)	
	\$100.00	20214 Charlisa Springs
		Katy, TX 77449
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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 made after wife passed away
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/25/2025	Taqueria Dona Maria
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.32	2601 Navigation Blvd.
		Houston, TX 77003
	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
		Summer intern luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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	
4 -	0 1 1 54	
	otal pages Schedule F1: Sch: 28/34 Rpt: 47/54	2 FILER NAME Heath, Sonya L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081818
	· .	
4 D	ate	5 Payee name
0	5/07/2025	Texas A&M Foundation
6 A	mount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	401 George Bush Dr.
		College Station, TX 77840
	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
ı	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Gandidate/Officeholder living expense Bill Haglund Scholarship
		Biii Hagiana Scholaisinp
	complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	xperialitate to beliefit 6/01	'
D	ate	Payee name
0	1/07/2025	Texas Center for the Judiciary
Α	mount (\$)	Payee address; City; State; Zip Code
	\$35.00	1210 San Antonio St.
		Suite 800
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
1	EXPENDITURE	DV CLE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Insights and Strategies for Change
		moigno and ondregos for ondinge
	complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	xpenditure to benefit C/OI	
	ate	Payee name
0	1/15/2025	Texas Center for the Judiciary
A	mount (\$)	Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio St.
		Suite 800
		Austin, TX 78701
	PURPOSE	
	OF	
1	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		2025 Regional A Conference Region 11 registration
		fee
C	complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	xpenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			nmittee	Legal Services	·		ages	/Contract Labor		OTHER (enter	a category not listed above)
		_		The Instruction G	uide explains no	ow to cor	mpie	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 29/34 Rpt: 48/54		Heath, Sony	a L. (The Hon	orable)					00081818	
4	Date	5	Payee name								
	02/14/2025		Texas Cente	er for the Judici	ary						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$75.00		1210 San Ai	ntonio St.							
			Suite 800								
			Austin, TX 7	8701							
8	PURPOSE	├				1	(h)	Description			
ľ	OF			e Categories listed at	the top of this sched	dule)	(D)		outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		Event Exper	126				=		officeholder livin	
								Coordinator (anr	านal training	g)
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	neld
	expenditure to benefit C/OI	H									
	Date		Payee name								
	06/04/2025		Texas Cente	er for the Judici	ary						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$350.00		1210 San Ai	ntonio St.							
			Suite 800								
			Austin, TX 7	8701							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description			
	OF EXPENDITURE		Event Exper					=			mplete Schedule T.
	LA LIBITORE							—		officeholder livin	
								Registration to Conference	ee	tor 2025 Ai	nnual Judicial Education
	Opening the ONLY if allowed	L			0.5					O#: I-	-14
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Of	fice sou	gnt			Office h	iela
_		_									
	Date	ı	Payee name								
	01/27/2025		Texas Demo	ocratic Women	of the Harris	County	/ IVIE	etro Area			
	Amount (\$)	ı	Payee addres		State;	Zip Co	de				
	\$20.00		10606 Kirkw	ren Dr.							
			Houston, TX	77089							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description			
	OF EXPENDITURE		Fees								mplete Schedule T.
								_		officeholder livin	ng expense
								Yearly memb	ers	nib iee	
_	Complete ONLY if allowed	بــــــــــــــــــــــــــــــــــــــ	Condidate /Off	acholder record		fine a -	ah.			O#:!	vold
	Complete ONLY if direct expenditure to benefit C/OI		zanuidatė/Offic	ceholder name	Of	fice sou	ynt			Office h	leiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica			Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter	istrict a category not listed abo	ve)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 30/34 Rpt: 49/54		Heath, Sony	a L. (The Hor	orable)					00081818		
4	Date	5	Payee name									
	01/30/2025		Texas Demo	ocratic Women	l							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$100.00		P.O. Box 30	1411								
			Austin, TX 7	8703								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		ioddio)			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE		Candidate/C	officeholder/Po	litical Comn	nittee		_		officeholder livir		
								support to sta	ate	convention	Feb. 7-9, 2025	
_						- "						
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	(Office sou	gnt			Office h	iela	
		_										
	Date		Payee name									
	05/22/2025		Texas Gulf (Coast Area Lal	oor Federati	on						
	Amount (\$)	ı	Payee addres	•	State	; Zip Co	de					
	\$500.00		2506 Suther	land St								
			Houston, TX	77023								
	PURPOSE OF			e Categories listed at		nedule)	(b)	Description				
	EXPENDITURE			s/Donations M Officeholder/Po	,	nittoo		=		de of Texas. Cor officeholder livir	nplete Schedule T.	
			Carididate/C	/iliceriolaei/Fo	illicai Comin	iillee		ш			ards Celebration	
								sponsorship				
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/11/2025		The Children	n's Assessmer	it Center Fo	undation						
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$75.00		2500 Bolsov	er St								
			Houston, TX	77005								
	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		ioddio)			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE		Candidate/C	officeholder/Po	litical Comn	nittee		ш	, TX,	officeholder livir	ig expense	
								Spring gala				
	Commission ONU Wife allows	Ļ	Dandidet - 100			Office	au le 4			Office 1	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eriolaer name	(Office sou	gnt			Office h	ieid	
	· · · · · · · · · · · · · · · · · · ·											

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter	istrict a category not listed above)	
				The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 31/34 Rpt: 50/54		Heath, Sony	a L. (The Hon	orable)					00081818		
4	Date	5	Payee name									
	01/27/2025		The Party H	ens, Inc.								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$300.00		2511 Tanne	hill Dr.								
			Houston, TX	77008								
8	PURPOSE	(a)		e Categories listed at t	the ten of this select	dula)	(b)	Description				
	OF	(",		s/Donations Ma		auie)	(~)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			Officeholder/Pol		ttee		Check if Austin,	, TX,	officeholder livir	g expense	
								Annual donat	tion	for the HL	SR	
9	Complete ONLY if direct		Candidate/Offic	eholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/23/2025		United Airlin	es								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$382.96		233 S. Wack	ker Dr.								
			Chicago, IL	60606								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Travel Out o					Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
	LAFENDITORE							ш		officeholder livin		
								Conference in	n A	rlington, Vii	ginia (to be reimbu	ırsed)
	Operation ONLY if allowed	L,			0.5	·c:				O#: I-	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	Of	fice sou	gnt			Office h	ieia	
	·	_										
	Date		Payee name									
	05/27/2025		Vimeo									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$153.50		330 W. 34th	St								
			10th FI									
			New York, N	IY 10001								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Advertising I	Expense							mplete Schedule T.	
								Check if Austin, Place to store		officeholder livir		
								Place to Store	÷ VI	ueus ioi we	bolle	
	Complete ONLY if direct	Ц	Candidate/Offic	saholdar namo	Of	fice sou	aht			Office h	neld.	
	Complete ONLY if direct expenditure to benefit C/OI		zariuiuale/UIII(enoluel Hallle	OI	nce sou	yııı			Office f	iciu	

SCHEDULE F1

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 32/34 Rpt: 51/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	06/18/2025	Westin Galleria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.55	5060 W. Alabama St.
		Houston, TX 77056
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fraud Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fraud (to be reimbursed by bank in July 2025)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/6	'
	Date	Payee name
	04/25/2025	Westin Irving Convention Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$398.00	400 West Colinas Blvd.
		Irving, TX 75039
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel during TCJ conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	D-t-	
	Date	Payee name
	02/03/2025	Wix.com LTD
	Amount (\$)	Payee address; City; State; Zip Code
	\$376.71	P.O. Box 40190
		San Francisco, CA 94140
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website (yearly fee)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

l	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: 33/34 Rpt: 52/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
l	02/18/2025	Wix.com LTD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.03	P.O. Box 40190
l		San Francisco, CA 94140
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Fees Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Monthly email service fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/61	•
l	Date	Payee name
l	04/17/2025	Wix.com LTD
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$9.09	P.O. Box 40190
l		
l		San Francisco, CA 94140
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Business Email Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense
l		monthly charge
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	
⊨	D-4-	
l	Date 05/19/2025	Payee name Wix.com LTD
L		
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$9.09	Yunitsman 5
l		
		Tel Aviv Israel
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Email Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Campaign monthly email charge
\vdash	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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/34 Rpt: 53/54	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	06/17/2025	Wix.com LTD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.09	Yunitsman 5
		Tel Aviv Israel
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Email Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense monthly charge
		monthly charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Davisa nama
	01/17/2025	Payee name Wix.com
	Amount (\$) \$7.03	Payee address; City; State; Zip Code P.O. Box 40190
	Ψ1.03	F.O. Box 40190
		San Francisco CA 04140
		San Francisco, CA 94140
	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	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Monthly business email
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/17/2025	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.09	P.O. Box 40190
		San Francisco, CA 94140
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Email Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Monthly email fee
		Worlding email ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

SCHEDULE K

_								
	The Instru	ctio	on Guide explains how to complete this form.	1		pages Schedule K: 1/1 Rpt: 54/54		
2	FILER NAME			3	Filer	ID (Ethics Commission Filers)		
	Heath, Sony	1818						
4	Date		Name of person from whom amount is received	<u> </u>		8 Amount (\$)		
	05/20/2025	ľ	Eleventh Administrative Judicial Region of Texas				\$75.00	
	03/20/2023	ļ. <u>.</u>					Ψ13.00	
		6	Address of person from whom amount is received; City; State; Zip Code					
		L	Houston, TX 77002					
		7		olitio	cal co	ntribution returned to filer		
			Regional A Conference April 2025 registration fee					
F	Date	Ħ	Name of person from whom amount is received			Amount (\$)		
	05/28/2025		State Bar of Texas				225.26	
		ļ						
			Address of person from whom amount is received; City; State; Zip Code					
			Austin TV 70701 0000					
		L	Austin, TX 78701-0000					
			-	olitio	cal co	ntribution returned to filer		
			Speaker reimbursement for 4/30/25					
	Date		Name of person from whom amount is received			Amount (\$)		
	02/05/2025		Texas Center for the Judiciary			\$	328.35	
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			Than soo of porcon month amount to rosonout 1 only 1 only 1 only 1 only					
			Austin, TX 78701					
		H		olitio	ral co			
			Reimbursement from Jan 2025 during TCJ Family conference	Ontic	Jui CO	numbulion returned to mer		
⊨		H				T		
	Date		Name of person from whom amount is received			Amount (\$)		
	05/02/2025	<u> </u>	Texas Center for the Judiciary]	398.00	
			Address of person from whom amount is received; City; State; Zip Code					
			Austin, TX 78701					
			Purpose for which amount is received	olitio	cal co	ntribution returned to filer		
			Regional A Conference April 2025					
Г		_						
l								