CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	•	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00081818		33			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Sonya L.			02/21/2025	
		NICKNAME	LAST		SUFFIX	1	
			Heath			Date Hand-delivered or [Dato Boetmarkod
4	ORIGINAL	X January 15	Runoff	Other (s	pecify)	Date Hariu-delivered of t	Date Postiliarkeu
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp	paign treasurer			
			appointment (office	• • •		Date Processed	
		8th day before election	Final Report (Attacl				
5	ORIGINAL PERIOD COVERED	Month Day Yea		Month Day	Year	Date Imaged	
	COVERED	07/01/2024	THROUGH	12/31/2024			
6	EXPLANATION OF C	CORRECTION					
	9	she found check she neve					
7	AFFIDAVIT		and	ear, or affirm, under po correct. ck the box next to any			report is true
			X	Semiannual reports was made in good fa misrepresent the info	aith and without	an intent to mislead	
			X	Other reports: I see report not later than that the report as or is swear, or affirm, that filed was made in go	the 14th busines ginally filed is in any error or om	ss day after the date accurate or incomple	l learned ete. l
			<u></u>	The I	Honorable Sor	nya L. Heath	
	4FF()/1/5-1-1/			Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworp to and auto-	rihad hafara ma butha ==:	d		+bio +b	20	dov
	of	ribed before me, by the sai , 20, to cer	tify which witness my	hand and seal of office	, tilis tr	IC	day
	Signature of office	er administering oath	Printed name of of	fficer administering oa	th T	Title of officer admini	stering oath
				·		·	·

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 33 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Sonya L. NAME Date Received **ELECTRONICALLY FILED** 02/21/2025 NICKNAME LAST **SUFFIX** Heath CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 811 MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77001 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Hal D. NAME NICKNAME LAST **SUFFIX** Hale **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 1800 Saint James Place **ADDRESS** Suite 105 (Residence or Business) Houston, TX 77056 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 784-7700 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/03/2026 χ General Special

GO TO PAGE 2

12 OFFICE SOUGHT (if known)

Family District Court Judge District 310

11 OFFICE

OFFICE HELD (if any)

Family District Court Judge District 310 Harris

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 33

13 C / OH NAME	Heath, Sonya L. (The	e Honorable)	14 Filer ID 00081818	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	ROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholder.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAM	ИE				
		COMMITTEE CAMPAIGN TREASURER ADD	DRESS				
 16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER 1	 THAN PLEDGES, LOANS,				
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE	ELECTRONICALLY)	\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 0.00			
EXPENDITURE TOTALS	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	ZED POLITICAL EXPENDITURES	57 (140)	\$ 0.00			
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 16,478.61			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TI RIOD	HE LAST DAY OF THE	\$ 20,744.82			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT			enalty of perjury, that the ac les all information required de.				
		The H	lonorable Sonya L. Hea	ath			
		Signatu	re of Candidate or Officeho	older			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
		aid		day			
of	, 20, to ce	rtify which, witness my hand and seal of office					
Signature of office	cer administering oath	Printed name of officer administering oat	h Title of office	er administering oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	4 of 33
l -	ER NAMeath, So	19 Filer ID 00081818	(Ethics Commission Filers)	
	ME OF		SUBTOTAL AMOUNT	
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 16,478.61
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 3,501.18

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District 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: 1/26 Rpt: 5/33	Heath, Sonya L. (The Honorable)	00081818					
4	Date	5 Payee name						
	11/22/2024	A Plus Print Studio						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$106.45	9419 Echo Peaks						
	!							
		Humble, TX 77396						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript						
	EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense					
	!	I — I —	for staff during National Adoption Day					
	!		. ,					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O							
F	Date	Payee name						
	09/11/2024	Aden Hassan Hassan						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$52.00	32335 19th Ct SW						
	!							
		Federal Way, WA 98023						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript						
	EXPENDITURE	Haver in District	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense					
	!	,	om airport to hotel while attending IAFL in					
	!	Seattle						
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OF	4						
	Date	Payee name						
	10/08/2024	Ahart, Traci						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$234.00	1602 Hill Country Dr.						
	!							
	!	Cedar Pak, TX 78613						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	tion					
	OF EXPENDITURE	Contributions/Donations Made By	k if travel outside of Texas. Complete Schedule T.					
			k if Austin, TX, officeholder living expense 't in Traci's battle against lymphoma					
	!	Зирроп	t III Traci s battle against tymphoma					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O		Office field					
-								

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: 2/26 Rpt: 6/33	Heath, Sonya L. (The Honorable) 00081818							
4	Date	5 Payee name							
	08/05/2024	Amazon.com							
6	Amount (\$) \$237.21	7 Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Adoption toys							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	12/10/2024	Amazon.com							
	Amount (\$) \$58.32	Payee address; City; State; Zip Code 410 Terry Ave. N							
		Seattle, WA 98109							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Holiday cards							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	12/10/2024	Amazon.com							
	Amount (\$) \$6.48	Payee address; City; State; Zip Code 410 Terry Ave. N							
		Seattle, WA 98109							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Holiday cards							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							

SCHEDULE F1

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

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

Fees
Fees
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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: 3/26 Rpt: 7/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	12/10/2024	Amazon.com
6	Amount (\$) \$6.74	7 Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Metallic gel pens
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2024	Amazon.com
	Amount (\$) \$30.23	Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Supplies (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Return address self-inking stamp
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/23/2024	Amazon.com
	Amount (\$) \$650.00	Payee address; City; State; Zip Code 410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff holiday gifts
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributing 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: 4/26 Rpt: 8/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	10/30/2024	American Leadership Forum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.63	1801 Main St.
		Suite 910
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2024	Archdiocese of Galveston Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	905 Main St.
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner after Red Mass
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Daysa nama
	12/09/2024	Payee name Area 5 Democrats
	Amount (\$) \$50.00	Payee address; City; State; Zip Code
	\$50.00	3800 Spencer Hwy.
		Suite L
		Pasadena, TX 77504
	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
		and all and a model party
-	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
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/26 Rpt: 9/33	Heath, Sonya L. (The Honorable)	00081818
4 Date	5 Payee name	-
11/22/2024	Arne's	
6 Amount (\$) \$16.54	7 Payee address; City; State; Zip Cod 2830 Hicks St.	е
	Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for National Adoption Day party
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
08/28/2024	Association of Women Attorneys	
Amount (\$) \$35.00	Payee address; City; State; Zip Cod 2450 Louisiana St. Suite 400-301 Houston, TX 77006	9
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Yearly membership
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht Office held
Date 07/05/2024	Payee name BRR Inn of Court	
Amount (\$) \$684.50	Payee address; City; State; Zip Cod 225 Reinekers Lane Suite 770 Alexandria, VA 22314	8
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual dues
Complete ONLY if direct expenditure to benefit C/OI	L Candidate/Officeholder name Office soug H	ht Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Officeholds/ (Political Committee)

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/26 Rpt: 10/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	12/10/2024	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$552.05	10780 Kempwood Dr
		Houston, TX 77043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Color printer
		Color printer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	12/20/2024	Cleburne Cafeteria
	Amount (\$)	Payee address; City; State; Zip Code
	\$256.64	3606 Bissonnet St.
		Houston, TX 77005
	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
		Staff holiday luncheon
		Gian Honday landridgin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	12/05/2024	DirecTV for Business
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.36	2260 E. Imperial Hwy.
		El Segundo, CA 90245
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Cable TV Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		for jury room
_	Operation ONE VIII II	Ora didata (Office hadden granne
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal as a second of Education Education		
1	Total pages Schedule F1: Sch: 7/26 Rpt: 11/33	2 FILER NAME Heath, Sonya L. (The Honorable) 3 Filer ID (Ethics Commission Filers 00081818)
4	Date	5 Payee name	
	09/15/2024	Fairmont Olympic Hotel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,679.01	411 University St.	
		Seattle, WA 98101	
8	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.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Hotel during International Academy of Family	
		Lawyers conference	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	_
	10/30/2024	Fannin Flowers	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.54	4803 Fannin St.	
	φ39.54	4003 Faiiiiii St.	
		Houston, TX 77004	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Plant for Judge Lancelin's aunt passing	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiantare to benefit Groi		
	Date	Payee name	
	11/13/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.75	6055 South Frwy.	
		Houston, TX 77004	
	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	
		Supplies for family judges' meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	п 	

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 Committ

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

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

				egal Services					ove)			
				Instruction Gui	de explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2 FILE	ER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 8/26 Rpt: 12/33	Hea	ath, Sonya L.	(The Honor	rable)					00081818		
4	Date	5 Pay	ee name									
	09/08/2024		uston Bar As	sociation								
6	Amount (\$)	7 Pay	ee address;	City;	State; Zij	Code	e					
	\$260.00	111	.1 Bagby									
		FLE	3 200									
		Hou	uston, TX 770	002								
8	PURPOSE					T _{(t}	n)	 Description				
ľ	OF		ent Expense	egories listed at the	e top of this schedule)	' '	- ,		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE	LVC	ли шхрепас					_		officeholder livin		
								75th Annual I	Har	vest Celebi	ation ticket	
9	Complete ONLY if direct		idate/Officeho	der name	Office	sough	nt			Office h	eld	
	expenditure to benefit C/OI	1										
	Date	Pay	ee name									
	07/14/2024	Ηοι	uston GLBT (Caucus								
	Amount (\$)	Pay	ee address;	City;	State; Zij	Code	е					
	\$10.00	P.C	. Box 66664									
		Ηοι	uston, TX 772	266								
	PURPOSE	(a) Cate	egory (See Cate	egories listed at the	e top of this schedule)	(k	b)	Description				
OF EXPENDITURE		Fee						-			nplete Schedule T.	
EXI ENDITORE								—		officeholder livin		
								Monthly susta	allli	ng member	SHIP	
_	Complete ONLY if direct	Cand	idate/Officeho	der name	Office	sough	nt.			Office h	eld.	
	expenditure to benefit C/OI		idate/Officerio	aci name	Office	, sougi				Office fi	Ciu	
	Data	D										
	Date 08/15/2024	_	ee name uston GLBT (Contonic								
	Amount (\$)	,	ee address;	City;	State; Zi	Code	е					
	\$10.00	P.C). Box 66664									
		Hot	uston, TX 772	266								
	PURPOSE OF				top of this schedule)	(k	b)	Description		df.T O	andata Cabadula T	
	EXPENDITURE		ntributions/Do		de By ical Committee			—		officeholder livin	nplete Schedule T.	
		Cai	iuiuate/Onice	enoluei/F oliti	cai Committee	´		Monthly mem			g oxponed	
								, ,		•		
\vdash	Complete ONLY if direct	Cand	idate/Officeho	der name	Office	sough	nt			Office h	eld	
	expenditure to benefit C/OI			-		- 3-						
1												

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 9/26 Rpt: 13/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	09/14/2024	Houston GLBT Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
		Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFENDITURE	Candidate/Officeholder/Political Committee
		Monthly sustaining member
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiorarie to benefit C/Of	
	Date	Payee name
	10/15/2024	Houston GLBT Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		monthly membership
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·
\vdash	Data	Davida marra
	Date	Payee name
	11/15/2024	Houston GLBT Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
L		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Monthly sustaining membership dues
	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 Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 10/26 Rpt: 14/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	12/16/2024	Houston GLBT Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
		Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Monthly sustaining member
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/01/2024	Houston Public Library Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	550 McKinney St
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/27/2024	IAspire Youth Program
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 21251
		Houston, TX 77226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Toy & Coat Drive
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialities to beliefft C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 11/26 Rpt: 15/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	10/21/2024	Imagine A Way
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.63	PO Box 1027
		Leander, TX 78646
8	PURPOSE 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
		contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	International Academy of Family Lawyers
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	81 Main Street
		Suite 405
		White Plains, NY 10601
	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 dues
		roany membership dues
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	11/13/2024	Its Just Like Art, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	9033 Cullen Blvd
		Houston, TX 77051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal during family judges' board meeting while 310th
		was presiding for Nov. 2024
	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 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		Legal Services			se s/Contract Labor		OTHER (enter a	a category not listed above)
	Credit Card Payment		The Instruction G	uide explains how to co	omple	ete this form.			
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/26 Rpt: 16/33	Heath	n, Sonya L. (The Hon	orable)				00081818	
4	Date	5 Payee	name						
	11/21/2024		st Like Art, LLC						
6	Amount (\$)	7 Payee	address; City;	State; Zip Co	ode				
	\$143.75	l '	Cullen Blvd						
		Hous	ton, TX 77051						
8	PURPOSE				(h)	Description			
°	OF		Ory (See Categories listed at t	the top of this schedule)	(D)	Description Check if travel of	outsi	de of Texas Con	nplete Schedule T.
	EXPENDITURE	F000	/Beverage Expense					officeholder livin	
						Food during N	Nat	ional Adopt	ion Day
9	Complete ONLY if direct		ate/Officeholder name	Office sou	ught			Office h	eld
	expenditure to benefit C/OI	4							
	Date	Payee	e name						
	09/06/2024	JW N	larriott San Antonio						
	Amount (\$)	Payee	address; City;	State; Zip Co	ode				
	\$709.50	2380	8 Resort Pkwy.						
		San A	Antonio, TX 78261						
	PURPOSE OF	(a) Categ	Ory (See Categories listed at t	the top of this schedule)	(b)	Description			
	EXPENDITURE	Trave	el In District					de of Texas. Con officeholder livin	nplete Schedule T.
						ш			Admin Judicial Region
						Annual Conf		iding Truit	tariiir dadiolar region
	Complete ONLY if direct	<u> </u> Candid	ate/Officeholder name	Office sou	l Jaht			Office h	eld
	expenditure to benefit C/OI				3				
_	Date	Payor	e name						
	07/05/2024	Kroge							
	Amount (\$)		e address; City;	State; Zip Co	ahe				
	\$27.99	1505	•	State, Zip Ct	Jue				
	Ψ21.33	1505	VVIIC						
		Hous	ton, TX 77055						
	PURPOSE	(a) Cated	Ory (See Categories listed at t	the ton of this schedule)	(b)	Description			
	OF		/Beverage Expense	ine top of this somedate)	<u> </u> `´		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE					ш	, TX,	officeholder livin	g expense
						Jury coffee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate/Officeholder name	Office sou	ught			Office h	eld
	experientare to benefit G/OI								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/26 Rpt: 17/33 Heath, Sonya L. (The Honorable) 00081818 4 Date Payee name 10/07/2024 Lillian Alexander for Judge 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 PO Box 56386 Houston, TX 77256 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2024 Mancuso Harley-Davidson Central Amount (\$) Payee address; City; State; Zip Code \$87.67 535 North Loop Houston, TX 77018 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Holiday gift for bailiff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/28/2024 Nancy Owens Breast Cancer Foundation State; Zip Code Amount (\$) Payee address: City: \$103.50 9575 Katy Frwy. Suite 205 Houston, TX 77024 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 14/26 Rpt: 18/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	10/04/2024	Nothing Bundt Cakes
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	6025 Crenshaw Rd.
		Suite 101
		Pasadena, TX 77505
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
		Bday cake for Deputy Davis.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/09/2024	Randalls
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.99	2225 Louisiana
		Houston, TX 77002
	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 Bday cake for 310th court reporter Selena Stone
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/19/2024	Rotary Club of the University Area
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	PO Box 980834
		Houston, TX 77098
	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 2024-25
		Methibership dues 2024-23
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Leg	gal Services ne Instruction Guide explains		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/26 Rpt: 19/33		L. (The Honorable)					00081818		
4	Date	5 Payee name								
	10/21/2024	San Jose Clin	ic							
6	Amount (\$)	7 Payee address;	City; State	e; Zip Co	de					
	\$100.00	2615 Fannin S	St.							
		Houston, TX 7	7002							
8	PURPOSE	(a) Category (See C	Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Donations Made By			=		de of Texas. Com		
		Candidate/Off	iceholder/Political Comr	nittee		_	, TX,	officeholder living	expense	
						contribution				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officel	nolder name	Office sou	ght			Office he	eld	
	Date	Payee name								_
	10/24/2024	Sheraton Geo	rgetown							
	Amount (\$)	Payee address;	City; State	e; Zip Co	nde					_
	\$408.37	1101 Woodlay	3.	o, 2.p 00	uo					
	Ψ400.37	TIOT WOOdiav	WITAVC.							
		Georgetown, ⁻	ΓX 78268							
	PURPOSE	(a) Category (See C	Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE	Travel In Distr	ict			=		de of Texas. Com		
	ZA ZHOHOKZ					ш		officeholder living		
						Hotel during	I C.	J Child Welfa	are Conference	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officel	nolder name	Office sou	ght			Office he	eld	
										_
	Date	Payee name								
	12/29/2024	Shields of Stre	ength							
	Amount (\$)	Payee address;	City; State	e; Zip Co	de					
	\$71.38	3955 N. Major	Drive							
		Beaumont, TX	77713							
	PURPOSE	(a) Category (See C	Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE	Gift/Awards/M	emorials Expense					de of Texas. Com		
	EXI ENDITORE					_		officeholder living	expense	
						Holiday gift fo	or b	aiiitt		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officel	nolder name	Office sou	ght			Office he	eld	
L	experiorare to benefit C/OI	<u> </u>								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/26 Rpt: 20/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	07/24/2024	Taqueria Dona Maria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$185.99	2601 Navigation Blvd.
		Houston, TX 77003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		310th lunch for staff July bdays
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	12/30/2024	Taste of Texas
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$65.98	10505 Katy Frwy
		Houston, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Holiday gift for AJ
		Thomasy gire for 7 to
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/02/2024	Texas Association for Court Administration
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	George J. Beto Criminal Justice Center
		Sam Houston State University
		Huntsville, TX 77431
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Court Coordinator's yearly membership renewal
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Legal Services The Instruction G	•	Printing Expe Salaries/Wag	es/Contra			vel Out of Di HER (enter a	strict category not listed a	above)
_	Total pages Schedule F1:	A FUEDNAM						3 File	er ID	(Ethics Commis	oion Filoro)
1				ovoblo)						(Eulics Collinis	SSIUIT FIIEIS)
	Sch: 17/26 Rpt: 21/33	Heath, So	nya L. (The Hone	orable)				00	081818		
4	Date	5 Payee nam	е								
	09/01/2024	Texas Ass	ociation of Distric	ct Judges							
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Code						
	\$51.06	PO Box 17	-		•						
	,,										
		A	70767								
		Austin, TX	18707								
8	PURPOSE	(a) Category (See Categories listed at t	he top of this sch	edule) (k) Desc	ription				
	OF EXPENDITURE	Fees								plete Schedule T.	
						ш	neck if Austin, T	TX, offic	eholder living	g expense	
						rear	ly dues				
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	C	Office sough	t			Office h	eld	
	expenditure to benefit C/Oi	1									
	Date	Payee nam	e								
	09/16/2024	Texas Ass	ociation of Distric	ct Judges							
	Amount (\$)	Payee addr	ess; City;	State:	; Zip Code	1					
	\$201.06	PO Box 17	-	Otato,	, <u>Lip</u> 0000	,					
	Ψ201.00	FO BOX 17	40								
		Austin, TX	78767								
	PURPOSE	(a) Category (See Categories listed at t	he top of this sch	edule) (k) Desc	ription				
	OF EXPENDITURE		ons/Donations Ma							plete Schedule T.	
		Candidate	/Officeholder/Pol	itical Comm	ittee	ш	neck if Austin, T	TX, offic	eholder living	g expense	
						Dona	ation				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	C	Office sough	t			Office h	eld	
	experiulture to benefit C/Oi	1									
	Date	Payee nam	e								
	10/16/2024	Texas Bar	Foundation								
	Amount (\$)	Payee addr	ess; City;	State:	Zip Code	<u> </u>					
	\$270.00	515 Congi		Otato,	, <u>Lip</u> 0000	,					
	Ψ210.00	l									
		Suite 1755									
		Austin, TX	78701		_						
	PURPOSE	(a) Category (See Categories listed at t	he top of this sch	edule) (k) Desc	ription				
	OF EXPENDITURE		ons/Donations Ma							plete Schedule T.	
		Candidate	/Officeholder/Pol	itical Comm	ittee		neck if Austin, T	TX, offic	eholder living	g expense	
						annı	ıal gift				
	Complete ONLY if direct		ficeholder name	C	Office sough	t			Office h	eld	
	expenditure to benefit C/OI	٦									

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	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)	\neg
Sch: 18/26 Rpt: 22/33	Heath, Sonya L. (The Honorable) 00081818	
4 Date	5 Payee name	
10/17/2024	Texas Center for the Judiciary	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$75.00	1210 San Antonio St.	
	Suite 800	
	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense 2025 Family Justice Conference	
	2023 Fairily Justice Conference	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OF		
Date	Payee name	
10/17/2024	Texas Center for the Judiciary	
Amount (\$)	Payee address; City; State; Zip Code	
\$35.00	1210 San Antonio St.	
	Suite 800	
	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	CLE: Addressing Gender Bias in Judicial Decision Making	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
11/13/2024	Texas Center for the Judiciary	
Amount (\$)	Payee address; City; State; Zip Code	
\$65.00	1210 San Antonio St.	
	Suite 800	
	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Education Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	2024 Texas Bar Bench Book	
Complete <u>ONLY</u> 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 Candidate/Officeholder/Politi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total manage Calcadala 54	<u> </u>
1	Total pages Schedule F1: Sch: 19/26 Rpt: 23/33	2 FILER NAME Heath, Sonya L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081818
4	Date	5 Payee name
	08/16/2024	Texas Democratic Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.00	1445 North Loop West
		Suite 110
		Houston, TX 77008
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	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
		2024 Awards Luncheon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2024	Texas Family Law Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	14546 Brook Hollow Blvd.
		Suite 350
		San Antonio, TX 78232
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Membership fee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		annual
		amaa
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/01/2024	Texas Fire Fighters Home
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,400.00	P.O.Box 541905
		Houston, TX 77254
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sponsor at 6th Annual Gala
_	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponantire to beliefft 6/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
_		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 20/26 Rpt: 24/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	10/08/2024	Texas Latinx Judges
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 90683
		San Antonio, TX 78209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Annual judicial dues
		Ailliadi jadiciai ades
0	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	12/06/2024	Texas Lawyers Insurance Exchange
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1801 S. Mopac
		Suite 300
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Insurance Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Judges' Professional Liability policy
		Judges Floressional Liability policy
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	10/18/2024	The Exchange Club of Sugar Land
_		
	Amount (\$) \$51.70	Payee address; City; State; Zip Code 4800 Sugar Grove Blvd.
	ФЭТ.70	•
		Suite 100
		Stafford, TX 77477
	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 Check if Austin, TX, officeholder living expense Veterans Day flag donation
		votorano Day mag donadon
	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 -

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: 21/26 Rpt: 25/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	09/11/2024	The Parking Spot JFK
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.21	15800 JFK Blvd
		Houston, TX 77032
8	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 parking while attending IAFL in Seattle
		parking while attending the E in Seattle
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davies same
		Payee name The Determinant of Determination of Determinational
	08/19/2024	The Rotary Foundation of Rotary International
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1560 Sherman Avenue
		FN110
		Evanston, IL 60211
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Aimual continuution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name Thomas Ren
	11/22/2024	Thomas, Ben
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.25	2310 Main St.
		Apt 223
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Balloons for National Adoption Day party
		βαιίουτε τοι τναιίοται Αυομιίοτι Day party
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense
counting/Banking

Event Expense
Event Expense
Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

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

Fees Office Overhead/fr
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

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

	Credit Card Payment	The Instruction Guide explains how to co	Ü	ete this form.
1	Total pages Schedule F1:	·	•	3 Filer ID (Ethics Commission Filers)
	Sch: 22/26 Rpt: 26/33	Heath, Sonya L. (The Honorable)		00081818
4	Date	5 Payee name		I
	10/02/2024	Treebeard's Cloister		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$31.93	1117 Texas St.		
		Houston, TX 77002		
8	PURPOSE	(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
				Lunch in jury room during meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/O		ynı	Office field
_	Data			
	Date	Payee name		
	11/18/2024	US Postal Service		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$216.00	1500 Hadley St.		
		Houston, TX 77002		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				yearly PO box 811 rental fee
				yy
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		•	
F	Date	Payee name		
	12/03/2024	United States Postal Service		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$87.60	1500 Hadley St.	uo	
	401.00	2000		
		Houston, TX 77002		
	PURPOSE	i	(b)	Description
	OF	Postage	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	,		Check if Austin, TX, officeholder living expense
				stamps for holiday cards
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experience to beliefft C/Of			

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

	Contributing 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: 23/26 Rpt: 27/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	09/08/2024	University of Houston Downtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	c/o Alumni Relations
		One Main Street
		Houston, TX 77002
8	PURPOSE	(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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		50th Anniversary Gala ticket
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/17/2024	University of Houston Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$425.00	One Main Street
		Suite S990N
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Artwork
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	11/04/2024	University of Houston Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	One Main Street
		Suite S990N
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZIIDII GRZ	Candidate/Officeholder/Political Committee
		Scholarship for students to attend jazz concert series
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction	·		Vages	s/Contract Labor		OTHER (enter	a category not liste	ed above)
_		-			- Culuc explo		,,,,	ctc till3 formi.	-		/=:: a	=
1	Total pages Schedule F1:	2							3	Filer ID	•	mission Filers)
	Sch: 24/26 Rpt: 28/33		Heath, Sony	/a L. (The H	onorable)				l	00081818		
4	Date	5	Payee name									
	12/17/2024		Vic & Anthor	ny's								
_	Amount (\$)	7	Payee addres	ss; City;		ate; Zip Co	ndo.					
6	Amount (\$)	<u>ا'</u>	•		31	ale, Zip Cl	Jue					
	\$1,439.27		1510 Texas	Ave.								
			Houston, TX	〈 77002								
8	PURPOSE	(a)	Category (Se	o Catogorios listod	at the ten of thi	s schodulo)	(b)	Description				
	OF	l`´		age Expense		s scriedule)	l` <i>′</i>	_ ·	outsi	de of Texas. Co	mplete Schedule T	
	EXPENDITURE		1 oou/Dever	age Expense	•			Check if Austin	ı, TX,	officeholder livi	ng expense	
								Goodbye/tha	nk :	you dinner	for Judge M	aldonado
9	Complete ONLY if direct		Candidate/Offic	ceholder name)	Office sou	ıght			Office I	held	
	expenditure to benefit C/OI	Н					•					
_	Data	_										
	Date		Payee name									
	07/30/2024		Village Fram	ne Gallery								
	Amount (\$)		Payee addres	ss; City;	Si	ate; Zip Co	ode					
	\$66.15		2708 Bisson	nnet St.								
			Houston, TX	¢ 77005								
_	DUDDOCE	(0)					(b)	<u> </u>				
	PURPOSE OF	(a)	Category (Se	ee Categories listed	at the top of thi	s schedule)	(u)	Description Check if travel	outci	do of Toyon Co	mplete Schedule T	
	EXPENDITURE		Repair							officeholder livi		
								—				in courthouse
								2.0.0			g poopio	σσαιτισασσ
_	Complete ONLY if direct	<u></u>	Candidate/Offic	coholdor namo	`	Office sou	ıaht			Office I	hold	
	expenditure to benefit C/OI		Januluale/Onic	centiuei name	;	Office Suc	igni			Office	iciu	
	Date		Payee name									
	10/28/2024		We Deserve	e Better								
	Amount (\$)		Payee addres	ss; City;	Si	ate; Zip Co	ode					
	\$250.00		2929 Wesla	van St.								
			Unit 1003	,								
				, 77007								
			Houston, TX	(77027								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE			s/Donations							mplete Schedule T	
			Candidate/C	Officeholder/F	Political Co	mmittee		ш		officeholder livi	ng expense	
								EIN 85-3397	750)		
	Complete ONLY if direct		Candidate/Offic	ceholder name	;	Office sou	ıght			Office I	held	
	expenditure to benefit C/OI	Н										
I												

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		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAMI	E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 25/26 Rpt: 29/33	Heath, Son	ya L. (The Honor	able)				00081818		
4	Date	5 Payee name				•	_			
	07/17/2024	Wix.com								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$7.03	P.O. Box 4								
		San Franci	sco, CA 94140							
8	PURPOSE	(a) a :			(b)	Description				
ľ	OF	Fees	see Categories listed at the	top of this schedule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	1 003						officeholder living		
						Monthly emai	il fe	ee		
9	Complete ONLY if direct		iceholder name	Office sou	ıght			Office h	eld	
	expenditure to benefit C/O	7								
	Date	Payee name	!							
	08/19/2024	Wix.com								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$7.03	P.O. Box 4	0190							
		San Franci	sco, CA 94140							
	PURPOSE	(a) Category (S	see Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees							plete Schedule T.	
	EXI ENDITORE					ш		officeholder living	g expense	
						Monthly emai	II CI	large		
	Complete ONLY if direct	Candidata/Off	iochalder neme	Office acu	l abt			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ignt			Office n	eiu	
_										
	Date	Payee name	:							
	09/17/2024	Wix.com								
	Amount (\$)	Payee addre	-	State; Zip Co	ode					
	\$7.03	P.O. Box 4	0190							
		San Franci	sco, CA 94140							
	PURPOSE OF	(a) Category (S	see Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Email						de of Texas. Com officeholder living	plete Schedule T.	
						monthly fee	, 1,	onicendider living	j experise	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	L Ight			Office h	eld	
	expenditure to benefit C/O			255 500	g			200 11		
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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 26/26 Rpt: 30/33	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	10/21/2024	Wix.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.03	P.O. Box 40190
		San Francisco, CA 94140
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		monthly email service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/18/2024	Wix.com
	Amount (\$) \$7.03	Payee address; City; State; Zip Code P.O. Box 40190
	Φ1.03	P.O. BOX 40190
		05
		San Francisco, CA 94140
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		monthly email fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
_	Date	Payee name
	12/17/2024	Wix.com
	Amount (\$)	
	\$7.03	Payee address; City; State; Zip Code P.O. Box 40190
	Ψ1.03	F.O. Box 40190
		San Francisco, CA 94140
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Email Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly email charge
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	capenditule to belieff C/Of	•

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /3 Rpt: 31/33
2	FILER NAME	(Ethics Commission Filers)			
	Heath, Sony	a L. (The Honorable)	818		
4	Date 12/17/2024	 Name of person from whom amount is received Berg, Janice (Judge) Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$) \$400.00
		Houston, TX 77002			
		7 Purpose for which amount is received	olitica	al contr	ibution returned to filer
	Date	Name of person from whom amount is received			Amount (\$)
	12/18/2024	Dunson, Linda (Judge)			\$149.00
		Address of person from whom amount is received; City; State; Zip Code Houston, TX 77002			
		Purpose for which amount is received Check if p	olitic	al contr	ribution returned to filer
		Reimbursement for goodbye dinner for Judge Maldonado			
	Date	Name of person from whom amount is received			Amount (\$)
	10/08/2024	Eleventh Administrative Judicial Region of Texas			\$1,137.00
		Address of person from whom amount is received; City; State; Zip Code			
		Houston, TX 77002			
			olitic	al contr	ribution returned to filer
		Refund from Annual Conference			
	Date	Name of person from whom amount is received			Amount (\$)
	09/27/2024	Geer & Associates			\$700.00
		Address of person from whom amount is received; City; State; Zip Code			
		Houston, TX 77055-4503			
			-1141-	-1	libution returned to filer
		Refund for her half of table at TFFH gala	OHLIC	ai conti	ibution returned to liler
	D-4-	· ·			Δ
	Date 12/18/2024	Name of person from whom amount is received Graves-Harrington, Angela (Judge)			Amount (\$) \$148.46
	12/10/2024				Ψ140.40
		Address of person from whom amount is received; City; State; Zip Code			
		Houston, TX 77002			
		Purpose for which amount is received	olitic	al contr	ribution returned to filer
		Reimbursement for goodbye dinner for Judge Maldonado			

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 2/3 Rpt: 32/33	
2	FILER NAME	(Ethics Commission	n Filers)			
	Heath, Sony	a L. (The Honorable)	.818			
4	Date 12/18/2024	 Name of person from whom amount is received Lopez, Gloria (Judge) Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	\$148.47
		Houston, TX 77002				
		7 Purpose for which amount is received	politic	al conti	ribution returned to file	er
	Date	Name of person from whom amount is received			Amount (\$)	
	12/23/2024	Peake, Sandra (Judge)				\$148.00
		Address of person from whom amount is received; City; State; Zip Code Houston, TX 77002	••••••			
		Purpose for which amount is received	politic	al conti	ribution returned to file	er
		Reimbursement for goodbye dinner for Judge Maldonado				
	Date	Name of person from whom amount is received			Amount (\$)	
	12/17/2024	Tanner, Germaine (Judge)				\$150.00
		Address of person from whom amount is received; City; State; Zip Code Houston, TX 77002	•••••			
			nolitic	al conti	I ribution returned to file	
		Reimbursement for goodbye dinner for Judge Maldonado	pontic	car corn	insulon returned to me	51
	Date	Name of person from whom amount is received			Amount (\$)	
	10/29/2024	Texas Center for the Judiciary				\$269.08
		Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701				
			n a liti a	al contr	 ribution returned to file	
		Refund for Child Welfare Conference	pontic	ai conti	nbullon returned to life	ei Ei
	Date	Name of person from whom amount is received			Amount (\$)	
	12/26/2024	Texas Lawyers Insurance Exchange				\$102.71
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78746				
		Purpose for which amount is received	politic	al conti	ribution returned to file	er

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 33/33 2 FILER NAME Filer ID (Ethics Commission Filers) Heath, Sonya L. (The Honorable) 00081818 5 Name of person from whom amount is received 8 Amount (\$) Date 12/18/2024 \$148.46 Waldrop, Teresa (Judge) 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77002 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for goodbye dinner for Judge Maldonado