#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00062519 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Susan B. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Heygood-McCoy CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; 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. Neal NAME NICKNAME LAST **SUFFIX** Adams **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** (817) 552-7742 **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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 153 Tarrant

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Heygood-McCoy, Su	san B. (The Honorable)		<b>14</b> Filer ID 00062519	(Ethics Com	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
	-	COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN	N TREASURER NAME						
		COMMITTEE CAMPAIGN	N TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRI ES OF LOANS, OR CONT			\$,	0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR G		2)	\$	0.00			
EXPENDITURE TOTALS	`	ZED POLITICAL EXPEND	\$	0.00					
TOTALO	4. TOTAL POLIT	ICAL EXPENDITURES			\$	3,745.96			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAI	NTAINED AS OF THE LA	AST DAY OF THE	\$	54,104.95			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OU <sup>T</sup> TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT									
		true ar	r, or affirm, under penalty Id correct and includes al Title 15, Election Code.						
			The Honorable	Susan B. Heygoo	od-McCoy				
			Signature of	Candidate or Office	holder				
AFFIX NOT	TARY STAMP / SEAL AB	OVE							
Sworn to and subsc	cribed before me, by the s	aid		, this the		day			
		ertify which, witness my ha							
Signature of offic	er administering oath	Printed name of offic	er administering oath	Title of off	icer administer	ing oath			

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

		3 of 12		
l	ER NAN ygood-	(Ethics Commission Filers)		
l	HEDULI 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	<b>\$</b> 3,745.96
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	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

#### 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/Political Credit Card Payment	Committee	Legal Services  The Instruction Guide explain		ages	/Contract Labor		OTHER (enter a	category not listed	l above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 1/9 Rpt: 4/12		- IcCoy, Susan B. (The Ho	norable)				00062519	•	,
4	Date	5 Payee name								
	01/27/2025	ABOTA								
6	Amount (\$)	7 Payee addre	ess; City; Sta	te; Zip Cod	de					
	\$375.00	2001 Bryan	Street							
		Suite 3000								
		Dallas, TX	75201							
_	DUDDOOF				/I- \					
8	PURPOSE OF		ee Categories listed at the top of this	schedule)	(b)	Description	outoi	do of Toyon Com	nloto Cohodulo T	
	EXPENDITURE	Fees				=		de of Texas. Com officeholder living		
						Annual Dues		•	'	
9	Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office soug	ght			Office he	eld	
	Date	Payee name								
	01/06/2025	Amazon								
	Amount (\$)	Payee addre	ess; City; Sta	te; Zip Cod	de					
	\$28.12	410 Terry A	Avenue North							
		Seattle, WA	\ 98109							
	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			<b>=</b>		de of Texas. Com		
						Event decora		officeholder living	j expense	
						Lveni decora	liOi	15		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office soug	ht			Office he	ald.	
	expenditure to benefit C/OF		icenduel name	Office sout	yı ıı			Office file	siu	
	Date	Payee name								
	01/06/2025	Amazon								
	Amount (\$)	Payee addre	ess; City; Sta	ite; Zip Coo	de					
	\$115.57	410 Terry A	Avenue North							
		-								
		Seattle, WA	A 98109							
_	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			<b>=</b>		de of Texas. Com		
						Event decora		officeholder living	j expense	
						Eveni decola	uOl	15		
	Complete ONLY if direct	CondidatalOff	iooholdor nama	Office	nh+			Office	old.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office soug	JIIL			Office he	51U	
_	T	da : a a O a mana :		I - I - I	_				\ / · · · · · · · · · / / 4	4 0 (4 0 10(1)

#### SCHEDULE F1

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

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: 2/9 Rpt: 5/12	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	01/07/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.17	410 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event gifts
		Lvon gno
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Programme
		Payee name
L	02/20/2025	Bank Of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.58	P.O. Box 15284
		Wilmintgon, DE 19850
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Check Order
		Cricon Order
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Data	Programme
	Date 02/04/2025	Payee name Brio Italian Grille
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.22	1431 Plaza Place
		Southlake, TX 76092
	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  Meal to discuss officeholder issues
		iviedi to discuss officeriolider issues
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
l		

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 3/9 Rpt: 6/12	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	05/02/2025	Crouch Tax Project
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	9500 Ray White Road
		2nd Floor
		Fort Worth, TX 76244
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.
		Candidate/Officeholder/Political Committee
		20.000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/31/2025	Del Frisco's Grille
	Amount (\$)	Payee address; City; State; Zip Code
	\$148.41	1200 E. Southlake Blvd.
		Southlake, TX 79092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Meal to discuss officeholder issues
		Medi to discuss officeriolaer issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	06/03/2025	Doc B's Fresh Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.46	5253 Marathon Ave.
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dinner to discuss officeholder issues
	Complete ONLY if direct	Candidate/Officeholder name Office accepts
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### 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/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: 4/9 Rpt: 7/12	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	05/05/2025	Fort Worth Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.00	P.O. Box101613
		Fort Worth, TX 76185
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
		Christmas Luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/06/2025	Girl's Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	304 East Vickery
		Fort Worth, TX 76104
	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  Event Fee
		Eventree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/28/2025	Lions Club of Colleyville
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	6605 Pleasant Run Rd.
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Annual Dues
	Complete ONLY if alice of	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense 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 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	ıple	te this form.
1	Total pages Schedule F1: Sch: 5/9 Rpt: 8/12	FILER NAME     Heygood-McCoy, Susan B. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062519
4	Date 06/27/2025	5 Payee name Lisa's Chicken and Seafood		
6	Amount (\$) \$70.89	<ul><li>7 Payee address; City; State; Zip Code</li><li>716 N Riverside Dr.</li></ul>	е	
8	PURPOSE OF EXPENDITURE	Fort Worth, TX 76111  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Judges' Luncheon
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sougl	ht	Office held
	Date 06/25/2025	Payee name Michael's		
	Amount (\$) \$125.98	Payee address; City; State; Zip Code  130 Lincoln Square  Arlington, TX 76011	е	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies and decorations for Judges Lunch  Additional framing expense for certificates
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date 06/25/2025	Payee name Michael's		
	Amount (\$) \$280.37	Payee address; City; State; Zip Code 130 Lincoln Square	е	
		Arlington, TX 76011		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Framing Election Certificates
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
			_	

#### SCHEDULE F1

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

Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 6/9 Rpt: 9/12	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	06/25/2025	Michael's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$409.19	130 Lincoln Square
L		Arlington, TX 76011
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
		Framing Election Certificates
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/09/2025	Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	401 Calhoun St.
		Fort Worth, TX 76102
	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  Parking
		raining
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payron namo
	02/06/2025	Payee name Parking
	Amount (\$)	
	\$3.00	Payee address; City; State; Zip Code 401 Calhoun St.
	\$3.00	401 Callouri St.
		Fort Worth, TX 76102
	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
		Parking
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
1		
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#### 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

	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: 7/9 Rpt: 10/12	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	03/06/2025	Premium Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	733 Throckmorton
		Fort Worth, TX 76102
8	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  Parking
		1 arking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	03/06/2025	Premium Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	733 Throckmorton
		Fort Worth, TX 76102
	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  Parking
		raikilly
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	01/28/2025	Tarrant County Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1315 Calhoun St.
		Fort Worth, TX 76102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Luncheon Fee
1		Lundricon i ce
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
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 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: 8/9 Rpt: 11/12	Heygood-McCoy, Susan B. (The Honorable) 00062519
4	Date	5 Payee name
	02/06/2025	Tarrant County Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	1315 Calhoun St.
		Fort Worth, TX 76102
8	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  Bench Bar CLE
		Benefit Bail GEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	04/28/2025	Texas Aggie Bar Association
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	P.O. Box 270931
	400.00	1.6. Box 2.10001
		Corpus Christi, TX 78427
	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  Annual dues
		Ailliuul uucs
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/07/2025	True Texas Project
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1220-G Airport Freeway
		Bedford, TX 76022
	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  Gala tickets
		Gaia licheis
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Expen Printing Exper	se es/Contract Labor		Travel in Distri Travel Out of D	
	Credit Card Payment			The Instruction Guid	e explains	how to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
l	Sch: 9/9 Rpt: 12/12		Heygood-N	/IcCoy, Susan B. (1	Γhe Hono	rable)			00062519	
┰	Date	5	Payee name					<u> </u>		
ľ	06/03/2025		USPS	5						
Ļ		L								
6	Amount (\$)	7	Payee addre		State;	Zip Code				
	\$32.00		777 Canno	on Drive						
l										
l			Hurst, TX 7	76054						
8	PURPOSE	(a)	Category /	See Categories listed at the	ton of this sch	(aluba	Description			
l	OF	l`		rhead/Rental Expe		cudicy		louts	ide of Texas. Co	mplete Schedule T.
l	EXPENDITURE						Check if Austin	n, TX	, officeholder livi	ng expense
							Stamps			
9	Complete ONLY if direct		Candidate/Of	ficeholder name	C	Office sought			Office I	neld
	expenditure to benefit C/O	Н								
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