# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM JCOR-C/OH

1	Filer ID (Ethi	cs Commission Filers)	2 Total pages filed:				
_	00081818	cs Commission Filers)	55				ISE ONLY
2		MS / MRS / MR			NAI.	Date Received	
3	CANDIDATE / OFFICEHOLDER	The Honorable	FIRST Sonya L.		MI	ELECTRONICA	LLY FILED
	NAME				CUETIV	11/12/2025	
		NICKNAME	LAST Heath		SUFFIX		
4	ORIGINAL	January 15	Runoff	Other (s	snecify)	Date Hand-delivered or	Date Postmarked
•	REPORT TYPE	X July 15	Exceeded modified	ш .	эрсону)	Receipt #	Amount
		30th day before election	15th day after camp	· · · —		- Receipt "	, who are
			appointment (office	holder only)		Date Processed	ı
		8th day before election	Final Report (Attacl	·			
5	ORIGINAL PERIOD COVERED	Month Day Yea	r THROUGH	Month Day	Year	Date Imaged	
_	EVDI ANIATIONI OF C	01/01/2025		06/30/2025			
6	EXPLANATION OF C	ORRECTION my contributors, when repo	ting information on wh	aether their snouse we	orked for a law f	firm. I nut ves or no	instead of listing the
		Specifically on Patricia Hirs					instead of listing the
		.,,	,				
_							
7	AFFIDAVIT		Isw	ear, or affirm, under p	enalty of perjury	y, that this corrected	report is true
			and	correct.	, , , ,		·
			Che	ck the box next to any	and all applica	able statements:	
				Semiannual reports	e. Iswaar o	r affirm that the origin	nal report
			Ц	was made in good fa	aith and without	t an intent to mislead	
				misrepresent the info	ormation contai	ined in the report.	
			X	Other reports:	swear, or affirm	, that I am filing this	corrected
				report not later than that the report as ori			
				swear, or affirm, that			
				filed was made in go		·	-
				The !	Honorable So	nya L. Heath	
						e or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE		- <b>3</b>			
	Sworn to and subsc	ribed before me, by the sai	d		, this t	the	day
	of	, 20, to cert	ity which, witness my	nand and seal of office	е.		
	Signature of office	er administering oath	Printed name of of	fficer administering oa	th	Title of officer admin	istering oath
	-						<u> </u>

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

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

3 of 55

13 C / OH NAME	Heath, Sonya L. (Th	e Honorable)	<b>14</b> Filer ID (I 00081818	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in d officeholders are required to report this information	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
	SPECIFIC							
	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS(OTHER THAN	LDIEDOES LOANS					
16 CONTRIBUTION TOTALS	\$ 0.00							
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 30,824.63				
EXPENDITURE TOTALS		\$ 0.00						
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 17,439.73				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 28,330.06				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT								
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		The Hono	rable Sonya L. Heat	h				
		Signature of	Candidate or Officehold	der				
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE						
	Sworn to and subscribed before me, by the said, this the day							
of	, 20, to c	ertify which, witness my hand and seal of office.						
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath				

## **SUBTOTALS - JC/OH**

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

					4 of 55
	ER NAMeath, So	nya L. (The Honorable)	19 Filer ID 00081818	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	26,450.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,374.63
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$		
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				17,439.73
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
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 C	F C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	1,026.61

	MONET	ARY POLITICAL CONTR	RIBUTIC	ONS		SCHEDULE /	A(J)1
	The Instru	ction Guide explains how to com	plete this f	orm.	l	tal pages Schedule A(J)1 h: 1/15 Rpt: 5/55	
2	FILER NAME Heath, Sony	a L. (The Honorable)			l	er ID (Ethics Commission 081818	on Filers)
4	Date 06/07/2025				<b>7</b> An	nount of Contribution (\$)	\$500.00
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	<u> </u>		
	Attorney Attorney			Attorney			
10	O Contributor's employer/law firm  The Alsandor Law Firm			ouse (i	f any)		
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor  out-of-s	state PAC (ID#:_	)	An	nount of Contribution (\$)	
	O6/05/2025 Attorney Jalene Mack, PLLC  Contributor address; City; State; Zip Code  Houston, TX 77288				(v)	\$100.00	
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Continuator 3 i	Thiopai Geografion		Contributor 3 deb Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (i	f any)	
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-s	state PAC (ID#:_	)	An	nount of Contribution (\$)	
	06/05/2025	Braun, Anjali  Contributor address; City; State; Zip Co  Houston, TX 77098	de				\$200.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp			
	ADBraun La	w, PLLC		The Litigation Group (M	ahend	ru, PC)	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/15 Rpt: 6/55
2	FILER NAME Heath, Sony	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/04/2025	5 Full name of contributor Burgower, Wendy 6 Contributor address; City; 9	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$) \$250.00
		Houston, TX 77007				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Partner		
10	10 Contributor's employer/law firm Schlanger Silver LLP					se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	06/05/2025 C.Y. Lee Legal Group, PLLC  Contributor address; City; State; Zip Code				\$500.00	
Houston, TX 77002						
	Contributor's Principal Occupation Contributor's Job Title					
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	06/05/2025	Cerf, Lawrence Contributor address; City; \$	State; Zip Code			\$1,000.00
		Houston, TX 77008				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		Cerf Attorney at Law				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/15 Rpt: 7/55
2	FILER NAME Heath, Sonv	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/05/2025	5 Full name of contributor Clinton E. Wells, Jr. LLC 6 Contributor address; City;			7	Amount of Contribution (\$) \$500.00
		Houston, TX 77006				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	LO Contributor's employer/law firm  11 Law firm of contributor's s				oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date Full name of contributor out-of-state PAC (ID#:)  06/05/2025 Cortes, Eduardo  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$250.00	
		Houston, TX 77001		1		
	Contributor's I Attorney	Principal Occupation		Contributor's Job Title Attorney		
	Contributor's e	employer/law firm If Eddie Cortes s a child, law firm of parent(s) (i	f any)	Law firm of contributor's sp	oous	se (if any)
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)
	06/25/2025	Crump, Grace Contributor address; City; Houston, TX 77008	<u> </u>			\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp		
	McKiernan C	Crump, PC s a child, law firm of parent(s) (i	f any)	Harris County District A	ttor	rney's Office

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	tal pages Schedule A(J)1 h: 4/15 Rpt: 8/55	i.
2	FILER NAME Heath, Sony	a L. (The Honorable)				er ID (Ethics Commission 081818	on Filers)
4	Date 06/04/2025	<ul><li>5 Full name of contributor</li><li>Diggs &amp; Sadler</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		<b>7</b> An	nount of Contribution (\$)	\$1,000.00
		Houston, TX 77007					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	O Contributor's employer/law firm  11 Law firm of contributor's s				oouse (i	f any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	An	nount of Contribution (\$)	
06/05/2025 Gregory Law PLLC  Contributor address; City; State; Zip Code					,,	\$1,500.00	
		Houston, TX 77008					
	Contributor's I Attorney	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (i	f any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	An	nount of Contribution (\$)	
	06/29/2025	Harrison, Ronnie	<del>_</del>				\$500.00
		State; Zip Code					
	Contributor's I	rincipal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (i	f any)	
	Harrison Lav	v Office, P.C.		Harrison Law Office, P.	C.		
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/15 Rpt: 9/55
2	FILER NAME	(The Heaven He)			3	Filer ID (Ethics Commission Filers)
		a L. (The Honorable)			┖	00081818
4	Date 06/05/2025	<ul><li>5 Full name of contributor Hatamleh, Fayez</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$) \$500.00
		Houston, TX 77546				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Owner		
10	10 Contributor's employer/law firm Fayez Law Group				oous	se (if any)
12	-	s a child, law firm of parent(s) (if	anv)			
12	. Il Collination	s a crima, law inini or parent(s) (ii	ary			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	06/05/2025 Hinojosa, Monica				\$500.00	
	Contributor address; City; State; Zip Code				1	
		Houston, TX 77015				
	Contributor's Principal Occupation Contributor's Job Title			<u> </u>		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	าดน	se (if any)
		w Office, P.C.				
		s a child, law firm of parent(s) (ii	anv)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	06/05/2025	Hirsch, Patricia			l	\$250.00
		Contributor address; City;	State; Zip Code		1	
		Houston, TX 77027				
-	Contributor's I	I		Contributor's Job Title		
	Attorney	iniopai Goodpaion		Partner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Schlanger S			Yes		
	If contributor is	s a child, law firm of parent(s) (ii	any)	I.		
		f Reginald Hirsch	• ,			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/15 Rpt: 10/55
2	FILER NAME	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/05/2025	Full name of contributor     Holland, Christine     Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Houston, TX 77008				
8		Principal Occupation		9 Contributor's Job Title	•	
	Nonprofit			CEO		
10		employer/law firm		11 Law firm of contributor's sp The Holland Law Firm	oous	se (if any)
12	Rebuilding Houston Together The Holland Law Firn  12 If contributor is a child, law firm of parent(s) (if any)					
12	. II CONTINUION	s a criliu, iaw iiriri or parerii(s) (r	i arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	ī	Amount of Contribution (\$)
	06/19/2025 Indelicato, Joseph  Contributor address; City; State; Zip Code					\$750.00
		Richmond, TX 77469				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		licato, Jr., P.C.				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	06/05/2025	Kelly L. Fritsch, P.C.	<u> </u>			\$1,000.00
		Contributor address; City;	State; Zip Code			
	Cambrilantania	Houston, TX 77007		Constributorio Job Titlo		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/15 Rpt: 11/55
2	FILER NAME Heath, Sonv	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/05/2025	D5/2025 Laura Dale & Associates, PC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00	
		Houston, TX 77056				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	LO Contributor's employer/law firm  11 Law firm of contributor's s				oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	06/05/2025	Longino, Tristan  Contributor address; City;	<u> </u>			\$1,000.00
		Houston, TX 77057				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Longino Law	I		Texas Judiciary		
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	06/05/2025	Magnan Couture PLLC	_			\$300.00
		Contributor address; City;  Houston, TX 77008	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL (	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 8/15 Rpt: 12/55
2	FILER NAME Heath, Sony	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/05/2025	<ul><li>5 Full name of contributor Monsen, Suzan</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$1,000.00
		Montgomery, TX 77356				
8	Contributor's F	Contributor's Principal Occupation  CPA  9 Contributor's Job Title  CPA				
10	O Contributor's employer/law firm  Wells & Bedard  11 Law firm of contributor's sp				oous	se (if any)
12		s a child, law firm of parent(s) (if a	any)			
	Date 06/04/2025	Full name of contributor Moon, Tammy Contributor address; City; Si	out-of-state PAC (ID#:_tate; Zip Code	)		Amount of Contribution (\$) \$250.00
		Houston, TX 77024		T		
·		Contributor's Job Title Partner				
			Law firm of contributor's spouse (if any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Π	Amount of Contribution (\$)
	06/05/2025	Myres and Associates, PL Contributor address; City; St Houston, TX 77046	LC		•	\$500.00
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/15 Rpt: 13/55
2	FILER NAME Heath, Sony	a L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/05/2025	<ul><li>5 Full name of contributor</li><li>O'Neil Wysocki</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77027				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	0 Contributor's employer/law firm 11 Law firm of contributor's s				oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
06/05/2025 Ogbeide, Daniel  Contributor address; City; State; Zip Code					\$500.00	
	Houston, TX 77074					
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney	and a conflored finance		Attorney		and (if any)
	Daniel Ogbe	employer/law firm pide Law		Law firm of contributor's sp	Jous	se (II arry)
		s a child, law firm of parent(s) (i	f anv)			
	ii ooniinaator ii	o a orma, iaw iiiii or paroni(o) (i	,			
=	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	06/05/2025	Peavy, John	_			\$1,000.00
Contributor address; City; State; Zip Code						
	Contributor's F	Houston, TX 77288  Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	iniopai Goodpaion		Retired		
Н		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A(J)1: Sch: 10/15 Rpt: 14/55
2	FILER NAME	a L (The Henerable)			3	Filer ID (Ethics Commission Filers)
Ļ		a L. (The Honorable)			<del> </del>	00081818
4	Date 06/06/2025	<ul><li>5 Full name of contributor Runge, Barbara</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		' 	Amount of Contribution (\$) \$500.00
		Houston, TX 77005				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm If Barbara Runge		11 Law firm of contributor's sp	oous	se (if any)
42			: a)			
12	: II CONTINUITOR II	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	06/05/2025	Shapiro Golub, Stefani				\$250.00
		Contributor address; City;  Houston, TX 77024	State; Zip Code			
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	-micipal Occupation		Partner		
		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	Schlanger S	, ,		Dow Bolub Remels & G		
		s a child, law firm of parent(s) (if	anv)	Dow Bolds (Comole & C		
	ii contributor i	s a clind, law littl of paretil(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	06/05/2025	Smith, Shelly				\$500.00
		Contributor address; City;  Houston, TX 77098	State; Zip Code			
_	Contributor's I			Contributor's Job Title	<u> </u>	
	· · · ·		Principal Attorney			
		employer/law firm		Law firm of contributor's sp	oous	se (if anv)
	The Davis La					
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A(J)1: Sch: 11/15 Rpt: 15/55
2	FILER NAME	a L (The Hanerable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 05/15/2025	Sonya L. (The Honorable)   5		7	Amount of Contribution (\$) \$250.00	
		Houston, TX 77006				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Owner		
10		employer/law firm Diane St Yves, PLLC		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	06/09/2025	Stalder, Barbara  Contributor address; City;	<u> </u>			\$50.00
		Friendswood, TX 77546				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Richmond La					
	If contributor is	s a child, law firm of parent(s) (i	fany)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	06/17/2025	Stevens, John	_			\$250.00
		Contributor address; City;  Houston, TX 77004	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Engineer Retired					
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 12/15 Rpt: 16/55	
2	FILER NAME Heath, Sony	ra L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818	
4	Date 06/05/2025	5 Full name of contributor out-of-state PAC (ID#:) The Bayley Law Firm 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$2,500.00	
8	Contributor's I	Houston, TX 77008  Principal Occupation	9 Contributor's Job Title		
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)			
	Date Full name of contributor out-of-state PAC (ID# 06/05/2025 The Herrington Law Firm, P.C.  Contributor address; City; State; Zip Code		)#:)	Amount of Contribution (\$) \$500.00	
Houston, TX 77043  Contributor's Principal Occupation  Contributor's Jol		Contributor's Job Title			
Contributor's employer/law firm			Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date  Full name of contributor out-of-state PAC (ID#:  O6/05/2025 The Kuehm Law Firm PLLC  Contributor address; City; State; Zip Code  Houston, TX 77017		)#:)	Amount of Contribution (\$) \$1,000.00	
	Contributor's I	I Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	(J)1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J)1: Sch: 13/15 Rpt: 17/55	
2	FILER NAME Heath, Sonv	ILER NAME leath, Sonya L. (The Honorable)		3	Filer ID (Ethics Commission 00081818	n Filers)	
4	Date 06/05/2025	ate 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$500.00	
		Houston, TX 77008					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	06/11/2025	Torres, Enrique  Contributor address; City;	<u> </u>				\$1,000.00
		Houston, TX 77018					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Managing Attorney			
		employer/law firm		Law firm of contributor's sp	oou	se (if any)	
	The Torres L	_aw Group, PC		Law Office of Isaias D.	Tor	res	
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	06/30/2025	Torres, Enrique	_			5	\$1,500.00
		Contributor address; City;  Houston, TX 77018	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Managing Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)	
	The Torres L	∟aw Group, PC		Law Office of Isaias D.	Tor	res	
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A(J)1: Sch: 14/15 Rpt: 18/55
2	FILER NAME	a L (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081818
4	Date 06/05/2025	th, Sonya L. (The Honorable)  5 Full name of contributor out-of-state PAC (ID#:)  Valentine, Sara  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00	
		Houston, TX 77024				
8		Principal Occupation		9 Contributor's Job Title	•	
	Attorney			Partner		
10		employer/law firm		11 Law firm of contributor's sp Munsch Hardt Kopf & H		
12	Schlanger S		f any)	Muliscii Haiul Kopi & H	lan	
12	: II CONTINUITOR II	s a child, law firm of parent(s) (i	rany)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	06/05/2025	Waddell, Lauren	<b>_</b>			\$500.00
		Contributor address; City;  Houston, TX 77098	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	molpai Goodpailon		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Waddell Lav	/ Firm, PC		Zabel Freeman		
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	I	Amount of Contribution (\$)
	06/05/2025	Yablon, Mark	_			\$50.00
		Contributor address; City;  Houston, TX 77019	State; Zip Code			
	Contributor's I	rincipal Occupation		Contributor's Job Title	_	
	Attorney			Managing Member		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Yablon Law	PLLC				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	TARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1
	The Instru	ection Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 15/15 Rpt: 19/55	
2	FILER NAME Heath, Sony	; /a L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4			7 Amount of Contribution (\$) \$500.00	
		Katy, TX 77494		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	Attorney		Legal Counsel & Senio	r VP
10		employer/law firm	11 Law firm of contributor's s	pouse (if any)
	CREDUS G			
12	If contributor i	is a child, law firm of parent(s) (if any)		
	Data	Full name of contributor	ν	Amount of Contribution (\$)
	Date 06/05/2025	Full name of contributor  out-of-state PAC (ID# Zimmerman Family Law, PLLC	Ŧ:)	Amount of Contribution (\$) \$250.00
	00/03/2023			
		Contributor address; City; State; Zip Code		
		Webster, TX 77598		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	nouse (if any)
	Contributor 3	employenaw mm	Edw IIIII of contributor 5 5	pouse (ii arry)
	If contributor i	is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/55 FILER NAME 3 Filer ID (Ethics Commission Filers) Heath, Sonya L. (The Honorable) 00081818 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/05/2025 Wilson, Tim \$4,374.63 Paid for campaign kickoff 7 Contributor address; City; State; Zip Code at Tony's Hempstead, TX 77445 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) Private Investigator 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Tim D. Wilson Investigations 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 1/34 Rpt: 21/55	Heath, Sonya L. (The Honorable) 00081818			
4	Date	5 Payee name			
	01/15/2025	Amazon.com			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$84.90	410 Terry Ave. N			
		Seattle, WA 98109			
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  Jury snacks			
		oury shacks			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
$\vdash$	Date	Dougo nama			
		Payee name			
	01/30/2025	Amazon.com			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$22.06	410 Terry Ave. N			
		Seattle, WA 98109			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fast charging laptop cord Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  for new county laptop			
		ioi new county iaptop			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
_	Data	Davies same			
	Date 04/16/2025	Payee name Amazon.com			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$64.96	410 Terry Ave. N			
		Seattle, WA 98109			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Jury snacks			
		July Stidens			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/34 Rpt: 22/55	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	04/23/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	410 Terry Ave. N
		Seattle, WA 98109
8	PURPOSE	(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  4 \$25 gift cards for staff on Administrative Assistant's
		Day
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies warms
	05/20/2025	Payee name Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.78	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Court supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Toner and coffee
		Toner and conce
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 06/23/2025	Payee name
		Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.43	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gift bag goodies for kids going to Election Poster
		Contest / Ice Cream Social
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	·	

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/34 Rpt: 23/55	Heath, Sonya L. (The Honorable)	00081818
4	Date	5 Payee name	
	06/14/2025	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
_	\$15.14	410 Terry Ave. N	
	,		
		Seattle, WA 98109	
8	PURPOSE		
0	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	TX, officeholder living expense
			ies for kids going to Election Poster
		Contest / Ice	Cream Social
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	06/30/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.80	410 Terry Ave. N	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Gift bag good Contest / Ice	ies for kids going to Election Poster
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/18/2025	American Leadership Forum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$103.62	1801 Main St.	
		Suite 910	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, Annual Fundr	TX, officeholder living expense
		Allitual Fullul	aisei
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTUED for the source and listed above.

Candidate/Officeholder/Political Committee Credit Card Payment  Candidate Officeholder/Political 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: 4/34 Rpt: 24/55	Heath, Sonya L. (The Honorable)	00081818	
4	Date	5 Payee name		
	01/27/2025	Area 5 Democrats		
6	Amount (\$) \$29.00	7 Payee address; City; State; Zip Code PO Box 608		
		Pasadena, TX 77501		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T.	
	EXI ENDITORE	l	TX, officeholder living expense	
		Fabulous Bru	nch Fundraiser on 3/8/25	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	03/08/2025	Area 5 Democrats		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$100.00	PO Box 608		
	,			
		Pasadena, TX 77501		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Contributions/Donations wade by	outside of Texas. Complete Schedule T.	
		Carranació Ciniconolida (7 cinical Committee	TX, officeholder living expense	
		Sponsor for a	innual brunch	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	05/22/2025	Area 5 Democrats		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$100.00	PO Box 608		
		Pasadena, TX 77501		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE		outside of Texas. Complete Schedule T.	
	EXPENDITORE	Carialatto/Cinicaliciani/Cinicalicalicalicalicalicalicalicalicalical	TX, officeholder living expense	
		Sponsor of bo	pard games with blue voters	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	Н		
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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	T. 1 01 11 51	
1	Total pages Schedule F1: Sch: 5/34 Rpt: 25/55	2 FILER NAME Heath, Sonya L. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00081818
4	Date	5 Payee name
	01/03/2025	Barnaby's Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.68	1601 Binz St.
		Ste. 110
		Houston, TX 77004
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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Goodbye lunch with Intern Firdaos
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2025	Barnaby's Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.51	801 Congress
		Ste. 175
		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
		Lunch during ChatGPT training
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	ł 
	Date	Payee name
	04/11/2025	Black Walnut
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.46	5512 Memorial Dr.
		Houston, TX 77007
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Breakfast for 2 interns (goodbye)
		Distance is 2 months (goodbys)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 6/34 Rpt: 26/55	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/24/2025	Brothers Taco Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.14	1604 Emancipation Ave
		Houston, TX 77003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Jan bday tacos for 245th and 310 staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/03/2025	CVS Photo
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.26	One CVS Dr.
		Woonsocket, RI 02895
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Judge photo for Area 5 Democrats
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/27/2025	Dreamstime LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.00	1616 Westgate Circle
		Brentwood, TN 37027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Stock photography for website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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		Legal Services  The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed at	pove)
1	Total pages Schedule F1:	2 FILER N	NAME				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 7/34 Rpt: 27/55	Heath,	Sonya L. (The Honoral	ole)				00081818		
4	Date	<b>5</b> Payee r	name							
	06/23/2025	Dream	stime LLC							
6	Amount (\$)	7 Payee a	address; City;	State; Zip C	ode					
	\$39.00	1616 V	Vestgate Circle							
L		Brentw	ood, TN 37027							
8	PURPOSE OF	1	y (See Categories listed at the top	p of this schedule)	(b)	Description				
	EXPENDITURE	Adverti	sing Expense			_		ide of Texas. Com , officeholder living		
						Stock photog				
							•	•		
9	Complete ONLY if direct		e/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee r	name							
	05/01/2025	Dropbo	ox Inc.							
	Amount (\$)	Payee a	address; City;	State; Zip C	ode					
	\$127.79	1800 C	wens Street							
		San Fr	ancisco , CA 94158							
	PURPOSE	(a) Catego	y (See Categories listed at the top	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees						ide of Texas. Com		
						Yearly charge		, officeholder living or file storage		
						. cany change	•	or me eteratge	o o.ouu	
	Complete ONLY if direct	<u>I</u> Candidat	e/Officeholder name	Office so	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee r	name							
	05/01/2025	Envato								
	Amount (\$)	Payee a	address; City;	State; Zip C	ode					
	\$29.23	moxcre	eative							
		Slema	n DIY 48774 Indonesia							
	PURPOSE	(a) Catego	y (See Categories listed at the top	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Adverti	sing Expense			<b></b>		ide of Texas. Com		
						Website stoc		, officeholder living hotos	g expense	
						. 1000110 3100	P			
$\vdash$	Complete ONLY if direct	<u>I</u> Candidat	e/Officeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI				J -					
$\vdash$										

## 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: 8/34 Rpt: 28/55	2 FILER NAME Heath, Sonya L. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00081818
4	Date 04/23/2025	5 Payee name FTD Companies
	Amount (\$) \$91.99	7 Payee address; City; State; Zip Code 200 N. LaSalle St Ste. 2550 Chicago, IL 60601
8	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  Plant for funeral of court reporter's sister-in-law
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/24/2025	Payee name FedEx Office
	Amount (\$) \$19.57	Payee address; City; State; Zip Code 801 Louisiana St. Suite 101 Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Print petitions to be on the ballot (40 copies)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/28/2025	Payee name FedEx Office
	Amount (\$) \$36.37	Payee address; City; State; Zip Code 801 Louisiana St. Suite 101 Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Petitions to be on the ballot
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

e Tr /Contract Labor O

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/34 Rpt: 29/55	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	05/19/2025	FedEx Office
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.86	801 Louisiana St.
		Suite 101
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		100 copies of petition in lieu of filing fee
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
⊨	Date	Payee name
	04/25/2025	Payee name Flora
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.64	3422 Allen Pkwy
		Houston, TX 77019
	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 with intern
		Eurich with intern
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/16/2025	Girls' Empowerment Rotary Action Group
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	1213 W. Morehead Street
		5th Floor
L		Charlotte, NC 28208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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		mmittee	Legal Services		g Exper	es/Contract Labor		OTHER (enter a	a category not listed abo	ove)
	Credit Card Payment			The Instruction Gu	iide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	on Filers)
	Sch: 10/34 Rpt: 30/55		Heath, Sony	/a L. (The Hond	orable)				00081818		
4	Date	5	Payee name								
	04/14/2025		Gloria's Mid	town							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$212.95		2616 Louisi	-	эннэ, —р						
	, , , , , ,		Suite 100								
			Houston, T	77006							
_		ļ.,				1					
8	PURPOSE OF	(a)		ee Categories listed at th	ne top of this schedule)	(b)	Description	outoi	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE		Food/Bever	age Expense					officeholder livin		
							ш			f for dinner for p	assing
							bar exam				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office s	ought	<u> </u>		Office h	eld	
	expenditure to benefit C/O	Н									
	Date		Payee name								
	01/16/2025		Go Fund Me	e							
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State; Zip	Code					
	\$5.00		855 Jefferso	•	, ,						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
			Redwood C	ity, CA 94063							
	PURPOSE	(0)		-		/h	\ B				
	OF	(a)	Fees	ee Categories listed at th	ne top of this schedule)	(0)	Description  Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		rees				<b>=</b>		officeholder livin		
							Tip amount fo	or k	Kade Sorrell	donation	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office s	ought	t		Office h	eld	
	expenditure to benefit C/O	Н									
	Date		Payee name								
	06/17/2025		Google LLC								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$25.97		1600 Amph	itheatre Pkwy							
			Mountain Vi	ew, CA 94043							
	PURPOSE	(a)		ee Categories listed at th	an top of this pole dula)	(b)	) Description				
	OF	``	Advertising		ie top of this scriedule)	(-)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE						Check if Austin	, TX,	officeholder livin	g expense	
							Monthly char	ge	for Faceboo	ok Meta Verified	account
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office s	ought	t		Office h	eld	
	expenditure to benefit C/Ol	П									

### 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/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/34 Rpt: 31/55	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/12/2025	Greater Houston Frontiers Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	15814 Champion Forest Dr.
		Spring, TX 77379
8	PURPOSE	(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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		m_ives.ives.iveg.com
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/24/2025	Griffin, Vanessa
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1742 Eastfield Dr.
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website design and development
		Website design and development
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/15/2025	Guejen, Ahava
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2121 Bering Dr.
		Houston, TX 77057
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Goodbye gift for intern
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica			Legal Se	rvices	Expense		ting Exp aries/Wa		e /Contract Labor			HER (enter a	strict a category not listed a	bove)
	Credit Card Payment			The Ins	struction G	uide exp	lains how	to con	nple	te this form.					
1	Total pages Schedule F1:	2	FILER NAME								3	File	er ID	(Ethics Commis	sion Filers)
	Sch: 12/34 Rpt: 32/55		Heath, Sony	a L. (	The Hon	orable)						00	081818		
4	Date	5	Payee name												
	02/03/2025		Harris Count	ty Den	nocratic F	arty									
6	Amount (\$)	7	Payee addres	s;	City;		State; Zip	Coc	de						
	\$1,000.00		3302 Canal :	St.											
			Houston, TX	7700	3										
8	PURPOSE	⊢	Category (See			da - 4 6 4	da:ladi-d-X		(b)	Description					
	OF		Contributions					' l'	()		outsi	ide of	Texas. Com	nplete Schedule T.	
	EXPENDITURE		Candidate/O					,		Check if Austin	n, TX,	, offic	eholder livinç	g expense	
										Monthly susta	aini	ing	member		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholde	er name		Office	soug	ght				Office he	eld	
	experiorare to benefit C/O														
	Date		Payee name												
	03/03/2025		Harris Count	ty Den	nocratic F	Party									
	Amount (\$)		Payee addres	s;	City;	Ş	State; Zip	Coc	de						
	\$1,000.00		3302 Canal :	St.											
			Houston, TX	7700	3										
	PURPOSE	(a)	Category (See	e Catego	ries listed at t	he top of t	his schedule)		(b)	Description					
	OF EXPENDITURE		Contributions	s/Don	ations Ma	ade By				<b>=</b>				nplete Schedule T.	
	EXI ENDITORE		Candidate/O	fficeh	older/Pol	itical C	ommittee	,		Check if Austin					
										Monthly susta	allii	irig	Hember		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	-pholde	ar name		Office	SOLIO	ht				Office he	old.	
	expenditure to benefit C/OI		zanuluale/Onic	enolue	or manne		Office	Soug	Ji it				Office In	ciu	
	Data	<del></del>													
	Date	ı	Payee name	hy Don	nooratio [	Dorth (									
	04/01/2025	-	Harris Count												
	Amount (\$)	l	Payee addres		City;	,	State; Zip	Coc	de						
	\$1,000.00		3302 Canal :	Sī.											
					•										
			Houston, TX	. 7700	3										
	PURPOSE OF		Category (See					· [	(b)	Description	otoi	ido of	Tayon Com	poloto Cobodulo T	
	EXPENDITURE		Contributions Candidate/O							Check if Austin				nplete Schedule T.	
			ourididato/ o		0.00.77 0.	itioai o	011111111100			Monthly susta					
	Complete ONLY if direct		Candidate/Offic	eholde	er name		Office	soug	ght				Office he	eld	
	expenditure to benefit C/OI	Н													
ı															

### 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			Gift/Awa Legal Se	everage Expense ords/Memorials Expervices atruction Guid			xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 13/34 Rpt: 33/55		Heath, Sony	/a L. (	(The Honora	able)				L	00081818		
4	Date	5	Payee name										
	04/09/2025		Harris Coun	ity Dei	mocratic Pa	rty							
6	Amount (\$)	7	Payee addres	ss;	City;	State;	Zip Co	ode					_
	\$60.00		3302 Canal	St.									
			Houston, T	< 7700	)3								
8	PURPOSE	(a)	Category (Se	ee Catego	ories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Name badg				,				de of Texas. Com		
	EXI ENDITORE								<b>—</b>		officeholder living	expense	
									name badges	>			
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	cahald	or namo		ffice sou	laht			Office he	ald	
٥	expenditure to benefit C/O		Zandidate/Oni	cenolo	ei name		ilice soc	agrit			Office fie	สน	
	Date		Payee name										
	05/01/2025		Harris Coun	ity Dei	mocratic Pa	rty							
	Amount (\$)		Payee addres	ss;	City;	State;	Zip Co	ode					
	\$1,000.00		3302 Canal	St.									
			Houston, T>	< 7700	)3								
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	ıs/Don	nations Made	е Ву			<b>□</b>		de of Texas. Com		
			Candidate/C	Officeh	nolder/Politic	al Commi	ittee		Monthly susta		officeholder living	expense	
									working suste	A11 11	ng member		
$\vdash$	Complete ONLY if direct		Candidate/Offic	cehold	er name	Ω	ffice sou	<u>l</u> ught			Office he	eld	_
	expenditure to benefit C/OI				· <del>-</del>			J					
-	Date	Π	Payee name										=
	06/02/2025		Harris Coun	ity Dei	mocratic Pa	rty							
	Amount (\$)	⊢	Payee addres		City;		Zip Co	ode					_
	\$103.45	ı	3302 Canal		2.0,1	Ciaic,	_,p 00	- 40					
	\$200. FO												
			Houston, T〉	< 7700	)3					_			
	PURPOSE OF		Category (Se		ories listed at the t	top of this sche	edule)	(b)	Description				
	EXPENDITURE		Event Expe	nse							de of Texas. Com officeholder living		
									CEC Sponso			- coperior	
	Complete ONLY if direct		Candidate/Offic	cehold	er name	0	ffice sou	ıght			Office he	eld	
	expenditure to benefit C/O							-					

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/34 Rpt: 34/55 Heath, Sonya L. (The Honorable) 00081818 4 Date Payee name 06/03/2025 Harris County Democratic Party 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 3302 Canal St. Houston, TX 77003 8 **PURPOSE** (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 Monthly sustaining member Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/10/2025 Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$51.83 3302 Canal St. Houston, TX 77003 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense HCDP judge name badges (2) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/28/2025 Hermann Park Conservancy Amount (\$) Payee address: City: State; Zip Code \$250.00 1700 Hermann Dr. Houston, TX 77004 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Reserve pavilion for Campaign poster event and ice cream social Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 15/34 Rpt: 35/55	Heath, Sonya L. (The Honorable)  00081818
4	Date	5 Payee name
	06/13/2025	Houston Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	PO Box 4346
		Dept. 192
		Houston, TX 77210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		2 tickets to summer intern luncheon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2025	Houston Black American Democrats PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.99	4806 Edfield St
	<b>41</b> 10.00	1666 Ediloid of
		Houston, TX 77033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Seat w/other HC family judges at Gospel Brunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2025	Houston Black American Democrats PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	4806 Edfield St
		Houston, TX 77033
	PURPOSE 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 membership fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OI	
l		

### 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 C

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/34 Rpt: 36/55	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/14/2025	Houston GLBT Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
		Houston, TX 77266
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sustaining monthly membership fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/18/2025	Houston GLBT Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
		Houston, TX 77266
	PURPOSE	(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 member fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/17/2025	Houston GLBT Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 66664
	•	
		Houston, TX 77266
	PURPOSE	(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 member fee
		Worlding Sustaining member lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
_	Sch: 17/34 Rpt: 37/55	Heath, Sonya L. (The Honorable)	00081818
4	Date	5 Payee name	
	04/11/2025	Houston GLBT Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	P.O. Box 66664	
		Houston, TX 77266	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Bonations Made By	outside of Texas. Complete Schedule T. TX, officeholder living expense
			aining member
		menuny each	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/15/2025	Houston GLBT Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	P.O. Box 66664	
		Houston, TX 77266	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions Made By	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Garrandato, Giriodrioladi, Filiada Gorriniato	aining member
		menuny each	
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/16/2025	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 Made By	outside of Texas. Complete Schedule T.
	EXI ENDITORE	Garialdato/ Gillottication Gariantage	TX, officeholder living expense
		Monthly susta	aining member
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	<b>U</b>	

#### 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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/34 Rpt: 38/55	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/17/2025	Houston Lawyers Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	P.O. Box 300009
		Houston, TX 77230
8	PURPOSE	(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
		Breakfast for 5 staff members
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/19/2025	Houston Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.00	P.O. Box 300009
		Houston, TX 77230
	PURPOSE 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
		1 gala ticket
		_ g
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/29/2025	Payee name Human Age Digital LLC
_		
	Amount (\$) \$500.00	Payee address; City; State; Zip Code
	\$500.00	2700 Post Oak Blvd
		21st floor
		Houston, TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Digital consulting retainer
		Digital Consulting retainer
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 19/34 Rpt: 39/55	Heath, Sonya L. (The Honorable)
4	Date	5 Payee name
	06/11/2025	Human Age Digital LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2700 Post Oak Blvd
		21st floor
		Houston, TX 77056
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Digital Consulting Retainer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/02/2025	InterContinental Hotel San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$514.70	111 E. Pecan St.
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel and parking while speaker for State Bar Innovations: Breaking Boundaries in Child Custody
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/05/2025	InterContinental Hotel San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.00	111 E. Pecan St.
		San Antonio, TX 78205
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Coffee while trying to checkout of hotel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OI	1 
1		

#### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/34 Rpt: 40/55	Heath, Sonya L. (The Honorable) 00081818
Date	5 Payee name
05/05/2025	InterContinental Hotel San Antonio
Amount (\$)	7 Payee address; City; State; Zip Code
\$4.99	111 E. Pecan St.
	San Antonio, TX 78205
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
	Valet tip during conference in San Antonio
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	<del>-</del>
Date	Payee name
02/10/2025	Leadership Houston, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$94.60	4306 Yoakum Blvd.
!	Ste. 350
!	Houston, TX 77006
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
1	Donation in honor of Class 43 (Ana Baskharone)
Camplete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	- · · · · · · · · · · · · · · · · · · ·
Data	
	Payee name LinkedIn
` '	Payee address; City; State; Zip Code  1000 W Maude Ave
\$50.82	1000 W Maude Ave
	Currente CA 04005
	Sunnyvale, CA 94085
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	One month of trying LinkedIn Premium for
	advertising (not worth it)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	1
	Total pages Schedule F1: Sch: 20/34 Rpt: 40/55  Date 05/05/2025  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 02/10/2025  Amount (\$)  \$94.60  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 05/13/2025  Amount (\$)  \$56.82  PURPOSE OF EXPENDITURE

#### 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

Great Gara r ayme		The Instruction Guide ex	plains how to com	plete this form.				
1 Total pages Sch	nedule F1:	2 FILER NAME			3 Filer	· ID	(Ethics Commission	on Filers)
Sch: 21/34 Rp	ot: 41/55	Heath, Sonya L. (The Honorable	<b>:)</b>		000	81818		
4 Date		5 Payee name						
06/12/2025		LinkedIn						
6 Amount (\$)		7 Payee address; City;	State; Zip Cod	е				
	\$56.82	1000 W Maude Ave						
		Sunnyvale, CA 94085						
8 PURPOSE		(a) Category (See Categories listed at the top of	this schedule)	<b>b)</b> Description				
OF EXPENDITUR	F	Advertising Expense	,	<u> </u>			plete Schedule T.	
2/11/21/01/				Check if Austi				
				Premium Bu	SILIESS IV	norming (	criarge	
9 Complete ONL	v if direct	Candidate/Officeholder name	Office soug	ht		Office he	7ld	
expenditure to b			Office soug	iii.		Office rie	au	
Doto								
Date 02/11/2025		Payee name  Mexican American Bar Association	on of Houston					
Amount (\$)	Φ7E 00	· ·	State; Zip Cod	e				
	\$75.00	PO Box 303						
		Houston, TX 77001						
PURPOSE OF		(a) Category (See Categories listed at the top of	this schedule)	b) Description	Louteido of T	ovac Com	plete Schedule T.	
EXPENDITUR	E	Fees		Check if Austi				
				Yearly meml	bership f	ee		
Complete ONL		Candidate/Officeholder name	Office soug	ht		Office he	eld	
expenditure to b	penefit C/O	H						
Date		Payee name						
01/29/2025		Mexican Sugar						
Amount (\$)		Payee address; City;	State; Zip Cod	е				
	\$200.05	3505 W. Dallas St.						
		Houston, TX 77019						
PURPOSE		(a) Category (See Categories listed at the top of	this schedule)	b) Description				
OF EXPENDITUR		Food/Beverage Expense			l outside of T	exas. Com	plete Schedule T.	
EXPENDITOR	· <b>C</b>			Check if Austi				
				coordinators		e Lance	elin and both ou	r court
Commutate Ot!!	/ if alia+	Condidate/Officeh-14-7-7-7-7	O#:			Office - I	اما	
Complete ONL) expenditure to be		Candidate/Officeholder name H	Office soug	IIL	1	Office he	au	

#### 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: 22/34 Rpt: 42/55	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/02/2025	Michael's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.82	3904 Bissonnet St.
		Houston , TX 77005
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Frame Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		for article in 2024 about Judge Heath's personal
		journey
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/30/2025	Nothing Bundt Cakes
_	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	19250 W. Lake Houston Pkwy.
	Ψ10.00	Suite 1
		Humble, TX 77346
	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
		Court Coordinator's bday cake
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/14/2025	Nothing Bundt Cakes
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.00	19250 W. Lake Houston Pkwy.
		Suite 1
		Humble, TX 77346
	DUDDOOF	In-
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)    Cond/Bayarage Expense   Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Assistant Clerk's bday cake (Brenda Constance)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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	Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains		/ages/Contract Labor		Travel Out of Distr OTHER (enter a ca	ict ategory not listed above)
1	Total pages Schedule F1:				3	Filer ID	(Ethics Commission Filers)
Ŀ	Sch: 23/34 Rpt: 43/55	leath, Sonya L. (The Honorable)				00081818	()
4	Date	ayee name					
	05/17/2025	aws on Death Row					
6	Amount (\$)	ayee address; City; State	; Zip Coo	de			
	\$207.25	88 Egg Harbor Rd					
		Ste. 9					
		Sewell, NJ 08080					
8	PURPOSE	Category (See Categories listed at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE	Contributions/Donations Made By	,			side of Texas. Compl	
	EXI ENDITORE	Candidate/Officeholder/Political Comm	nittee			, officeholder living e	expense
				501(c)(3) ch	iarity	y donation	
_	0 1 0 0 0 0 0 0	F1 - 100 - 1 - 1	0.00	1.		000	
9	Complete ONLY if direct expenditure to benefit C/OH	ndidate/Officeholder name	Office souç	gnt		Office held	d
$\vdash$	Date	'ayee name					
	05/31/2025	ayee name PayPal					
	Amount (\$)		: Zip Coo	do			
	\$7.72	211 North First Street	:, Zip Cui	ue			
	Ψ1.12	ZII NOUI FIISI SUEEL					
		San Jose, CA 95131					
	PURPOSE	category (See Categories listed at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE	accounting/Banking		<u> </u>		side of Texas. Compl	
	_/			ш		t, officeholder living e	expense
				Credit card	proc	essing lee	
	Complete ONLY if direct	ndidate/Officeholder name	Office sou	aht		Office held	h
	expenditure to benefit C/O	indidate/Officerolder Hame	Onice 30dę	giit		Office field	u
	Date	ayee name					
L	06/30/2025	PayPal					
	Amount (\$)		; Zip Coo	de			
	\$330.66	211 North First Street					
		San Jose, CA 95131					
	PURPOSE OF	Category (See Categories listed at the top of this sch	nedule)	(b) Description			
	EXPENDITURE	accounting/Banking				side of Texas. Comple X, officeholder living e	
				Credit card			pooc
					,	<b>3</b>	
	Complete ONLY if direct	ndidate/Officeholder name	Office sou	ght		Office held	d
	expenditure to benefit C/O		·				

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 24/34 Rpt: 44/55	2 FILER NAME Heath, Sonya L. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00081818
4	Date	5 Payee name
	05/21/2025	Ray Sunshine, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3120 Southwest Frwy
		Ste 101 #904116
		Houston, TX 77098
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		EIN 33-1347516
_		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	Robinett Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	50 Spring Lane
		Manvel, TX 77578
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Photography Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Shot video and took pics at UHD's president lecture
		series where I was presenting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/14/2025	Robinett Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	50 Spring Lane
	Ψ000.00	
		Manvel, TX 77578
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Deposit for 4 videos, logo design and event video
		recap
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	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: 25/34 Rpt: 45/55	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	04/18/2025	Rotary Club of Lake Houston Area
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 2676
		Humble, TX 77347
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/21/2025	Sheraton Georgetown
	Amount (\$)	Payee address; City; State; Zip Code
	\$320.85	1101 Woodlawn Ave.
	4020.00	
		Georgetown, TX 78268
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Hotel during TCJ Family conference January 2025
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	
	Date	Payee name
	01/21/2025	Sheraton Georgetown
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.50	1101 Woodlawn Ave.
		Georgetown, TX 78268
	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
		Coffee during conference call
ı		ı
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/B
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 26/34 Rpt: 46/55	Heath, Sonya L. (The Honorable)	00081818
4	Date	5 Payee name	
	01/09/2025	Shipley Donuts	
6	Amount (\$) \$11.09	7 Payee address; City; State; Zip Code	
	\$11.09	10525 N. Sam Houston Pkwy. E Ste. 100	
		Humble, TX 77396	
8	PURPOSE	<u> </u>	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Donuts for staff meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Silice Held
-	Date	Payee name	
	02/03/2025	Shipley Donuts	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.98	6655 Ardmore	
		Humble, TX 77021	
	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
			Donuts for Friday coffee with the 245th/310th
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/O	1	
	Date	Payee name	
	03/07/2025	Shipley Donuts	
	Amount (\$) \$16.85	Payee address; City; State; Zip Code 4701 Almeda Rd.	
	\$10.05	4701 Aimeda Ru.	
		Houston, TX 77004	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Donuts for 310th staff and attys for Friday Coffee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/Ol	<del>1</del>	

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/34 Rpt: 47/55	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	04/22/2025	Shipley Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.19	10525 N. Sam Houston Pkwy E.
		Suite 100
		Humble, TX 77396
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donuts for jury and 310th staff
		Bonds for july and Significant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/23/2025	Sorrell, Kade
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	20214 Charlisa Springs
		Katy, TX 77449
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder (Iving expense)
		donation made after wife passed away
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	06/25/2025	Taqueria Dona Maria
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.32	2601 Navigation Blvd.
		Houston, TX 77003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Summer intern luncheon
		Summer intermidiation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Legal S	vards/Memorial Services			Vages	ges/Contract Labor OTHER (enter a categor				
					nstruction G	uide explains	how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		(Ethics Commission Filers)
	Sch: 28/34 Rpt: 48/55	⊢	Heath, Sony	/a L.	(The Hor	orable)					0008181	8	
4	Date	5	Payee name										
	05/07/2025		Texas A&M	Four	ndation								
6	Amount (\$)	7	Payee addres	SS;	City;	State	e; Zip Co	ode					
	\$500.00		401 George	Bus	h Dr.								
			College Sta	tion,	TX 77840								
8	PURPOSE	(a)	Category (Se	e Cate	gories listed at	the top of this so	hedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Do	nations M	ade By							ete Schedule T.
			Candidate/C	Office	holder/Po	litical Comr	nittee		Check if Austin			ving e	xpense
									Bill Haglund S	ocr	ioiarsnip		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholo	der name		Office sou	ıght			Office	held	d
	expenditure to benefit C/Of	1											
	Date		Payee name						<u> </u>				
	01/07/2025		Texas Cente	er for	the Judic	iary							
	Amount (\$)		Payee addres	ss;	City;	State	e; Zip Co	ode					
	\$35.00		1210 San A	ntoni	o St.								
			Suite 800										
		l	Austin, TX 7	'8701	L								
-	PURPOSE	⊢						(h)	Docorintian				
	OF	رم) 	Category (Se	e Cate	gories listed at	the top of this so	nedule)	(3)	Description  Check if travel	outsi	ide of Texas. C	comple	ete Schedule T.
	EXPENDITURE		DV OLE						Check if Austin				
									Insights and	Stra	ategies fo	r Ch	ange
	Complete ONLY if direct		andidate/Offic	ceholo	der name		Office sou	ıght			Office	helo	d
	expenditure to benefit C/OI	H											
	Date		Payee name										
L	01/15/2025	L	Texas Cente	er for	the Judic	iary							
	Amount (\$)		Payee addres	ss;	City;	State	e; Zip Co	ode					
	\$75.00		1210 San A	ntoni	o St.								
			Suite 800										
			Austin, TX 7	8701	L								
	PURPOSE	(a)	Category (Se	e Cate	gories listed at	the top of this so	hedule)	(b)	Description				
	OF EXPENDITURE		Event Exper				· · · · · · · · · · · · · · · · · · ·			outsi	ide of Texas. C	omple	ete Schedule T.
	EXPENDITURE		, -						Check if Austin				
										al A	A Confere	nce	Region 11 registration
									fee				
	Complete ONLY if direct		andidate/Offic	ceholo	der name		Office sou	ıght			Office	held	d
	expenditure to benefit C/O	Н											

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 29/34 Rpt: 49/55	Heath, Sonya L. (The Honorable) 00081818				
4	Date	5 Payee name				
	02/14/2025	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				
	EXI ENDITORE	Coordinator (applied training)				
		Coordinator (annual training)				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
5	expenditure to benefit C/O	the state of the s				
_	Date	Payee name				
	06/04/2025	Texas Center for the Judiciary				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$350.00	1210 San Antonio St.				
	ψυυυ.υυ	Suite 800				
		Austin, TX 78701				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fivent Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Registration fee for 2025 Annual Judicial Education				
		Conference				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O					
	Date	Payee name				
	01/27/2025	Texas Democratic Women of the Harris County Metro Area				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$20.00	10606 Kirkwren Dr.				
		Houston, TX 77089				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Yearly membership fee				
		really membership lee				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	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 Commit 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)			
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:				
	Sch: 30/34 Rpt: 50/55	Heath, Sonya L. (The Honorable) 00081818			
4	Date	5 Payee name			
	01/30/2025	Texas Democratic Women			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$100.00	P.O. Box 301411			
		Austin, TX 78703			
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			
		support to state convention Feb. 7-9, 2025			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experience to belieff C/Of	•			
	Date	Payee name			
	05/22/2025	Texas Gulf Coast Area Labor Federation			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	2506 Sutherland St			
		Houston, TX 77023			
	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/Officerioider/Political Committee 2025 Working Families Awards Celebration			
		sponsorship			
$\vdash$	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI				
	Date	Payee name			
	04/11/2025	The Children's Assessment Center Foundation			
$\vdash$					
	Amount (\$)				
	\$75.00	2500 Bolsover St			
		H			
		Houston, TX 77005			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By  Condidate (Office helder (Delitical Committee)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living expenses			
		Candidate/Officeholder/Political Committee			
		Spring gaia			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Travel Out of Di OTHER (enter a	strict a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 31/34 Rpt: 51/55	Heath, Sonya L. (The Honorable)		00081818	
4	Date	5 Payee name			
	01/27/2025	The Party Hens, Inc.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$300.00	2511 Tannehill Dr.			
		Houston, TX 77008			
8	PURPOSE	<u> </u>			
Ŭ	OF		el outs	side of Texas. Con	nplete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense			g expense
		Annual don	ation	n for the HLS	SR
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld
	experientare to benefit G/OI				
	Date	Payee name			
	06/23/2025	United Airlines			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$382.96	233 S. Wacker Dr.			
		Chicago, IL 60606			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Have out of District			nplete Schedule T.
		I ₩		(, officeholder livin	ginia (to be reimbursed)
		Contention	1117	annigton, vii	gilla (to be reillibarsea)
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI				
	Date	Payee name			
	05/27/2025	Vimeo			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$153.50	330 W. 34th St			
	¥-20000	10th FI			
		New York, NY 10001			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if trave	l outs	side of Texas. Con	nplete Schedule T.
	EXPENDITURE		in, TX	(, officeholder livin	g expense
		Place to sto	re v	ideos for we	bsite
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld
	experiulture to beliefft C/OI				

#### SCHEDULE F1

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

	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: 32/34 Rpt: 52/55	Heath, Sonya L. (The Honorable) 00081818			
4	Date	5 Payee name			
	06/18/2025	Westin Galleria			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$150.55	5060 W. Alabama St.			
		Houston, TX 77056			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fraud Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Fraud (to be reimbursed by bank in July 2025)			
		Trada (to be reimbarsed by bank in only 2025)			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/OI				
-	Date	Payee name			
	04/25/2025	Westin Irving Convention Center			
_	Amount (\$)	Payee address; City; State; Zip Code			
	\$398.00	400 West Colinas Blvd.			
	Ψ330.00	400 West Comitas Diva.			
		Irving, TX 75039			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Hotel during TCJ conference			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experientare to benefit G/OI				
	Date	Payee name			
	02/03/2025	Wix.com LTD			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$376.71	P.O. Box 40190			
		San Francisco, CA 94140			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Website (yearly fee)			
		website (yearly lee)			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_					

#### SCHEDULE F1

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

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

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 33/34 Rpt: 53/55	2 FILER NAME Heath, Sonya L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081818				
4	Date 02/18/2025	5 Payee name Wix.com LTD				
6	Amount (\$) \$7.03	7 Payee address; City; State; Zip Code P.O. Box 40190				
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94140  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly email service fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date 04/17/2025	Payee name Wix.com LTD				
	Amount (\$) \$9.09	Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Business Email  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense monthly charge				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date 05/19/2025	Payee name Wix.com LTD				
	Amount (\$) \$9.09	Payee address; City; State; Zip Code Yunitsman 5				
		Tel Aviv Israel				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Email  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign monthly email charge				
	Complete ONLY if direct expenditure to benefit C/O	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 Legal Services

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 34/34 Rpt: 54/55	2 FILER NAME Heath, Sonya L. (The Honorable) 3 Filer ID (Ethics Commission File 00081818	ers)				
4	Date 06/17/2025	5 Payee name Wix.com LTD					
6	Amount (\$) \$9.09	7 Payee address; City; State; Zip Code Yunitsman 5 Tel Aviv Israel					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Email  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense monthly charge					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H					
	Date 01/17/2025	Payee name Wix.com					
	Amount (\$) \$7.03	Payee address; City; State; Zip Code P.O. Box 40190  San Francisco, CA 94140					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly business email					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date 03/17/2025	Payee name Wix.com					
	Amount (\$) \$9.09	Payee address; City; State; Zip Code P.O. Box 40190					
		San Francisco, CA 94140					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Email  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly email fee					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

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

### SCHEDULE K

	The Instruction Guide explains how to complete this form.			l pages Schedule K: : 1/1 Rpt: 55/55			
2	FILER NAME		<b>3</b> Filer	ID (Ethics Commission	n Filers)		
	Heath, Sony	a L. (The Honorable)	000	81818			
4	Date	5 Name of person from whom amount is received	<u> </u>	8 Amount (\$)			
ľ	05/20/2025	Eleventh Administrative Judicial Region of Texas		γ into ant (φ)	\$75.00		
	03/20/2023				Ψ13.00		
		6 Address of person from whom amount is received; City; State; Zip Code					
		W TV 77000					
		Houston, TX 77002					
			olitical co	ntribution returned to file	r		
		Regional A Conference April 2025 registration fee					
F	Date	Name of person from whom amount is received		Amount (\$)			
	05/28/2025	State Bar of Texas			\$225.26		
					,		
		Address of person from whom amount is received; City; State; Zip Code					
		Austin, TX 78701-0000					
			100 1				
			olitical co	ntribution returned to filer	r		
		Speaker reimbursement for 4/30/25					
	Date	Name of person from whom amount is received		Amount (\$)			
	02/05/2025	Texas Center for the Judiciary			\$328.35		
		Address of person from whom amount is received; City; State; Zip Code					
		Austin, TX 78701					
		Purpose for which amount is received Check if po	olitical co	ntribution returned to file	r		
		Reimbursement from Jan 2025 during TCJ Family conference					
⊨	Date	Name of person from whom amount is received		Amount (\$)			
	05/02/2025	Texas Center for the Judiciary		Amount (\$)	\$398.00		
	03/02/2023				φ396.00		
		Address of person from whom amount is received; City; State; Zip Code					
		Austin, TX 78701					
			olitical co	ntribution returned to file	r		
L		Regional A Conference April 2025					