

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

|                                                          |                                                   |                                                                                            |                                          |                                                     |  |
|----------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00081818 |                                                   | <b>2</b> Total pages filed:<br>55                                                          |                                          | <b>OFFICE USE ONLY</b>                              |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                   | MS / MRS / MR<br>The Honorable                    | FIRST<br>Sonya L.                                                                          | MI<br>MI                                 | Date Received<br>ELECTRONICALLY FILED<br>11/12/2025 |  |
|                                                          | NICKNAME                                          | LAST<br>Heath                                                                              | SUFFIX                                   | Date Hand-delivered or Date Postmarked              |  |
| <b>4</b> ORIGINAL REPORT TYPE                            | <input type="checkbox"/> January 15               | <input type="checkbox"/> Runoff                                                            | <input type="checkbox"/> Other (specify) | Receipt #                                           |  |
|                                                          | <input checked="" type="checkbox"/> July 15       | <input type="checkbox"/> Exceeded modified reporting limit                                 |                                          | Amount                                              |  |
|                                                          | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |                                          | Date Processed                                      |  |
|                                                          | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |                                          | Date Imaged                                         |  |
| <b>5</b> ORIGINAL PERIOD COVERED                         | Month Day Year<br>01/01/2025                      | THROUGH                                                                                    | Month Day Year<br>06/30/2025             |                                                     |  |

**6** EXPLANATION OF CORRECTION

I noticed on a few of my contributors, when reporting information on whether their spouse worked for a law firm, I put yes or no, instead of listing the name of the law firm. Specifically on Patricia Hirsch and Elaine Zhang, both of which have now been corrected.

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Sonya L. Heath  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                                                                                             |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00081818 | <b>2</b> Total pages filed:<br><br>55                                                                                                                                                                       |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                                                                                                                                                                                             | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>The Honorable</td> <td style="width: 30%;">FIRST<br/>Sonya L.</td> <td style="width: 40%;">MI</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                       |                                                             | MS / MRS / MR<br>The Honorable                                                                                                                                                                              | FIRST<br>Sonya L.                             | MI                                                                                                                                                                                               | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>11/12/2025 |                                                                                            |                                             |                                                  |                                                            |                                                        |
|                                                                                                                                                                                                                                                    | MS / MRS / MR<br>The Honorable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FIRST<br>Sonya L.                                           | MI                                                                                                                                                                                                          |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST<br/>Heath</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NICKNAME                                                    | LAST<br>Heath                                                                                                                                                                                               | SUFFIX                                        |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| NICKNAME                                                                                                                                                                                                                                           | LAST<br>Heath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SUFFIX                                                      |                                                                                                                                                                                                             |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address                                                                                                                                                | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>                                                                                                                                                                                                                                                                                                                                          |                                                             | Date Hand-delivered or Date Postmarked<br><br><table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed<br><br>Date Imaged | Receipt #                                     | Amount                                                                                                                                                                                           |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
|                                                                                                                                                                                                                                                    | Receipt #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount                                                      |                                                                                                                                                                                                             |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
|                                                                                                                                                                                                                                                    | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>Mr.</td> <td style="width: 30%;">FIRST<br/>Hal D.</td> <td style="width: 40%;">MI</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                   |                                                             | MS / MRS / MR<br>Mr.                                                                                                                                                                                        | FIRST<br>Hal D.                               | MI                                                                                                                                                                                               |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
|                                                                                                                                                                                                                                                    | MS / MRS / MR<br>Mr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST<br>Hal D.                                             | MI                                                                                                                                                                                                          |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST<br/>Hale</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NICKNAME                                                    | LAST<br>Hale                                                                                                                                                                                                | SUFFIX                                        |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| NICKNAME                                                                                                                                                                                                                                           | LAST<br>Hale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SUFFIX                                                      |                                                                                                                                                                                                             |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                                                                                             |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                                                                                                                                                                 | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                             |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| <b>7</b> CAMPAIGN TREASURER PHONE                                                                                                                                                                                                                  | AREA CODE PHONE NUMBER EXTENSION<br>(713) 784-7700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                             |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| <b>8</b> REPORT TYPE                                                                                                                                                                                                                               | <table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table> |                                                             |                                                                                                                                                                                                             | <input type="checkbox"/> January 15           | <input type="checkbox"/> 30th day before election                                                                                                                                                | <input type="checkbox"/> Runoff                                                          | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) |
| <input type="checkbox"/> January 15                                                                                                                                                                                                                | <input type="checkbox"/> 30th day before election                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Runoff                             | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)                                                                                                                  |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| <input checked="" type="checkbox"/> July 15                                                                                                                                                                                                        | <input type="checkbox"/> 8th day before election                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Exceeded modified reporting limit  | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                                                                                                                                      |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| <b>9</b> PERIOD COVERED                                                                                                                                                                                                                            | <table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>01/01/2025</td> <td>THROUGH</td> <td>06/30/2025</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                  |                                                             |                                                                                                                                                                                                             | Month Day Year                                |                                                                                                                                                                                                  | Month Day Year                                                                           |                                                                                            | 01/01/2025                                  | THROUGH                                          | 06/30/2025                                                 |                                                        |
| Month Day Year                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Month Day Year                                              |                                                                                                                                                                                                             |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| 01/01/2025                                                                                                                                                                                                                                         | THROUGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 06/30/2025                                                  |                                                                                                                                                                                                             |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| <b>10</b> ELECTION                                                                                                                                                                                                                                 | <table style="width: 100%;"> <tr> <td style="width: 40%;">                     ELECTION DATE<br/>                     Month Day Year<br/>                     03/03/2026                 </td> <td style="width: 60%;">                     ELECTION TYPE<br/> <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other<br/> <input type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>                                                                      |                                                             |                                                                                                                                                                                                             | ELECTION DATE<br>Month Day Year<br>03/03/2026 | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| ELECTION DATE<br>Month Day Year<br>03/03/2026                                                                                                                                                                                                      | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                                                                                                                                             |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |
| <b>11</b> OFFICE                                                                                                                                                                                                                                   | OFFICE HELD (if any)<br>Family District Court Judge District 310 Harris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             | <b>12</b> OFFICE SOUGHT (if known)                                                                                                                                                                          |                                               |                                                                                                                                                                                                  |                                                                                          |                                                                                            |                                             |                                                  |                                                            |                                                        |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

3 of 55

|                                                       |                                                           |
|-------------------------------------------------------|-----------------------------------------------------------|
| <b>13 C / OH NAME</b> Heath, Sonya L. (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00081818 |
|-------------------------------------------------------|-----------------------------------------------------------|

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                          |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                          |
|                                                                                               | <b>COMMITTEE TYPE</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>COMMITTEE NAME</b>    |
|                                                                                               | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                               | <b>COMMITTEE ADDRESS</b> |
|                                                                                               | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                              |                          |
|                                                                                               | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>                                                                                                                                                                                                                                                                                                                                                       |                          |
|                                                                                               | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                    |                          |

|                                |                                                                                                                                      |              |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00      |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ 30,824.63 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                           | \$ 0.00      |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                               | \$ 17,439.73 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                               | \$ 28,330.06 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                        | \$ 0.00      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------|
| <b>17 AFFIDAVIT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                      |
| <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p><br><br><div style="display: flex; justify-content: center; align-items: center;"><div style="border-bottom: 1px solid black; width: 200px; margin-right: 10px;"></div><div style="text-align: center;"><b>The Honorable Sonya L. Heath</b><br/>Signature of Candidate or Officeholder</div></div> |                                                             |                                                      |
| <p>AFFIX NOTARY STAMP / SEAL ABOVE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                      |
| <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>                                                                                                                                                                                                                                                                                                                                          |                                                             |                                                      |
| <p>_____<br/>Signature of officer administering oath</p>                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>_____<br/>Printed name of officer administering oath</p> | <p>_____<br/>Title of officer administering oath</p> |

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

4 of 55

|                                                         |                                                                                                                        |                                |                            |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Heath, Sonya L. (The Honorable) |                                                                                                                        | <b>19 Filer ID</b><br>00081818 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE        |                                                                                                                        |                                | SUBTOTAL AMOUNT            |
| 1.                                                      | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$                             | 26,450.00                  |
| 2.                                                      | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                             | 4,374.63                   |
| 3.                                                      | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                               | \$                             |                            |
| 4.                                                      | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)                                                               | \$                             |                            |
| 5.                                                      | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$                             | 17,439.73                  |
| 6.                                                      | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                      | \$                             |                            |
| 7.                                                      | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$                             |                            |
| 8.                                                      | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                                 | \$                             |                            |
| 9.                                                      | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                                        | \$                             |                            |
| 10.                                                     | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                        | \$                             |                            |
| 11.                                                     | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$                             |                            |
| 12.                                                     | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             | 1,026.61                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|                                                                     |                                                                                                                                                                                                    |                                                                                  |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                    | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/15 Rpt: 5/55                      |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)              |                                                                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                         |
| <b>4</b> Date<br>06/07/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Alsandor, Cheryl<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77004 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00                             |
| <b>8</b> Contributor's Principal Occupation<br>Attorney             |                                                                                                                                                                                                    | <b>9</b> Contributor's Job Title<br>Attorney                                     |
| <b>10</b> Contributor's employer/law firm<br>The Alsandor Law Firm  |                                                                                                                                                                                                    | <b>11</b> Law firm of contributor's spouse (if any)                              |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                    |                                                                                  |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Attorney Jalene Mack, PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77288         | Amount of Contribution (\$)<br><br>\$100.00                                      |
| Contributor's Principal Occupation                                  |                                                                                                                                                                                                    | Contributor's Job Title                                                          |
| Contributor's employer/law firm                                     |                                                                                                                                                                                                    | Law firm of contributor's spouse (if any)                                        |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                    |                                                                                  |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Braun, Anjali<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77098                      | Amount of Contribution (\$)<br><br>\$200.00                                      |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                    | Contributor's Job Title<br>Attorney                                              |
| Contributor's employer/law firm<br>ADBraun Law, PLLC                |                                                                                                                                                                                                    | Law firm of contributor's spouse (if any)<br>The Litigation Group (Mahendru, PC) |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                    |                                                                                  |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

|                                                                     |                                                                                                               |                                                      |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| The Instruction Guide explains how to complete this form.           |                                                                                                               | 1 Total pages Schedule A(J)1:<br>Sch: 2/15 Rpt: 6/55 |
| 2 FILER NAME<br>Heath, Sonya L. (The Honorable)                     |                                                                                                               | 3 Filer ID (Ethics Commission Filers)<br>00081818    |
| 4 Date<br>06/04/2025                                                | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Burgower, Wendy          | 7 Amount of Contribution (\$)<br>\$250.00            |
|                                                                     | 6 Contributor address; City; State; Zip Code<br><br>Houston, TX 77007                                         |                                                      |
| 8 Contributor's Principal Occupation<br>Attorney                    |                                                                                                               | 9 Contributor's Job Title<br>Partner                 |
| 10 Contributor's employer/law firm<br>Schlanger Silver LLP          |                                                                                                               | 11 Law firm of contributor's spouse (if any)         |
| 12 If contributor is a child, law firm of parent(s) (if any)        |                                                                                                               |                                                      |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>C.Y. Lee Legal Group, PLLC | Amount of Contribution (\$)<br>\$500.00              |
|                                                                     | Contributor address; City; State; Zip Code<br><br>Houston, TX 77002                                           |                                                      |
| Contributor's Principal Occupation                                  |                                                                                                               | Contributor's Job Title                              |
| Contributor's employer/law firm                                     |                                                                                                               | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                               |                                                      |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cerf, Lawrence             | Amount of Contribution (\$)<br>\$1,000.00            |
|                                                                     | Contributor address; City; State; Zip Code<br><br>Houston, TX 77008                                           |                                                      |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                               | Contributor's Job Title<br>Attorney                  |
| Contributor's employer/law firm<br>Lawrence F. Cerf Attorney at Law |                                                                                                               | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                               |                                                      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|                                                                     |                                                                                                                                                                                                             |                                                                                       |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                             | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 3/15 Rpt: 7/55                           |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)              |                                                                                                                                                                                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                              |
| <b>4</b> Date<br>06/05/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clinton E. Wells, Jr. LLC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77006 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00                                  |
| <b>8</b> Contributor's Principal Occupation                         |                                                                                                                                                                                                             | <b>9</b> Contributor's Job Title                                                      |
| <b>10</b> Contributor's employer/law firm                           |                                                                                                                                                                                                             | <b>11</b> Law firm of contributor's spouse (if any)                                   |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                             |                                                                                       |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cortes, Eduardo<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77001                             | Amount of Contribution (\$)<br><br>\$250.00                                           |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                             | Contributor's Job Title<br>Attorney                                                   |
| Contributor's employer/law firm<br>Law Office of Eddie Cortes       |                                                                                                                                                                                                             | Law firm of contributor's spouse (if any)                                             |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                             |                                                                                       |
| Date<br>06/25/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Crump, Grace<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77008                                | Amount of Contribution (\$)<br><br>\$500.00                                           |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                             | Contributor's Job Title<br>Attorney                                                   |
| Contributor's employer/law firm<br>McKiernan Crump, PC              |                                                                                                                                                                                                             | Law firm of contributor's spouse (if any)<br>Harris County District Attorney's Office |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                             |                                                                                       |
|                                                                     |                                                                                                                                                                                                             |                                                                                       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|                                                                     |                                                                                                                                                                                                  |                                                                        |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 4/15 Rpt: 8/55            |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)              |                                                                                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818               |
| <b>4</b> Date<br>06/04/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Diggs & Sadler<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77007 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00                 |
| <b>8</b> Contributor's Principal Occupation                         |                                                                                                                                                                                                  | <b>9</b> Contributor's Job Title                                       |
| <b>10</b> Contributor's employer/law firm                           |                                                                                                                                                                                                  | <b>11</b> Law firm of contributor's spouse (if any)                    |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                  |                                                                        |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gregory Law PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77008                 | Amount of Contribution (\$)<br><br>\$1,500.00                          |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                  | Contributor's Job Title                                                |
| Contributor's employer/law firm                                     |                                                                                                                                                                                                  | Law firm of contributor's spouse (if any)                              |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                  |                                                                        |
| Date<br>06/29/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Harrison, Ronnie<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77002                 | Amount of Contribution (\$)<br><br>\$500.00                            |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                  | Contributor's Job Title<br>Attorney                                    |
| Contributor's employer/law firm<br>Harrison Law Office, P.C.        |                                                                                                                                                                                                  | Law firm of contributor's spouse (if any)<br>Harrison Law Office, P.C. |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                  |                                                                        |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|                                                                                            |                                                                                                                                                                                                   |                                                             |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                           |                                                                                                                                                                                                   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 5/15 Rpt: 9/55 |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                     |                                                                                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818    |
| <b>4</b> Date<br>06/05/2025                                                                | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hatamleh, Fayez<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77546 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00        |
| <b>8</b> Contributor's Principal Occupation<br>Attorney                                    |                                                                                                                                                                                                   | <b>9</b> Contributor's Job Title<br>Owner                   |
| <b>10</b> Contributor's employer/law firm<br>Fayez Law Group                               |                                                                                                                                                                                                   | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)                        |                                                                                                                                                                                                   |                                                             |
| Date<br>06/05/2025                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hinojosa, Monica<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77015                  | Amount of Contribution (\$)<br><br>\$500.00                 |
| Contributor's Principal Occupation<br>Attorney                                             |                                                                                                                                                                                                   | Contributor's Job Title<br>Attorney                         |
| Contributor's employer/law firm<br>Hinojosa Law Office, P.C.                               |                                                                                                                                                                                                   | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)                                  |                                                                                                                                                                                                   |                                                             |
| Date<br>06/05/2025                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hirsch, Patricia<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77027                  | Amount of Contribution (\$)<br><br>\$250.00                 |
| Contributor's Principal Occupation<br>Attorney                                             |                                                                                                                                                                                                   | Contributor's Job Title<br>Partner                          |
| Contributor's employer/law firm<br>Schlanger Silver                                        |                                                                                                                                                                                                   | Law firm of contributor's spouse (if any)<br>Yes            |
| If contributor is a child, law firm of parent(s) (if any)<br>Law Office of Reginald Hirsch |                                                                                                                                                                                                   |                                                             |
|                                                                                            |                                                                                                                                                                                                   |                                                             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|                                                                          |                                                                                                                                                                                                      |                                                                             |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>         |                                                                                                                                                                                                      | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 6/15 Rpt: 10/55                |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                   |                                                                                                                                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                    |
| <b>4</b> Date<br>06/05/2025                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Holland, Christine<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77008 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00                        |
| <b>8</b> Contributor's Principal Occupation<br>Nonprofit                 |                                                                                                                                                                                                      | <b>9</b> Contributor's Job Title<br>CEO                                     |
| <b>10</b> Contributor's employer/law firm<br>Rebuilding Houston Together |                                                                                                                                                                                                      | <b>11</b> Law firm of contributor's spouse (if any)<br>The Holland Law Firm |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)      |                                                                                                                                                                                                      |                                                                             |
| Date<br>06/19/2025                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Indelicato, Joseph<br><hr/> Contributor address; City; State; Zip Code<br><br>Richmond, TX 77469                  | Amount of Contribution (\$)<br><br>\$750.00                                 |
| Contributor's Principal Occupation<br>Attorney                           |                                                                                                                                                                                                      | Contributor's Job Title<br>Attorney                                         |
| Contributor's employer/law firm<br>Joseph Indelicato, Jr., P.C.          |                                                                                                                                                                                                      | Law firm of contributor's spouse (if any)                                   |
| If contributor is a child, law firm of parent(s) (if any)                |                                                                                                                                                                                                      |                                                                             |
| Date<br>06/05/2025                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kelly L. Fritsch, P.C.<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77007               | Amount of Contribution (\$)<br><br>\$1,000.00                               |
| Contributor's Principal Occupation                                       |                                                                                                                                                                                                      | Contributor's Job Title                                                     |
| Contributor's employer/law firm                                          |                                                                                                                                                                                                      | Law firm of contributor's spouse (if any)                                   |
| If contributor is a child, law firm of parent(s) (if any)                |                                                                                                                                                                                                      |                                                                             |
|                                                                          |                                                                                                                                                                                                      |                                                                             |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|                                                                     |                                                                                                                                                                                                               |                                                                                            |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                               | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 7/15 Rpt: 11/55                               |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)              |                                                                                                                                                                                                               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                   |
| <b>4</b> Date<br>06/05/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Laura Dale & Associates, PC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77056 | <b>7</b> Amount of Contribution (\$)<br><br><div style="text-align: right;">\$500.00</div> |
| <b>8</b> Contributor's Principal Occupation                         |                                                                                                                                                                                                               | <b>9</b> Contributor's Job Title                                                           |
| <b>10</b> Contributor's employer/law firm                           |                                                                                                                                                                                                               | <b>11</b> Law firm of contributor's spouse (if any)                                        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                               |                                                                                            |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Longino, Tristan<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77057                              | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div>        |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                               | Contributor's Job Title<br>Attorney                                                        |
| Contributor's employer/law firm<br>Longino Law                      |                                                                                                                                                                                                               | Law firm of contributor's spouse (if any)<br>Texas Judiciary                               |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                               |                                                                                            |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Magnan Couture PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77008                           | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$300.00</div>          |
| Contributor's Principal Occupation                                  |                                                                                                                                                                                                               | Contributor's Job Title                                                                    |
| Contributor's employer/law firm                                     |                                                                                                                                                                                                               | Law firm of contributor's spouse (if any)                                                  |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                               |                                                                                            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|                                                                     |                                                                                                                                                                                                    |                                                              |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                    | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 8/15 Rpt: 12/55 |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)              |                                                                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818     |
| <b>4</b> Date<br>06/05/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Monsen, Suzan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Montgomery, TX 77356 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00       |
| <b>8</b> Contributor's Principal Occupation<br>CPA                  |                                                                                                                                                                                                    | <b>9</b> Contributor's Job Title<br>CPA                      |
| <b>10</b> Contributor's employer/law firm<br>Wells & Bedard         |                                                                                                                                                                                                    | <b>11</b> Law firm of contributor's spouse (if any)          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                    |                                                              |
| Date<br>06/04/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moon, Tammy<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77024                        | Amount of Contribution (\$)<br><br>\$250.00                  |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                    | Contributor's Job Title<br>Partner                           |
| Contributor's employer/law firm<br>Schlanger Silver LLP             |                                                                                                                                                                                                    | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                    |                                                              |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Myres and Associates, PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77046         | Amount of Contribution (\$)<br><br>\$500.00                  |
| Contributor's Principal Occupation                                  |                                                                                                                                                                                                    | Contributor's Job Title                                      |
| Contributor's employer/law firm                                     |                                                                                                                                                                                                    | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                    |                                                              |
|                                                                     |                                                                                                                                                                                                    |                                                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|                                                                     |                                                                                                                                                                                                  |                                                              |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 9/15 Rpt: 13/55 |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)              |                                                                                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818     |
| <b>4</b> Date<br>06/05/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>O'Neil Wysocki<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77027 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00       |
| <b>8</b> Contributor's Principal Occupation                         |                                                                                                                                                                                                  | <b>9</b> Contributor's Job Title                             |
| <b>10</b> Contributor's employer/law firm                           |                                                                                                                                                                                                  | <b>11</b> Law firm of contributor's spouse (if any)          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                  |                                                              |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ogbeide, Daniel<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77074                  | Amount of Contribution (\$)<br><br>\$500.00                  |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                  | Contributor's Job Title<br>Attorney                          |
| Contributor's employer/law firm<br>Daniel Ogbeide Law               |                                                                                                                                                                                                  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                  |                                                              |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Peavy, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77288                      | Amount of Contribution (\$)<br><br>\$1,000.00                |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                  | Contributor's Job Title<br>Retired                           |
| Contributor's employer/law firm<br>Retired                          |                                                                                                                                                                                                  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                  |                                                              |
|                                                                     |                                                                                                                                                                                                  |                                                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|                                                                          |                                                                                                                                                                                                  |                                                                           |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>         |                                                                                                                                                                                                  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 10/15 Rpt: 14/55             |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                   |                                                                                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                  |
| <b>4</b> Date<br>06/06/2025                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Runge, Barbara<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77005 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00                      |
| <b>8</b> Contributor's Principal Occupation<br>Attorney                  |                                                                                                                                                                                                  | <b>9</b> Contributor's Job Title<br>Attorney                              |
| <b>10</b> Contributor's employer/law firm<br>Law Office of Barbara Runge |                                                                                                                                                                                                  | <b>11</b> Law firm of contributor's spouse (if any)                       |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)      |                                                                                                                                                                                                  |                                                                           |
| Date<br>06/05/2025                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shapiro Golub, Stefani<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77024           | Amount of Contribution (\$)<br><br>\$250.00                               |
| Contributor's Principal Occupation<br>Attorney                           |                                                                                                                                                                                                  | Contributor's Job Title<br>Partner                                        |
| Contributor's employer/law firm<br>Schlanger Silver LLP                  |                                                                                                                                                                                                  | Law firm of contributor's spouse (if any)<br>Dow Bolub Remels & Gilbreath |
| If contributor is a child, law firm of parent(s) (if any)                |                                                                                                                                                                                                  |                                                                           |
| Date<br>06/05/2025                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Shelly<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77098                    | Amount of Contribution (\$)<br><br>\$500.00                               |
| Contributor's Principal Occupation<br>Attorney                           |                                                                                                                                                                                                  | Contributor's Job Title<br>Principal Attorney                             |
| Contributor's employer/law firm<br>The Davis Law Firm                    |                                                                                                                                                                                                  | Law firm of contributor's spouse (if any)                                 |
| If contributor is a child, law firm of parent(s) (if any)                |                                                                                                                                                                                                  |                                                                           |
|                                                                          |                                                                                                                                                                                                  |                                                                           |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|                                                                             |                                                                                                                                                                                                          |                                                               |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>            |                                                                                                                                                                                                          | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 11/15 Rpt: 15/55 |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                      |                                                                                                                                                                                                          | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818      |
| <b>4</b> Date<br>05/15/2025                                                 | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>St. Yves Brewer, Diane<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77006 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00          |
| <b>8</b> Contributor's Principal Occupation<br>Attorney                     |                                                                                                                                                                                                          | <b>9</b> Contributor's Job Title<br>Owner                     |
| <b>10</b> Contributor's employer/law firm<br>Law Ofc of Diane St Yves, PLLC |                                                                                                                                                                                                          | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)         |                                                                                                                                                                                                          |                                                               |
| Date<br>06/09/2025                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stalder, Barbara<br><hr/> Contributor address; City; State; Zip Code<br><br>Friendswood, TX 77546                     | Amount of Contribution (\$)<br><br>\$50.00                    |
| Contributor's Principal Occupation<br>Attorney                              |                                                                                                                                                                                                          | Contributor's Job Title<br>Attorney                           |
| Contributor's employer/law firm<br>Richmond Law Firm                        |                                                                                                                                                                                                          | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)                   |                                                                                                                                                                                                          |                                                               |
| Date<br>06/17/2025                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stevens, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77004                            | Amount of Contribution (\$)<br><br>\$250.00                   |
| Contributor's Principal Occupation<br>Engineer                              |                                                                                                                                                                                                          | Contributor's Job Title<br>Retired                            |
| Contributor's employer/law firm<br>Retired                                  |                                                                                                                                                                                                          | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)                   |                                                                                                                                                                                                          |                                                               |
|                                                                             |                                                                                                                                                                                                          |                                                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|                                                                     |                                                                                                                                                                                                       |                                                                                                                 |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                       | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 12/15 Rpt: 16/55                                                   |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)              |                                                                                                                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                        |
| <b>4</b> Date<br>06/05/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Bayley Law Firm<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77008 | <b>7</b> Amount of Contribution (\$)<br><br><div style="text-align: right; font-weight: bold;">\$2,500.00</div> |
| <b>8</b> Contributor's Principal Occupation                         |                                                                                                                                                                                                       | <b>9</b> Contributor's Job Title                                                                                |
| <b>10</b> Contributor's employer/law firm                           |                                                                                                                                                                                                       | <b>11</b> Law firm of contributor's spouse (if any)                                                             |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                       |                                                                                                                 |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Herrington Law Firm, P.C.<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77043         | Amount of Contribution (\$)<br><br><div style="text-align: right; font-weight: bold;">\$500.00</div>            |
| Contributor's Principal Occupation                                  |                                                                                                                                                                                                       | Contributor's Job Title                                                                                         |
| Contributor's employer/law firm                                     |                                                                                                                                                                                                       | Law firm of contributor's spouse (if any)                                                                       |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                       |                                                                                                                 |
| Date<br>06/05/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Kuehm Law Firm PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77017               | Amount of Contribution (\$)<br><br><div style="text-align: right; font-weight: bold;">\$1,000.00</div>          |
| Contributor's Principal Occupation                                  |                                                                                                                                                                                                       | Contributor's Job Title                                                                                         |
| Contributor's employer/law firm                                     |                                                                                                                                                                                                       | Law firm of contributor's spouse (if any)                                                                       |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                       |                                                                                                                 |
|                                                                     |                                                                                                                                                                                                       |                                                                                                                 |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|                                                                     |                                                                                                                                                                                                           |                                                                             |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                           | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 13/15 Rpt: 17/55               |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)              |                                                                                                                                                                                                           | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                    |
| <b>4</b> Date<br>06/05/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Stout Law Firm PLLC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77008 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00                        |
| <b>8</b> Contributor's Principal Occupation                         |                                                                                                                                                                                                           | <b>9</b> Contributor's Job Title                                            |
| <b>10</b> Contributor's employer/law firm                           |                                                                                                                                                                                                           | <b>11</b> Law firm of contributor's spouse (if any)                         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                           |                                                                             |
| Date<br>06/11/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Torres, Enrique<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77018                           | Amount of Contribution (\$)<br><br>\$1,000.00                               |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                           | Contributor's Job Title<br>Managing Attorney                                |
| Contributor's employer/law firm<br>The Torres Law Group, PC         |                                                                                                                                                                                                           | Law firm of contributor's spouse (if any)<br>Law Office of Isaías D. Torres |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                           |                                                                             |
| Date<br>06/30/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Torres, Enrique<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77018                           | Amount of Contribution (\$)<br><br>\$1,500.00                               |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                           | Contributor's Job Title<br>Managing Attorney                                |
| Contributor's employer/law firm<br>The Torres Law Group, PC         |                                                                                                                                                                                                           | Law firm of contributor's spouse (if any)<br>Law Office of Isaías D. Torres |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                           |                                                                             |
|                                                                     |                                                                                                                                                                                                           |                                                                             |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|                                                                     |                                                                                                                                                                                                   |                                                                                 |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 14/15 Rpt: 18/55                   |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)              |                                                                                                                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                        |
| <b>4</b> Date<br>06/05/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Valentine, Sara<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77024 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00                            |
| <b>8</b> Contributor's Principal Occupation<br>Attorney             |                                                                                                                                                                                                   | <b>9</b> Contributor's Job Title<br>Partner                                     |
| <b>10</b> Contributor's employer/law firm<br>Schlanger Silver LLP   |                                                                                                                                                                                                   | <b>11</b> Law firm of contributor's spouse (if any)<br>Munsch Hardt Kopf & Harr |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                   |                                                                                 |

  

|                                                           |                                                                                                                                                                                 |                                                            |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Date<br>06/05/2025                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Waddell, Lauren<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77098 | Amount of Contribution (\$)<br><br>\$500.00                |
| Contributor's Principal Occupation<br>Attorney            |                                                                                                                                                                                 | Contributor's Job Title<br>Attorney                        |
| Contributor's employer/law firm<br>Waddell Law Firm, PC   |                                                                                                                                                                                 | Law firm of contributor's spouse (if any)<br>Zabel Freeman |
| If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                 |                                                            |

  

|                                                           |                                                                                                                                                                              |                                            |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date<br>06/05/2025                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Yablon, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77019 | Amount of Contribution (\$)<br><br>\$50.00 |
| Contributor's Principal Occupation<br>Attorney            |                                                                                                                                                                              | Contributor's Job Title<br>Managing Member |
| Contributor's employer/law firm<br>Yablon Law PLLC        |                                                                                                                                                                              | Law firm of contributor's spouse (if any)  |
| If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                              |                                            |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

|                                                              |                                                                                                                                                                          |                                                        |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| The Instruction Guide explains how to complete this form.    |                                                                                                                                                                          | 1 Total pages Schedule A(J)1:<br>Sch: 15/15 Rpt: 19/55 |
| 2 FILER NAME<br>Heath, Sonya L. (The Honorable)              |                                                                                                                                                                          | 3 Filer ID (Ethics Commission Filers)<br>00081818      |
| 4 Date<br>06/05/2025                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Zhang, Elaine<br>6 Contributor address; City; State; Zip Code<br><br>Katy, TX 77494 | 7 Amount of Contribution (\$)<br><br>\$500.00          |
| 8 Contributor's Principal Occupation<br>Attorney             |                                                                                                                                                                          | 9 Contributor's Job Title<br>Legal Counsel & Senior VP |
| 10 Contributor's employer/law firm<br>CREDUS Group Co.       |                                                                                                                                                                          | 11 Law firm of contributor's spouse (if any)           |
| 12 If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                          |                                                        |

  

|                                                           |                                                                                                                                                                                      |                                             |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Date<br>06/05/2025                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Zimmerman Family Law, PLLC<br>Contributor address; City; State; Zip Code<br><br>Webster, TX 77598 | Amount of Contribution (\$)<br><br>\$250.00 |
| Contributor's Principal Occupation                        |                                                                                                                                                                                      | Contributor's Job Title                     |
| Contributor's employer/law firm                           |                                                                                                                                                                                      | Law firm of contributor's spouse (if any)   |
| If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                      |                                             |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

|                                                                                   |                                                                                                  |                                                                                 |                                                                           |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                         |                                                                                                  | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 20/55                               |                                                                           |
| 2 FILER NAME<br>Heath, Sonya L. (The Honorable)                                   |                                                                                                  | 3 Filer ID (Ethics Commission Filers)<br>00081818                               |                                                                           |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                             |                                                                                                  | \$                                                                              |                                                                           |
| 5 Date<br>06/05/2025                                                              | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wilson, Tim | 8 Amount of contribution (\$)<br>\$4,374.63                                     | 9 In-kind contribution description<br>Paid for campaign kickoff at Tony's |
|                                                                                   | 7 Contributor address; City; State; Zip Code<br><br>Hempstead, TX 77445                          | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                           |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)         |                                                                                                  | 11 Employer (FOR NON-JUDICIAL) (See instructions)                               |                                                                           |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br>Private Investigator      |                                                                                                  | 13 Contributor's job title (FOR JUDICIAL) (See instructions)<br>Owner           |                                                                           |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br>Tim D. Wilson Investigations |                                                                                                  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |                                                                           |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)       |                                                                                                  |                                                                                 |                                                                           |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                      |                                                                                                                                                                                                                 |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/34 Rpt: 21/55           | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                        |
| <b>4</b> Date<br>01/15/2025                                         | <b>5</b> Payee name<br>Amazon.com                                                                    |                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$84.90                                     | <b>7</b> Payee address; City; State; Zip Code<br>410 Terry Ave. N<br><br>Seattle, WA 98109           |                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Jury snacks           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                      |                                                                                                                                                                                                                 |
| Date<br>01/30/2025                                                  | Candidate/Officeholder name Office sought Office held                                                |                                                                                                                                                                                                                 |
| Payee name<br>Amazon.com                                            |                                                                                                      |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$22.06                                              | Payee address; City; State; Zip Code<br>410 Terry Ave. N<br><br>Seattle, WA 98109                    |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fast charging laptop cord | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>for new county laptop |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                      |                                                                                                                                                                                                                 |
| Date<br>04/16/2025                                                  | Candidate/Officeholder name Office sought Office held                                                |                                                                                                                                                                                                                 |
| Payee name<br>Amazon.com                                            |                                                                                                      |                                                                                                                                                                                                                 |
| Amount (\$)<br>\$64.96                                              | Payee address; City; State; Zip Code<br>410 Terry Ave. N<br><br>Seattle, WA 98109                    |                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Jury snacks           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                      |                                                                                                                                                                                                                 |
|                                                                     |                                                                                                      |                                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/34 Rpt: 23/55           | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                                                |
| <b>4</b> Date<br>06/14/2025                                         | <b>5</b> Payee name<br>Amazon.com                                                                                                                 |                                                                                                                                                                                                                                                                         |
| <b>6</b> Amount (\$)<br>\$15.14                                     | <b>7</b> Payee address; City; State; Zip Code<br>410 Terry Ave. N<br><br>Seattle, WA 98109                                                        |                                                                                                                                                                                                                                                                         |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                                                          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gift bag goodies for kids going to Election Poster Contest / Ice Cream Social |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                   |                                                                                                                                                                                                                                                                         |
| Date<br>06/30/2025                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                       |                                                                                                                                                                                                                                                                         |
| Payee name<br>Amazon.com                                            |                                                                                                                                                   |                                                                                                                                                                                                                                                                         |
| Amount (\$)<br>\$57.80                                              | Payee address; City; State; Zip Code<br>410 Terry Ave. N<br><br>Seattle, WA 98109                                                                 |                                                                                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense                                                                 | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gift bag goodies for kids going to Election Poster Contest / Ice Cream Social        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                   |                                                                                                                                                                                                                                                                         |
| Date<br>02/18/2025                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                       |                                                                                                                                                                                                                                                                         |
| Payee name<br>American Leadership Forum                             |                                                                                                                                                   |                                                                                                                                                                                                                                                                         |
| Amount (\$)<br>\$103.62                                             | Payee address; City; State; Zip Code<br>1801 Main St.<br>Suite 910<br>Houston, TX 77002                                                           |                                                                                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Annual Fundraiser                                                                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                   |                                                                                                                                                                                                                                                                         |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/34 Rpt: 24/55           | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                          |
| <b>4</b> Date<br>01/27/2025                                         | <b>5</b> Payee name<br>Area 5 Democrats                                                                                                                  |                                                                                                                                                                                                                                   |
| <b>6</b> Amount (\$)<br>\$29.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 608<br><br>Pasadena, TX 77501                                                                    |                                                                                                                                                                                                                                   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                                                                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fabulous Brunch Fundraiser on 3/8/25    |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                         |
| Date<br>03/08/2025                                                  | Payee name<br>Area 5 Democrats                                                                                                                           |                                                                                                                                                                                                                                   |
| Amount (\$)<br>\$100.00                                             | Payee address; City; State; Zip Code<br>PO Box 608<br><br>Pasadena, TX 77501                                                                             |                                                                                                                                                                                                                                   |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsor for annual brunch               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                         |
| Date<br>05/22/2025                                                  | Payee name<br>Area 5 Democrats                                                                                                                           |                                                                                                                                                                                                                                   |
| Amount (\$)<br>\$100.00                                             | Payee address; City; State; Zip Code<br>PO Box 608<br><br>Pasadena, TX 77501                                                                             |                                                                                                                                                                                                                                   |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsor of board games with blue voters |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                         |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                  |                                                                                                                                                                                                                             |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/34 Rpt: 25/55           | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                           | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                    |
| <b>4</b> Date<br>01/03/2025                                         | <b>5</b> Payee name<br>Barnaby's Cafe                                                            |                                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$49.68                                     | <b>7</b> Payee address; City; State; Zip Code<br>1601 Binz St.<br>Ste. 110<br>Houston, TX 77004  |                                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Goodbye lunch with Intern Firdaos |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                   |
| Date<br>02/21/2025                                                  | Payee name<br>Barnaby's Cafe                                                                     |                                                                                                                                                                                                                             |
| Amount (\$)<br>\$53.51                                              | Payee address; City; State; Zip Code<br>801 Congress<br>Ste. 175<br>Houston, TX 77002            |                                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch during ChatGPT training     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                   |
| Date<br>04/11/2025                                                  | Payee name<br>Black Walnut                                                                       |                                                                                                                                                                                                                             |
| Amount (\$)<br>\$47.46                                              | Payee address; City; State; Zip Code<br>5512 Memorial Dr.<br><br>Houston, TX 77007               |                                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Breakfast for 2 interns (goodbye) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                  |                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/34 Rpt: 26/55           | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                           | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                         |
| <b>4</b> Date<br>01/24/2025                                         | <b>5</b> Payee name<br>Brothers Taco Houston                                                     |                                                                                                                                                                                                                                  |
| <b>6</b> Amount (\$)<br>\$64.14                                     | <b>7</b> Payee address; City; State; Zip Code<br>1604 Emancipation Ave<br><br>Houston, TX 77003  |                                                                                                                                                                                                                                  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Jan bday tacos for 245th and 310 staff |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                        |
| Date<br>01/03/2025                                                  | Payee name<br>CVS Photo                                                                          |                                                                                                                                                                                                                                  |
| Amount (\$)<br>\$6.26                                               | Payee address; City; State; Zip Code<br>One CVS Dr.<br><br>Woonsocket, RI 02895                  |                                                                                                                                                                                                                                  |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Judge photo for Area 5 Democrats       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                        |
| Date<br>05/27/2025                                                  | Payee name<br>Dreamstime LLC                                                                     |                                                                                                                                                                                                                                  |
| Amount (\$)<br>\$39.00                                              | Payee address; City; State; Zip Code<br>1616 Westgate Circle<br><br>Brentwood, TN 37027          |                                                                                                                                                                                                                                  |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Stock photography for website          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                        |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                  |                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/34 Rpt: 27/55           | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                           | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                          |
| <b>4</b> Date<br>06/23/2025                                         | <b>5</b> Payee name<br>Dreamstime LLC                                                            |                                                                                                                                                                                                                                   |
| <b>6</b> Amount (\$)<br>\$39.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>1616 Westgate Circle<br><br>Brentwood, TN 37027 |                                                                                                                                                                                                                                   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Stock photography for website           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                         |
| Date<br>05/01/2025                                                  | Payee name<br>Dropbox Inc.                                                                       |                                                                                                                                                                                                                                   |
| Amount (\$)<br>\$127.79                                             | Payee address; City; State; Zip Code<br>1800 Owens Street<br><br>San Francisco , CA 94158        |                                                                                                                                                                                                                                   |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yearly charge for file storage in cloud |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                         |
| Date<br>05/01/2025                                                  | Payee name<br>Envato                                                                             |                                                                                                                                                                                                                                   |
| Amount (\$)<br>\$29.23                                              | Payee address; City; State; Zip Code<br>moxcreative<br><br>Sleman DIY 48774 Indonesia            |                                                                                                                                                                                                                                   |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website stock photos                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                         |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                          |                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/34 Rpt: 28/55           | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                      |
| <b>4</b> Date<br>04/23/2025                                         | <b>5</b> Payee name<br>FTD Companies                                                                     |                                                                                                                                                                                                                                               |
| <b>6</b> Amount (\$)<br>\$91.99                                     | <b>7</b> Payee address; City; State; Zip Code<br>200 N. LaSalle St<br>Ste. 2550<br>Chicago, IL 60601     |                                                                                                                                                                                                                                               |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Plant for funeral of court reporter's sister-in-law |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                              | Office sought Office held                                                                                                                                                                                                                     |
| Date<br>04/24/2025                                                  | Payee name<br>FedEx Office                                                                               |                                                                                                                                                                                                                                               |
| Amount (\$)<br>\$19.57                                              | Payee address; City; State; Zip Code<br>801 Louisiana St.<br>Suite 101<br>Houston, TX 77002              |                                                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Print petitions to be on the ballot (40 copies)     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                              | Office sought Office held                                                                                                                                                                                                                     |
| Date<br>04/28/2025                                                  | Payee name<br>FedEx Office                                                                               |                                                                                                                                                                                                                                               |
| Amount (\$)<br>\$36.37                                              | Payee address; City; State; Zip Code<br>801 Louisiana St.<br>Suite 101<br>Houston, TX 77002              |                                                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Petitions to be on the ballot                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                              | Office sought Office held                                                                                                                                                                                                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                      |                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/34 Rpt: 29/55           | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                               |
| <b>4</b> Date<br>05/19/2025                                         | <b>5</b> Payee name<br>FedEx Office                                                                  |                                                                                                                                                                                                                                        |
| <b>6</b> Amount (\$)<br>\$76.86                                     | <b>7</b> Payee address; City; State; Zip Code<br>801 Louisiana St.<br>Suite 101<br>Houston, TX 77002 |                                                                                                                                                                                                                                        |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>100 copies of petition in lieu of filing fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                          | Office sought Office held                                                                                                                                                                                                              |
| Date<br>04/25/2025                                                  | Payee name<br>Flora                                                                                  |                                                                                                                                                                                                                                        |
| Amount (\$)<br>\$39.64                                              | Payee address; City; State; Zip Code<br>3422 Allen Pkwy<br><br>Houston, TX 77019                     |                                                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch with intern                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                          | Office sought Office held                                                                                                                                                                                                              |
| Date<br>06/16/2025                                                  | Payee name<br>Girls' Empowerment Rotary Action Group                                                 |                                                                                                                                                                                                                                        |
| Amount (\$)<br>\$60.00                                              | Payee address; City; State; Zip Code<br>1213 W. Morehead Street<br>5th Floor<br>Charlotte, NC 28208  |                                                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership dues                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                          | Office sought Office held                                                                                                                                                                                                              |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                       |                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/34 Rpt: 30/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                                |
| <b>4</b> Date<br>04/14/2025                                         | <b>5</b> Payee name<br>Gloria's Midtown                                                               |                                                                                                                                                                                                                                                         |
| <b>6</b> Amount (\$)<br>\$212.95                                    | <b>7</b> Payee address; City; State; Zip Code<br>2616 Louisiana St.<br>Suite 100<br>Houston, TX 77006 |                                                                                                                                                                                                                                                         |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Intern Alyson and court staff for dinner for passing bar exam |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                           | Office sought Office held                                                                                                                                                                                                                               |
| Date<br>01/16/2025                                                  | Payee name<br>Go Fund Me                                                                              |                                                                                                                                                                                                                                                         |
| Amount (\$)<br>\$5.00                                               | Payee address; City; State; Zip Code<br>855 Jefferson Ave.<br><br>Redwood City, CA 94063              |                                                                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Tip amount for Kade Sorrell donation                          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                           | Office sought Office held                                                                                                                                                                                                                               |
| Date<br>06/17/2025                                                  | Payee name<br>Google LLC                                                                              |                                                                                                                                                                                                                                                         |
| Amount (\$)<br>\$25.97                                              | Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043         |                                                                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly charge for Facebook Meta Verified account             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                           | Office sought Office held                                                                                                                                                                                                                               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                          |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/34 Rpt: 31/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                 |
| <b>4</b> Date<br>01/12/2025                                         | <b>5</b> Payee name<br>Greater Houston Frontiers Club                                                                                                    |                                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$125.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>15814 Champion Forest Dr.<br><br>Spring, TX 77379                                                       |                                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MLK Scholarship Program        |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                |
| Date<br>06/24/2025                                                  | Payee name<br>Griffin, Vanessa                                                                                                                           |                                                                                                                                                                                                                          |
| Amount (\$)<br>\$500.00                                             | Payee address; City; State; Zip Code<br>1742 Eastfield Dr.<br><br>Missouri City, TX 77459                                                                |                                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website design and development |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                |
| Date<br>04/15/2025                                                  | Payee name<br>Guejen, Ahava                                                                                                                              |                                                                                                                                                                                                                          |
| Amount (\$)<br>\$100.00                                             | Payee address; City; State; Zip Code<br>2121 Bering Dr.<br><br>Houston, TX 77057                                                                         |                                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense                                                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Goodbye gift for intern        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 12/34 Rpt: 32/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                            |
| <b>4</b> Date<br>02/03/2025                                         | <b>5</b> Payee name<br>Harris County Democratic Party                                                                                                    |                                                                                                                                                                                                                     |
| <b>6</b> Amount (\$)<br>\$1,000.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>3302 Canal St.<br><br>Houston, TX 77003                                                                 |                                                                                                                                                                                                                     |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly sustaining member |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                           |
| Date<br>03/03/2025                                                  | Payee name<br>Harris County Democratic Party                                                                                                             |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$1,000.00                                           | Payee address; City; State; Zip Code<br>3302 Canal St.<br><br>Houston, TX 77003                                                                          |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly sustaining member        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                           |
| Date<br>04/01/2025                                                  | Payee name<br>Harris County Democratic Party                                                                                                             |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$1,000.00                                           | Payee address; City; State; Zip Code<br>3302 Canal St.<br><br>Houston, TX 77003                                                                          |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly sustaining member        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                           |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 13/34 Rpt: 33/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                            |
| <b>4</b> Date<br>04/09/2025                                         | <b>5</b> Payee name<br>Harris County Democratic Party                                                                                                    |                                                                                                                                                                                                                     |
| <b>6</b> Amount (\$)<br>\$60.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>3302 Canal St.<br><br>Houston, TX 77003                                                                 |                                                                                                                                                                                                                     |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Name badges                                                                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>name badges               |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                           |
| Date<br>05/01/2025                                                  | Payee name<br>Harris County Democratic Party                                                                                                             |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$1,000.00                                           | Payee address; City; State; Zip Code<br>3302 Canal St.<br><br>Houston, TX 77003                                                                          |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly sustaining member |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                           |
| Date<br>06/02/2025                                                  | Payee name<br>Harris County Democratic Party                                                                                                             |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$103.45                                             | Payee address; City; State; Zip Code<br>3302 Canal St.<br><br>Houston, TX 77003                                                                          |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                                                                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CEC Sponsorship           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                           |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 14/34 Rpt: 34/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                                  |
| <b>4</b> Date<br>06/03/2025                                         | <b>5</b> Payee name<br>Harris County Democratic Party                                                                                                    |                                                                                                                                                                                                                                                           |
| <b>6</b> Amount (\$)<br>\$1,000.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>3302 Canal St.<br><br>Houston, TX 77003                                                                 |                                                                                                                                                                                                                                                           |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly sustaining member                                       |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                                 |
| Date<br>06/10/2025                                                  | Payee name<br>Harris County Democratic Party                                                                                                             |                                                                                                                                                                                                                                                           |
| Amount (\$)<br>\$51.83                                              | Payee address; City; State; Zip Code<br>3302 Canal St.<br><br>Houston, TX 77003                                                                          |                                                                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>HCDP judge name badges (2)                                      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                                 |
| Date<br>04/28/2025                                                  | Payee name<br>Hermann Park Conservancy                                                                                                                   |                                                                                                                                                                                                                                                           |
| Amount (\$)<br>\$250.00                                             | Payee address; City; State; Zip Code<br>1700 Hermann Dr.<br><br>Houston, TX 77004                                                                        |                                                                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                                                                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reserve pavilion for Campaign poster event and ice cream social |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                          |                                                                                                                                                                                                                             |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 16/34 Rpt: 36/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                    |
| <b>4</b> Date<br>01/14/2025                                         | <b>5</b> Payee name<br>Houston GLBT Caucus                                               |                                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$10.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266 |                                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sustaining monthly membership fee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                              | Office sought Office held                                                                                                                                                                                                   |
| Date<br>02/18/2025                                                  | Payee name<br>Houston GLBT Caucus                                                        |                                                                                                                                                                                                                             |
| Amount (\$)<br>\$10.00                                              | Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266          |                                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly sustaining member fee     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                              | Office sought Office held                                                                                                                                                                                                   |
| Date<br>03/17/2025                                                  | Payee name<br>Houston GLBT Caucus                                                        |                                                                                                                                                                                                                             |
| Amount (\$)<br>\$10.00                                              | Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266          |                                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly sustaining member fee     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                              | Office sought Office held                                                                                                                                                                                                   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 17/34 Rpt: 37/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                            |
| <b>4</b> Date<br>04/11/2025                                         | <b>5</b> Payee name<br>Houston GLBT Caucus                                                                                                               |                                                                                                                                                                                                                     |
| <b>6</b> Amount (\$)<br>\$10.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266                                                                 |                                                                                                                                                                                                                     |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly sustaining member |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                           |
| Date<br>05/15/2025                                                  | Payee name<br>Houston GLBT Caucus                                                                                                                        |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$10.00                                              | Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266                                                                          |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly sustaining member        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                           |
| Date<br>06/16/2025                                                  | Payee name<br>Houston GLBT Caucus                                                                                                                        |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$10.00                                              | Payee address; City; State; Zip Code<br>P.O. Box 66664<br><br>Houston, TX 77266                                                                          |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly sustaining member        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                           |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                  |                                                                                                                                                                                                                         |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 18/34 Rpt: 38/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                           | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                |
| <b>4</b> Date<br>01/17/2025                                         | <b>5</b> Payee name<br>Houston Lawyers Association                                               |                                                                                                                                                                                                                         |
| <b>6</b> Amount (\$)<br>\$50.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 300009<br><br>Houston, TX 77230        |                                                                                                                                                                                                                         |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Breakfast for 5 staff members |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                               |
| Date<br>03/19/2025                                                  | Payee name<br>Houston Lawyers Association                                                        |                                                                                                                                                                                                                         |
| Amount (\$)<br>\$220.00                                             | Payee address; City; State; Zip Code<br>P.O. Box 300009<br><br>Houston, TX 77230                 |                                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>1 gala ticket                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                               |
| Date<br>05/29/2025                                                  | Payee name<br>Human Age Digital LLC                                                              |                                                                                                                                                                                                                         |
| Amount (\$)<br>\$500.00                                             | Payee address; City; State; Zip Code<br>2700 Post Oak Blvd<br>21st floor<br>Houston, TX 77056    |                                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital consulting retainer   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                        |                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 19/34 Rpt: 39/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                                                                  |
| <b>4</b> Date<br>06/11/2025                                         | <b>5</b> Payee name<br>Human Age Digital LLC                                                           |                                                                                                                                                                                                                                                                                           |
| <b>6</b> Amount (\$)<br>\$500.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>2700 Post Oak Blvd<br>21st floor<br>Houston, TX 77056 |                                                                                                                                                                                                                                                                                           |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Consulting Retainer                                                                     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                            | Office sought Office held                                                                                                                                                                                                                                                                 |
| Date<br>05/02/2025                                                  | Payee name<br>InterContinental Hotel San Antonio                                                       |                                                                                                                                                                                                                                                                                           |
| Amount (\$)<br>\$514.70                                             | Payee address; City; State; Zip Code<br>111 E. Pecan St.<br><br>San Antonio, TX 78205                  |                                                                                                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Hotel and parking while speaker for State Bar Innovations: Breaking Boundaries in Child Custody |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                            | Office sought Office held                                                                                                                                                                                                                                                                 |
| Date<br>05/05/2025                                                  | Payee name<br>InterContinental Hotel San Antonio                                                       |                                                                                                                                                                                                                                                                                           |
| Amount (\$)<br>\$7.00                                               | Payee address; City; State; Zip Code<br>111 E. Pecan St.<br><br>San Antonio, TX 78205                  |                                                                                                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Coffee while trying to checkout of hotel                                                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                            | Office sought Office held                                                                                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 20/34 Rpt: 40/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                                      |
| <b>4</b> Date<br>05/05/2025                                         | <b>5</b> Payee name<br>InterContinental Hotel San Antonio                                                                                                |                                                                                                                                                                                                                                                               |
| <b>6</b> Amount (\$)<br>\$4.99                                      | <b>7</b> Payee address; City; State; Zip Code<br>111 E. Pecan St.<br><br>San Antonio, TX 78205                                                           |                                                                                                                                                                                                                                                               |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District                                                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Valet tip during conference in San Antonio                          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                                     |
| Date<br>02/10/2025                                                  | Payee name<br>Leadership Houston, Inc.                                                                                                                   |                                                                                                                                                                                                                                                               |
| Amount (\$)<br>\$94.60                                              | Payee address; City; State; Zip Code<br>4306 Yoakum Blvd.<br>Ste. 350<br>Houston, TX 77006                                                               |                                                                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation in honor of Class 43 (Ana Baskharone)                      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                                     |
| Date<br>05/13/2025                                                  | Payee name<br>LinkedIn                                                                                                                                   |                                                                                                                                                                                                                                                               |
| Amount (\$)<br>\$56.82                                              | Payee address; City; State; Zip Code<br>1000 W Maude Ave<br><br>Sunnyvale, CA 94085                                                                      |                                                                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>One month of trying LinkedIn Premium for advertising (not worth it) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                                     |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                  |                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 21/34 Rpt: 41/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                           | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                                  |
| <b>4</b> Date<br>06/12/2025                                         | <b>5</b> Payee name<br>LinkedIn                                                                  |                                                                                                                                                                                                                                                           |
| <b>6</b> Amount (\$)<br>\$56.82                                     | <b>7</b> Payee address; City; State; Zip Code<br>1000 W Maude Ave<br><br>Sunnyvale, CA 94085     |                                                                                                                                                                                                                                                           |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Premium Business Monthly charge                                 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                                                 |
| Date<br>02/11/2025                                                  | Payee name<br>Mexican American Bar Association of Houston                                        |                                                                                                                                                                                                                                                           |
| Amount (\$)<br>\$75.00                                              | Payee address; City; State; Zip Code<br>PO Box 303<br><br>Houston, TX 77001                      |                                                                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yearly membership fee                                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                                                 |
| Date<br>01/29/2025                                                  | Payee name<br>Mexican Sugar                                                                      |                                                                                                                                                                                                                                                           |
| Amount (\$)<br>\$200.05                                             | Payee address; City; State; Zip Code<br>3505 W. Dallas St.<br><br>Houston, TX 77019              |                                                                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bday dinner for Judge Lancelin and both our court coordinators. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                    |                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 22/34 Rpt: 42/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                           |
| <b>4</b> Date<br>01/02/2025                                         | <b>5</b> Payee name<br>Michael's                                                                   |                                                                                                                                                                                                                                                    |
| <b>6</b> Amount (\$)<br>\$128.82                                    | <b>7</b> Payee address; City; State; Zip Code<br>3904 Bissonnet St.<br><br>Houston , TX 77005      |                                                                                                                                                                                                                                                    |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Frame                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>for article in 2024 about Judge Heath's personal journey |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                        | Office sought Office held                                                                                                                                                                                                                          |
| Date<br>01/30/2025                                                  | Payee name<br>Nothing Bundt Cakes                                                                  |                                                                                                                                                                                                                                                    |
| Amount (\$)<br>\$40.00                                              | Payee address; City; State; Zip Code<br>19250 W. Lake Houston Pkwy.<br>Suite 1<br>Humble, TX 77346 |                                                                                                                                                                                                                                                    |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Court Coordinator's bday cake                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                        | Office sought Office held                                                                                                                                                                                                                          |
| Date<br>04/14/2025                                                  | Payee name<br>Nothing Bundt Cakes                                                                  |                                                                                                                                                                                                                                                    |
| Amount (\$)<br>\$31.00                                              | Payee address; City; State; Zip Code<br>19250 W. Lake Houston Pkwy.<br>Suite 1<br>Humble, TX 77346 |                                                                                                                                                                                                                                                    |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Assistant Clerk's bday cake (Brenda Constance)           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                        | Office sought Office held                                                                                                                                                                                                                          |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                      |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 23/34 Rpt: 43/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                             |
| <b>4</b> Date<br>05/17/2025                                         | <b>5</b> Payee name<br>Paws on Death Row                                                                                                                 |                                                                                                                                                                                                                      |
| <b>6</b> Amount (\$)<br>\$207.25                                    | <b>7</b> Payee address; City; State; Zip Code<br>288 Egg Harbor Rd<br>Ste. 9<br>Sewell, NJ 08080                                                         |                                                                                                                                                                                                                      |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>501(c)(3) charity donation |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                            |
| Date<br>05/31/2025                                                  | Payee name<br>PayPal                                                                                                                                     |                                                                                                                                                                                                                      |
| Amount (\$)<br>\$7.72                                               | Payee address; City; State; Zip Code<br>2211 North First Street<br><br>San Jose, CA 95131                                                                |                                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                                                            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                            |
| Date<br>06/30/2025                                                  | Payee name<br>PayPal                                                                                                                                     |                                                                                                                                                                                                                      |
| Amount (\$)<br>\$330.66                                             | Payee address; City; State; Zip Code<br>2211 North First Street<br><br>San Jose, CA 95131                                                                |                                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                                                            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit card processing fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 25/34 Rpt: 45/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                  |
| <b>4</b> Date<br>04/18/2025                                         | <b>5</b> Payee name<br>Rotary Club of Lake Houston Area                                                                                                  |                                                                                                                                                                                                                                           |
| <b>6</b> Amount (\$)<br>\$100.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 2676<br><br>Humble, TX 77347                                                                   |                                                                                                                                                                                                                                           |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>donation                                        |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                 |
| Date<br>01/21/2025                                                  | Payee name<br>Sheraton Georgetown                                                                                                                        |                                                                                                                                                                                                                                           |
| Amount (\$)<br>\$320.85                                             | Payee address; City; State; Zip Code<br>1101 Woodlawn Ave.<br><br>Georgetown, TX 78268                                                                   |                                                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District                                                            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Hotel during TCJ Family conference January 2025 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                 |
| Date<br>01/21/2025                                                  | Payee name<br>Sheraton Georgetown                                                                                                                        |                                                                                                                                                                                                                                           |
| Amount (\$)<br>\$7.50                                               | Payee address; City; State; Zip Code<br>1101 Woodlawn Ave.<br><br>Georgetown, TX 78268                                                                   |                                                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Coffee during conference call                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                               |                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 26/34 Rpt: 46/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                        | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                     |
| <b>4</b> Date<br>01/09/2025                                         | <b>5</b> Payee name<br>Shipley Donuts                                                                         |                                                                                                                                                                                                                                              |
| <b>6</b> Amount (\$)<br>\$11.09                                     | <b>7</b> Payee address; City; State; Zip Code<br>10525 N. Sam Houston Pkwy. E<br>Ste. 100<br>Humble, TX 77396 |                                                                                                                                                                                                                                              |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donuts for staff meeting                           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                   | Office sought Office held                                                                                                                                                                                                                    |
| Date<br>02/03/2025                                                  | Payee name<br>Shipley Donuts                                                                                  |                                                                                                                                                                                                                                              |
| Amount (\$)<br>\$24.98                                              | Payee address; City; State; Zip Code<br>6655 Ardmore<br><br>Humble, TX 77021                                  |                                                                                                                                                                                                                                              |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donuts for Friday coffee with the 245th/310th      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                   | Office sought Office held                                                                                                                                                                                                                    |
| Date<br>03/07/2025                                                  | Payee name<br>Shipley Donuts                                                                                  |                                                                                                                                                                                                                                              |
| Amount (\$)<br>\$16.85                                              | Payee address; City; State; Zip Code<br>4701 Alameda Rd.<br><br>Houston, TX 77004                             |                                                                                                                                                                                                                                              |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donuts for 310th staff and attys for Friday Coffee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                   | Office sought Office held                                                                                                                                                                                                                    |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 28/34 Rpt: 48/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                        |
| <b>4</b> Date<br>05/07/2025                                         | <b>5</b> Payee name<br>Texas A&M Foundation                                                                                                              |                                                                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$500.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>401 George Bush Dr.<br><br>College Station, TX 77840                                                    |                                                                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bill Haglund Scholarship                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                       |
| Date<br>01/07/2025                                                  | Payee name<br>Texas Center for the Judiciary                                                                                                             |                                                                                                                                                                                                                                                 |
| Amount (\$)<br>\$35.00                                              | Payee address; City; State; Zip Code<br>1210 San Antonio St.<br>Suite 800<br>Austin, TX 78701                                                            |                                                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>DV CLE                                                                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Insights and Strategies for Change                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                       |
| Date<br>01/15/2025                                                  | Payee name<br>Texas Center for the Judiciary                                                                                                             |                                                                                                                                                                                                                                                 |
| Amount (\$)<br>\$75.00                                              | Payee address; City; State; Zip Code<br>1210 San Antonio St.<br>Suite 800<br>Austin, TX 78701                                                            |                                                                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                                                                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2025 Regional A Conference Region 11 registration fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                       |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                        |                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 29/34 Rpt: 49/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                                 |
| <b>4</b> Date<br>02/14/2025                                         | <b>5</b> Payee name<br>Texas Center for the Judiciary                                                  |                                                                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$75.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>1210 San Antonio St.<br>Suite 800<br>Austin, TX 78701 |                                                                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Coordinator (annual training)                                  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                            | Office sought Office held                                                                                                                                                                                                                                |
| Date<br>06/04/2025                                                  | Payee name<br>Texas Center for the Judiciary                                                           |                                                                                                                                                                                                                                                          |
| Amount (\$)<br>\$350.00                                             | Payee address; City; State; Zip Code<br>1210 San Antonio St.<br>Suite 800<br>Austin, TX 78701          |                                                                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Registration fee for 2025 Annual Judicial Education Conference |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                            | Office sought Office held                                                                                                                                                                                                                                |
| Date<br>01/27/2025                                                  | Payee name<br>Texas Democratic Women of the Harris County Metro Area                                   |                                                                                                                                                                                                                                                          |
| Amount (\$)<br>\$20.00                                              | Payee address; City; State; Zip Code<br>10606 Kirkwren Dr.<br><br>Houston, TX 77089                    |                                                                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yearly membership fee                                          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                            | Office sought Office held                                                                                                                                                                                                                                |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 30/34 Rpt: 50/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                       |
| <b>4</b> Date<br>01/30/2025                                         | <b>5</b> Payee name<br>Texas Democratic Women                                                                                                            |                                                                                                                                                                                                                                                |
| <b>6</b> Amount (\$)<br>\$100.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 301411<br><br>Austin, TX 78703                                                                 |                                                                                                                                                                                                                                                |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>support to state convention Feb. 7-9, 2025           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                      |
| Date<br>05/22/2025                                                  | Payee name<br>Texas Gulf Coast Area Labor Federation                                                                                                     |                                                                                                                                                                                                                                                |
| Amount (\$)<br>\$500.00                                             | Payee address; City; State; Zip Code<br>2506 Sutherland St<br><br>Houston, TX 77023                                                                      |                                                                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2025 Working Families Awards Celebration sponsorship |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                      |
| Date<br>04/11/2025                                                  | Payee name<br>The Children's Assessment Center Foundation                                                                                                |                                                                                                                                                                                                                                                |
| Amount (\$)<br>\$75.00                                              | Payee address; City; State; Zip Code<br>2500 Bolsover St<br><br>Houston, TX 77005                                                                        |                                                                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Spring gala                                          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                      |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 31/34 Rpt: 51/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                                                                                   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                       |
| <b>4</b> Date<br>01/27/2025                                         | <b>5</b> Payee name<br>The Party Hens, Inc.                                                                                                              |                                                                                                                                                                                                                                                |
| <b>6</b> Amount (\$)<br>\$300.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>2511 Tannehill Dr.<br><br>Houston, TX 77008                                                             |                                                                                                                                                                                                                                                |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Annual donation for the HLSR                         |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                      |
| Date<br>06/23/2025                                                  | Payee name<br>United Airlines                                                                                                                            |                                                                                                                                                                                                                                                |
| Amount (\$)<br>\$382.96                                             | Payee address; City; State; Zip Code<br>233 S. Wacker Dr.<br><br>Chicago, IL 60606                                                                       |                                                                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District                                                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Conference in Arlington, Virginia (to be reimbursed) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                      |
| Date<br>05/27/2025                                                  | Payee name<br>Vimeo                                                                                                                                      |                                                                                                                                                                                                                                                |
| Amount (\$)<br>\$153.50                                             | Payee address; City; State; Zip Code<br>330 W. 34th St<br>10th Fl<br>New York, NY 10001                                                                  |                                                                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Place to store videos for website                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                      |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                   |                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 32/34 Rpt: 52/55          | <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818                                                                                                                                                                                |
| <b>4</b> Date<br>06/18/2025                                         | <b>5</b> Payee name<br>Westin Galleria                                                            |                                                                                                                                                                                                                                         |
| <b>6</b> Amount (\$)<br>\$150.55                                    | <b>7</b> Payee address; City; State; Zip Code<br>5060 W. Alabama St.<br><br>Houston, TX 77056     |                                                                                                                                                                                                                                         |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fraud                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fraud (to be reimbursed by bank in July 2025) |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                                                               |
| Date<br>04/25/2025                                                  | Payee name<br>Westin Irving Convention Center                                                     |                                                                                                                                                                                                                                         |
| Amount (\$)<br>\$398.00                                             | Payee address; City; State; Zip Code<br>400 West Colinas Blvd.<br><br>Irving, TX 75039            |                                                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Hotel during TCJ conference                   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                                                               |
| Date<br>02/03/2025                                                  | Payee name<br>Wix.com LTD                                                                         |                                                                                                                                                                                                                                         |
| Amount (\$)<br>\$376.71                                             | Payee address; City; State; Zip Code<br>P.O. Box 40190<br><br>San Francisco, CA 94140             |                                                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website (yearly fee)                          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                                                               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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

SCHEDULE K

|                                                                  |                                                                                                                                                                               |                                                          |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                               | <b>1</b> Total pages Schedule K:<br>Sch: 1/1 Rpt: 55/55  |
| <b>2</b> FILER NAME<br>Heath, Sonya L. (The Honorable)           |                                                                                                                                                                               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081818 |
| <b>4</b> Date<br>05/20/2025                                      | <b>5</b> Name of person from whom amount is received<br>Eleventh Administrative Judicial Region of Texas                                                                      | <b>8</b> Amount (\$)<br>\$75.00                          |
|                                                                  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Houston, TX 77002                                                                       |                                                          |
|                                                                  | <b>7</b> Purpose for which amount is received<br>Regional A Conference April 2025 registration fee <input type="checkbox"/> Check if political contribution returned to filer |                                                          |
| Date<br>05/28/2025                                               | Name of person from whom amount is received<br>State Bar of Texas                                                                                                             | Amount (\$)<br>\$225.26                                  |
|                                                                  | Address of person from whom amount is received; City; State; Zip Code<br><br>Austin, TX 78701-0000                                                                            |                                                          |
|                                                                  | Purpose for which amount is received<br>Speaker reimbursement for 4/30/25 <input type="checkbox"/> Check if political contribution returned to filer                          |                                                          |
| Date<br>02/05/2025                                               | Name of person from whom amount is received<br>Texas Center for the Judiciary                                                                                                 | Amount (\$)<br>\$328.35                                  |
|                                                                  | Address of person from whom amount is received; City; State; Zip Code<br><br>Austin, TX 78701                                                                                 |                                                          |
|                                                                  | Purpose for which amount is received<br>Reimbursement from Jan 2025 during TCJ Family conference <input type="checkbox"/> Check if political contribution returned to filer   |                                                          |
| Date<br>05/02/2025                                               | Name of person from whom amount is received<br>Texas Center for the Judiciary                                                                                                 | Amount (\$)<br>\$398.00                                  |
|                                                                  | Address of person from whom amount is received; City; State; Zip Code<br><br>Austin, TX 78701                                                                                 |                                                          |
|                                                                  | Purpose for which amount is received<br>Regional A Conference April 2025 <input type="checkbox"/> Check if political contribution returned to filer                           |                                                          |
|                                                                  |                                                                                                                                                                               |                                                          |