

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081818		2 Total pages filed: 56	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Sonya L.	MI	
	NICKNAME		LAST Heath	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 811 Houston, TX 77001		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 07/14/2019			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.		FIRST Hal D.	MI
		NICKNAME		LAST Hale	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1800 Saint James Place, Ste. 105 Houston, TX 77056			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (713) 784-7700			
8 REPORT TYPE		<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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year Month Day Year 01/01/2019 THROUGH 06/30/2019			
10 ELECTION		ELECTION DATE Month Day Year 03/08/2022		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any) Family District Court Judge District 310 Harris		12 OFFICE SOUGHT (if known) Family District Court Judge District 310	

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Heath, Sonya L. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00081818
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15 NOTICE FROM POLITICAL COMMITTEE(S) <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.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	61,832.52
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	18,275.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	39,592.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT		
<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> <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;">The Honorable Sonya L. Heath 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>		
_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

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18 FILER NAME Heath, Sonya L. (The Honorable)		19 Filer ID 00081818	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	54,825.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	7,007.52
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	\$	18,038.46
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	237.51
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	\$	284.45

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/26 Rpt: 4/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams Law Firm <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arteaga, Laura <hr/> Contributor address; City; State; Zip Code Houston, TX 77036	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Laura Arteaga, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billings, Patricia <hr/> Contributor address; City; State; Zip Code Humble, TX 77338	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Patricia Billings		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: Sch: 2/26 Rpt: 5/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boler, Nancy <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Nancy H. Boler		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock-Clure, Julie <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Julie Brock		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgower, Wendy <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Burgower Law, L.L.P.		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: Sch: 3/26 Rpt: 6/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Claudia 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Claudia Canales P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Robert Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Cardenas Law Office		Law firm of contributor's spouse (if any) Cardenas Law Office
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Rosaelena Contributor address; City; State; Zip Code Houston, TX 77054	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Cardenas Law Office		Law firm of contributor's spouse (if any) Cardenas Law Office
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: Sch: 4/26 Rpt: 7/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Amy 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$750.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm The Carlin Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte, Rainwater Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Rainwater Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, Michael Contributor address; City; State; Zip Code Houston, TX 77254	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Attorney		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: Sch: 5/26 Rpt: 8/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clevenger, George 6 Contributor address; City; State; Zip Code Houston, TX 77069	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Attorney		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Gayle Contributor address; City; State; Zip Code Fresno, TX 77545	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes, Eduardo Contributor address; City; State; Zip Code Houston, TX 77076	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm 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)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/26 Rpt: 9/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 03/03/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crane, Donald <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77450	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Crane Lane LLP		11 Law firm of contributor's spouse (if any) Attorney
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everson, Donna <hr/> Contributor address; City; State; Zip Code Houston, TX 77069	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Donna Everson		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritsch, Kelly <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Kelly L. Fritsch, P.C.		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: Sch: 7/26 Rpt: 10/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 03/06/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullenweider Wilhite <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghutzman, Phillip <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Phillip Ghutzman, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Marco <hr/> Contributor address; City; State; Zip Code Houston, TX 77017	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Gonzalez Law Group, 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: Sch: 8/26 Rpt: 11/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 04/04/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray Reed & McGraw LLP <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77058	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Daniel <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Attorney		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Myrna <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Gregory 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: Sch: 9/26 Rpt: 12/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Frank <hr/> 6 Contributor address; City; State; Zip Code Pasadena, TX 77504	7 Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Attorney		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) <div style="text-align: right;">\$1,500.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Robert Hoffman, P.L.L.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurd, Cisselon <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) <div style="text-align: right;">\$250.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Shell Oil Company		Law firm of contributor's spouse (if any) Retired
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: Sch: 10/26 Rpt: 13/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 01/11/2019	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00027342) IBEW PAC Voluntary Fund <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20001	7 Amount of Contribution (\$) \$750.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Indelicato, Joe <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Joe 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 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Jeter, Cheryl <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Cheryl B. Jeter 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: Sch: 11/26 Rpt: 14/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Jaison 6 Contributor address; City; State; Zip Code Houston, TX 77036	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm John & Morgan, P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Renee Contributor address; City; State; Zip Code Friendswood, TX 77549	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Attorney		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoury, Denise Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Guajardo Khoury, P.C.		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: Sch: 12/26 Rpt: 15/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KoonsFuller, PC <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuehm, Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77017	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Kuehm Law Firm, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafitte, Stacey <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Offices of Stacey A. Lafitte, P.C.		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: Sch: 13/26 Rpt: 16/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 03/06/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Chung <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm C.Y. Lee Legal Group, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longworth, Daryl <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Longworth Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Maria <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Maria Lowry		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: Sch: 14/26 Rpt: 17/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marteeny, Kathryn 6 Contributor address; City; State; Zip Code Houston, TX 77079	7 Amount of Contribution (\$) \$350.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Kathryn Marteeny, P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreight Jr., Henry Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Henry H. McCreight, Jr., P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDermott, John Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Attorney		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: Sch: 15/26 Rpt: 18/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, Jeanne 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Jeanne Caldwell McDowell, Attorney at Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McInvale, Robert Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Robert Reid McInvale, Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNamara, Brian Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm McNamara Law Office 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: Sch: 16/26 Rpt: 19/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 03/06/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mintz, Silvia 6 Contributor address; City; State; Zip Code Houston, TX 77011	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Attorney		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Shirley Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Shirley A. Mitchell, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Roy Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Moore, Vlahakos & Sydow, 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: Sch: 17/26 Rpt: 20/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora, Mayra <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm The Mora Law Firm, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Adam <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Carter Morris		Law firm of contributor's spouse (if any) DM Law, LLC
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myres & Associates PLLC <hr/> Contributor address; City; State; Zip Code Houston, TX 77046	Amount of Contribution (\$) \$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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/26 Rpt: 21/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Cynthia <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code Houston, TX 77074	7 Amount of Contribution (\$) \$275.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Neumann and Rodriguez, P.C.		11 Law firm of contributor's spouse (if any) Neumann and Rodriguez, P.C.
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Bobby <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Lilly, Newman & Van Ness, L.L.P.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/05/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Alice <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The O'Neill Law Firm, 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: Sch: 19/26 Rpt: 22/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oehl, Susan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77046	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Jenkins & Kamin, LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parchman, John <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Parchman Law Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Amy <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Amy Thomas Perez Law Firm, PC		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: Sch: 20/26 Rpt: 23/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 01/06/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipefitters Local Union No. 211 <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536	7 Amount of Contribution (\$) \$2,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proffitt, Stephanie <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Proffitt & Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. Brandon, Davis <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Brandon 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 21/26 Rpt: 24/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 03/06/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Be'Atrice <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm The Randall Law Office, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, David <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Romero Law Firm, PC		Law firm of contributor's spouse (if any) The Romero Law Firm, PC
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rommelmann, Nancy <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Nancy L. Rommelmann, PLLC		Law firm of contributor's spouse (if any) Bracewell
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: Sch: 22/26 Rpt: 25/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlanger, Silver, Barg & Paine <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77433	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Thomas Singleton		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slate, Dennis <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$3,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Slate & Associates		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: Sch: 23/26 Rpt: 26/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spofford, Chris <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Chris A. Spofford, P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprott, Oliver <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Oliver Sprott		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprott, Oliver <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm Law Office of Oliver Sprott		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: Sch: 24/26 Rpt: 27/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 03/06/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrash, Christine <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Christine R. Thrash, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Enrique <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Torres Law Group, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Thao <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Law Offices of Thao T. Tran		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: Sch: 25/26 Rpt: 28/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travers, Sherrie 6 Contributor address; City; State; Zip Code Katy, TX 77450	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Travers & Travers		11 Law firm of contributor's spouse (if any) Travers & Travers
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Ness, John Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Lilly, Newman & Van Ness, L.L.P.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters Gilbreath, PLLC Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 26/26 Rpt: 29/56
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Lacey <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Lacey West, L.L.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates III, Sam <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Sam M. "Trey" Yates III		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Axelrad, Meyer, Stern & Wise, P.C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$250.00</div>
Contributor's Principal Occupation		Contributor's Job Title Attorney
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: Sch: 1/2 Rpt: 30/56	
2 FILER NAME Heath, Sonya L. (The Honorable)				3 Filer ID (Ethics Commission Filers) 00081818	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 02/26/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diggs, Cynthia		8 Amount of contribution (\$) \$2,828.76		9 In-kind contribution description Catered reception.
7 Contributor address; City; State; Zip Code Houston, TX 77007		<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) Attorney			13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney		
14 Contributor's employer/law firm (FOR JUDICIAL) Holmes, Diggs & Sadler			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)					
Date 01/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mintz, Silvia		Amount of contribution (\$) \$675.00		In-kind contribution description Half of food and flowers at investiture.
Contributor address; City; State; Zip Code Houston, TX 77011		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL) Attorney			Contributor's job title (FOR JUDICIAL) (See instructions) Attorney		
Contributor's employer/law firm (FOR JUDICIAL) Silvia Mintz, Attorney at Law			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 02/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sadler, Judith		Amount of contribution (\$) \$2,828.76		In-kind contribution description Catered reception.
Contributor address; City; State; Zip Code Houston, TX 77007		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL) Attorney			Contributor's job title (FOR JUDICIAL) (See instructions) Attorney		
Contributor's employer/law firm (FOR JUDICIAL) Holmes, Diggs & Sadler			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 31/56	
2 FILER NAME Heath, Sonya L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081818	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/15/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Enrique	8 Amount of contribution (\$) \$675.00	9 In-kind contribution description Half of food and flowers at investiture.
	7 Contributor address; City; State; Zip Code Houston, TX 77018	<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) Attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney	
14 Contributor's employer/law firm (FOR JUDICIAL) The Torres Law Group, PC		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.

1 Total pages Schedule F1: Sch: 1/23 Rpt: 32/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/12/2019	5 Payee name Alliance for Judicial Funding	
6 Amount (\$) \$215.00	7 Payee address; City; State; Zip Code 811 Main Street Suite 4100 Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Funding.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2019	Payee name Amazon Business	
Amount (\$) \$13.88	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lanyard for court badge.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/06/2019	Payee name Amazon Business	
Amount (\$) \$28.98	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas storage bags and lanyard for court badges.
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.

1 Total pages Schedule F1: Sch: 2/23 Rpt: 33/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 05/21/2019	5 Payee name Amazon Business	
6 Amount (\$) \$74.99	7 Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jury Supplies.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2019	Payee name Amazon Business	
Amount (\$) \$7.00	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tip for Amazon Prime Now delivery for order #112-0859147-7204217.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2019	Payee name Amazon Business	
Amount (\$) \$59.29	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Starbucks K-cups for staff Keurig machine.
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.

1 Total pages Schedule F1: Sch: 3/23 Rpt: 34/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 05/30/2019	5 Payee name Amazon Business	
6 Amount (\$) \$19.99	7 Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ground Coffee for staff coffee machine.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2019	Payee name Amazon Business	
Amount (\$) \$9.45	Payee address; City; State; Zip Code 440 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense N150 USB wireless WiFi network adapter for computer.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2019	Payee name Aubrey R. Taylor Communications	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 957 NASA Parkway #251 Houston, TX 77058	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising in magazine.
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.

1 Total pages Schedule F1: Sch: 4/23 Rpt: 35/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 06/14/2019	5 Payee name BRR Inn of Court	
6 Amount (\$) \$669.00	7 Payee address; City; State; Zip Code 225 Reinekers Lane Suite 770 Alexandria, VA 22314	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2019	Payee name Bridge The Gap	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 15319 Redbud Berry Way Cypress , TX 77433	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Bridge the Gap SYNGAP Education and Research Foundation.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2019	Payee name Bridge The Gap	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 15319 Redbud Berry Way Cypress , TX 77433	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Bridge the Gap SYNGAP Education and Research Foundation.
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.

1 Total pages Schedule F1: Sch: 5/23 Rpt: 36/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 01/07/2019	5 Payee name Brothers Taco Houston	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 1604 Emancipation Ave Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for movers.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2019	Payee name Charlie Horse Photos	
Amount (\$) \$324.75	Payee address; City; State; Zip Code 506 Wakefield Drive League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Induction Ceremony Photos
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2019	Payee name Charlie Horse Photos	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 506 Wakefield Drive League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 310th staff photo.
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.

1 Total pages Schedule F1: Sch: 6/23 Rpt: 37/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 06/05/2019	5 Payee name Christian's Tailgate	
6 Amount (\$) \$20.57	7 Payee address; City; State; Zip Code 1012 Congress Ave. Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for associate judge and summer intern Morgin Ward.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2019	Payee name Crowne Plaza Austin	
Amount (\$) \$282.06	Payee address; City; State; Zip Code 6121 N Interstate Hwy 35 Austin , TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for University of Texas 29th annual conference on State and Federal Appeals in Austin, Tx.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2019	Payee name Crowne Plaza Austin	
Amount (\$) \$12.14	Payee address; City; State; Zip Code 6121 N Interstate Hwy 35 Austin , TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Price for hotel parking while at UT 29th annual conference on State and Fed Appeals in Austin, Tx.
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.

1 Total pages Schedule F1: Sch: 7/23 Rpt: 38/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 06/25/2019	5 Payee name Domino's Pizza	
6 Amount (\$) \$45.41	7 Payee address; City; State; Zip Code 3607 Old Spanish Trail Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for the Harris County Judicial Conduct Committee Meeting.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2019	Payee name Dropbox	
Amount (\$) \$105.53	Payee address; City; State; Zip Code 333 Brannan St San Francisco , CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cloud storage.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2019	Payee name Embassy Suites	
Amount (\$) \$324.97	Payee address; City; State; Zip Code 1001 McCarty Lane San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement to Melinda Schmidt; hotel expenses during coordinator training.
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.

1 Total pages Schedule F1: Sch: 8/23 Rpt: 39/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 03/22/2019	5 Payee name Good Government Support Services	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 4900 Fournace Pl Houston, TX 77401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2019	Payee name Harris County Democratic Party	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 4619 Lyons Ave Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket for PRIDE event.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2019	Payee name Harris County Democratic Party	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4619 Lyons Ave Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2019 JRR Luncheon tickets.
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.

1 Total pages Schedule F1: Sch: 9/23 Rpt: 40/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 04/08/2019	5 Payee name Heath, Sonya	
6 Amount (\$) \$237.51	7 Payee address; City; State; Zip Code PO Box 811 Houston, TX 77001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Take entire court staff of 310th to home game for Astros.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2019	Payee name Hispanic Bar Association of Houston	
Amount (\$) \$25.00	Payee address; City; State; Zip Code P.O. box 3611 Houston , TX 77253-3611	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2019	Payee name Houston Astros TK Houston	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 501 Crawford St Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Took summer intern, court coordinator, court reporter, and associate judge to baseball game.
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.

1 Total pages Schedule F1: Sch: 10/23 Rpt: 41/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/06/2019	5 Payee name Houston Bar Association	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 1111 Bagby FLB 200 Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for Judges Collins and Heath.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2019	Payee name Human Rights Campaign	
Amount (\$) \$257.25	Payee address; City; State; Zip Code 1640 Rhode Island Ave N.W. Washing ton D.C. , DC 20036-3278	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HRC Houston 22nd annual gala dinner tickets.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2019	Payee name Irma's Southwest	
Amount (\$) \$294.41	Payee address; City; State; Zip Code 1475 Texas Avenue Houston , TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff dinner for associate judge Charles Collins' Birthday.
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.

1 Total pages Schedule F1: Sch: 11/23 Rpt: 42/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/10/2019	5 Payee name Jackson Street BBQ	
6 Amount (\$) \$45.60	7 Payee address; City; State; Zip Code 209 Jackson Street Houston , TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Complete move out of office. Took movers to lunch.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/17/2019	Payee name Jason's Deli	
Amount (\$) \$389.70	Payee address; City; State; Zip Code 901 McKinney St Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for May judge's meeting.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2019	Payee name Jax Grill	
Amount (\$) \$117.98	Payee address; City; State; Zip Code 1613 Shepherd Dr. Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff birthday 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.

1 Total pages Schedule F1: Sch: 12/23 Rpt: 43/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 01/17/2019	5 Payee name Jose's Computer Repair	
6 Amount (\$) \$215.00	7 Payee address; City; State; Zip Code 17607 Heritage Creek Webster, TX 77598	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Computer Repair	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign computer repair
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/02/2019	Payee name Kirkland's	
Amount (\$) \$462.29	Payee address; City; State; Zip Code 5566 Fairmont Parkway Pasadena , TX 77505	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court decorations and bathroom décor.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2019	Payee name Mack Performing Arts Collective, Inc	
Amount (\$) \$103.14	Payee address; City; State; Zip Code P.O. Box 88049 Houston, TX 77288	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket for MPAC House Party Summer Fundraiser.
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.

1 Total pages Schedule F1: Sch: 13/23 Rpt: 44/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 03/14/2019	5 Payee name McDonalds	
6 Amount (\$) \$9.74	7 Payee address; City; State; Zip Code 2017 S Main Houston , TX 77002-8833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff meeting.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/12/2019	Candidate/Officeholder name Mexican American Bar Association of Houston	
Amount (\$) \$75.00	Payee address; City; State; Zip Code PO Box 303 Houston, TX 77001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yearly dues.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/17/2019	Candidate/Officeholder name Mexican American Bar Association of Houston	
Amount (\$) \$60.00	Payee address; City; State; Zip Code PO Box 303 Houston, TX 77001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense During golf tournament.
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.

1 Total pages Schedule F1: Sch: 14/23 Rpt: 45/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 04/30/2019	5 Payee name Mexican American Bar Association of Houston	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 303 Houston, TX 77001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf sponsorship.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2019	Payee name Michael's	
Amount (\$) \$57.90	Payee address; City; State; Zip Code 7560 Westheimer Rd. Houston , TX 77063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frames for degrees.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2019	Payee name Michael's	
Amount (\$) \$194.86	Payee address; City; State; Zip Code 7560 Westheimer Rd. Houston , TX 77063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement to Carmen C. Pam; graming for office.
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.

1 Total pages Schedule F1: Sch: 15/23 Rpt: 46/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 06/26/2019	5 Payee name Microsoft Store	
6 Amount (\$) \$16.23	7 Payee address; City; State; Zip Code 750 Town Country Blvd suite 1000 Houston , TX 77024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Microsoft office for computer.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2019	Payee name Night of Superstars	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 8528 Davis Blvd Suite 134-256 North Richland Hills, TX 76182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-profit.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2019	Payee name Nothing Bundt Cakes	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 5115 Buffalo Speedway Suite 400 Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement to Melinda Schmidt; birthday cakes for staff.
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.

1 Total pages Schedule F1: Sch: 16/23 Rpt: 47/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/28/2019	5 Payee name PayPal	
6 Amount (\$) \$15.10	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Total of February 2019 PayPal processing fees.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2019	Payee name PayPal	
Amount (\$) \$174.40	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Total of March 2019 PayPal processing fees.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2019	Payee name Rice Village Parking	
Amount (\$) \$2.00	Payee address; City; State; Zip Code 2503 University Blvd Houston , TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking.
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.

1 Total pages Schedule F1: Sch: 17/23 Rpt: 48/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 03/28/2019	5 Payee name Rotary Foundation	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1560 Sherman Ave. Evanston, IL 60201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Polio Plus
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/06/2019	Candidate/Officeholder name SP + Parking	
Amount (\$) \$6.00	Payee address; City; State; Zip Code 1111 San Jacinto St. Houston , TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2019	Candidate/Officeholder name SP + Parking	
Amount (\$) \$7.50	Payee address; City; State; Zip Code 1111 San Jacinto St. Houston , TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking.
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.

1 Total pages Schedule F1: Sch: 18/23 Rpt: 49/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 01/06/2019	5 Payee name Samson Power Movers	
6 Amount (\$) \$700.00	7 Payee address; City; State; Zip Code 957 E NASA Pkwy Suite 352 Houston, TX 77058	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Moving expense.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Move from law office to courthouse.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/21/2019	Payee name Southwest Airlines	
Amount (\$) \$242.98	Payee address; City; State; Zip Code P.O. Box 36647-1CR Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plane ticket for University of Texas 29th annual conference on State and Federal Appeals.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2019	Payee name Spanish Flowers Resturant	
Amount (\$) \$143.01	Payee address; City; State; Zip Code 4701 N Main Street Houston , TX 77009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff birthday luncheon and present.
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.

1 Total pages Schedule F1: Sch: 19/23 Rpt: 50/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 03/12/2019	5 Payee name State Bar of Texas	
6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code 1414 Colorado Street Austin , TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense section dues.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2019	Payee name State Bar of Texas	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1414 Colorado Street Austin , TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voluntary Access to Justice
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/18/2019	Payee name Texas Association of District Judges	
Amount (\$) \$20.00	Payee address; City; State; Zip Code PO Box 1748 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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.

1 Total pages Schedule F1: Sch: 20/23 Rpt: 51/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 04/02/2019	5 Payee name Texas Center for the Judiciary	
6 Amount (\$) \$160.00	7 Payee address; City; State; Zip Code 1210 San Antonio St. Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement to Melinda Schmidt; registration fee for coordinator training.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2019	Payee name Thin Blue Line	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 617 Prairie Lane Angleton, TX 77515	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship at golf event.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2019	Payee name United Against Human Trafficking	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 6671 Southwest Fwy Suite 220 Houston, TX 77074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-profit.
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.

1 Total pages Schedule F1: Sch: 21/23 Rpt: 52/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 03/13/2019	5 Payee name United States Postal Service	
6 Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 1500 Hadley Houston, TX 77002-9998	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies/ Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/25/2019	Payee name University of ST Thomas	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3800 Montrose Blvd Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to St. Thomas University.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2019	Payee name Wix.com	
Amount (\$) \$4.95	Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-suite Mailbox
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.

1 Total pages Schedule F1: Sch: 22/23 Rpt: 53/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 02/13/2019	5 Payee name Wix.com	
6 Amount (\$) \$4.95	7 Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-suite mailbox.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/12/2019	Candidate/Officeholder name Office sought Office held	
Payee name Wix.com		
Amount (\$) \$4.95	Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-suite mailbox.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/15/2019	Candidate/Officeholder name Office sought Office held	
Payee name Wix.com		
Amount (\$) \$6.00	Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-suite mailbox.com.
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.

1 Total pages Schedule F1: Sch: 23/23 Rpt: 54/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 05/13/2019	5 Payee name Wix.com	
6 Amount (\$) \$6.00	7 Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-suite mailbox.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2019	Payee name Wix.com	
Amount (\$) \$6.00	Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-suite mailbox.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 55/56	2 FILER NAME Heath, Sonya L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 04/08/2019	5 Payee name Houston Astros	
6 Amount (\$) \$237.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 501 Crawford St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Take entire court staff of 310th to home game for Astros.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 56/56

2 FILER NAME

Heath, Sonya L. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00081818

4 Date

06/24/2019

5 Name of person from whom amount is received

Crowne Plaza Austin

8 Amount (\$)

\$103.84

6 Address of person from whom amount is received; City; State; Zip Code

Austin, TX 78752

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Refund of hotel costs while at State and Federal Appeals Seminar

Date

01/17/2019

Name of person from whom amount is received

Texas Center for the Judiciary

Amount (\$)

\$180.61

Address of person from whom amount is received; City; State; Zip Code

Austin, TX 78701

Purpose for which amount is received

☐ Check if political contribution returned to filer

Reimbursement for new judge school