FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081818 27 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Sonya L. NAME Date Received **ELECTRONICALLY FILED** 07/15/2020 NICKNAME LAST **SUFFIX** Heath CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 811 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77001 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Hal D. NAME NICKNAME LAST **SUFFIX** Hale STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1800 Saint James Place, Ste. 105 **ADDRESS** (Residence or Business) Houston, TX 77056 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 784-7700 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15

July 15

Day

Day

OFFICE HELD (if any)

ELECTION DATE

01/01/2020

Year

Year

Family District Court Judge District 310 Harris

Х

Month

Month

PERIOD

10 ELECTION

11 OFFICE

COVERED

8th day before election

THROUGH

Primary

General

Exceeded \$500 limit

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2020

12 OFFICE SOUGHT (if known)

appointment (officeholder only)

Final Report (Attach C/OH-FR)

Year

Other

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Heath, Sonya L. (Th	e Honorable)		14 Filer ID 00081818	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus may have been made without to equired to report this information	the candidate's or off	ficeholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
	GENERAL					
		COMMITTEE ADD	PRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTIBUTION TOTALS			NS OF \$50 OR LESS (OTHER T ANS), UNLESS ITEMIZED	ΓHAN PLEDGES,	\$	0.00
		ICAL CONTRIBU	ITIONS , OR GUARANTEES OF LOAN:	S)	\$	0.00
EXPENDITURE TOTALS	_		S OF \$100 OR LESS, UNLESS	•	\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	20,422.17
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	8,729.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFADAVIT	•				•	
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the a	accompanyin d to be report	g report is ed by me
			The Hono	orable Sonya L. He	eath	
			Signature of	Candidate or Officeh	nolder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to c	ertify which, witness	my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of office	cer administe	ring oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	3 of 27
l .	ER NAN	(Ethics Commission Filers)		
l .	HEDULI ME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 20,422.17
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 1,251.72

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/22 Rpt: 4/27	Heath, Sonya L. (The Honorable)	00081818
4	Date	5 Payee name	
	03/06/2020	American Leadership Forum	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7,000.00	3101 Richmond Ave.	
		Suite 140	
		Houston, TX 77098	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if trave	el outside of Texas. Complete Schedule T.
		🗀	tin, TX, officeholder living expense Fellows Program May 2020 - Oct. 2021
		Tullion for F	reliows Program May 2020 - Oct. 2021
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Cinice riciu
⊨	Date	Payee name	
	01/21/2020	Area 5 Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	3800 Spencer Hwy.	
	Ψ20.00	Suite L	
	PURPOSE	Pasadena, TX 77504	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travi	el outside of Texas. Complete Schedule T.
	EXPENDITURE	1 1 663	tin, TX, officeholder living expense
		Yearly mem	bership dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit G/OI		
	Date	Payee name	
	01/03/2020	Asian Pacific American Labor Alliance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	815 16th St. NW, 2nd Floor	
		Washington, DC 20006	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 663	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		, wentsersing	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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

Credit Card Payment	The Instruction Guide explains how to co	omplet	e this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 2/22 Rpt: 5/27	Heath, Sonya L. (The Honorable)			00081818	
4 Date	5 Payee name		•		
02/20/2020	Avenida South				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$24.00	1710 Polk St.				
	Houston, TX 77003				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
OF EXPENDITURE	Event Expense] [Check if travel outsi		
		L	Check if Austin, TX,		a at Hilton Americas
		'	raiking while at	Autisiii Gai	a at Fillon Americas
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		Office he	əld
expenditure to benefit C/O		agrit		Office In	Ciu
Date	T. Davida nama				
02/05/2020	Payee name Bellaire-Southwest Rotary				
Amount (\$) \$18.00	Payee address; City; State; Zip Co	oue			
Φ10.00	PO 60X 257				
	Houston TV 77402				
	Houston, TX 77402				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) [Description Check if travel outsi	do of Toyon Com	unlata Cahadula T
EXPENDITURE	Food/Beverage Expense		Check if Austin, TX,		
		[Luncheon during	g meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office h	eld
expenditure to benefit C/O	Н				
Date	Payee name				
01/28/2020	Black Walnut				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$30.46	5512 Memorial Dr.				
	Houston, TX 77007				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description		
OF EXPENDITURE	Food/Beverage Expense	[Check if travel outsi		•
EXPENDITORE		[Check if Austin, TX,		
			Lunch w/campai	gn treasuer	
Complete CNII V if alice et	Condidate/Officeholder name	lak+		Office I-	old.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou OH	ugnt		Office he	eiu
					_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/22 Rpt: 6/27	Heath, Sonya L. (The Honorable)	00081818
4	Date	5 Payee name	
	05/08/2020	Burta Rhodes Raborn Family Law American Inn of Court	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$689.21	1415 North Loop West	
		Suite 200	
	l	Houston, TX 77008	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000	vel outside of Texas. Complete Schedule T.
		Check if Aus	stin, TX, officeholder living expense
	!	, , ,	bership Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
3	expenditure to benefit C/O		Office field
H	Date	Payee name	
	05/14/2020	CVS Pharmacy	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.39	1000 Elgin Street	
	Ψ00.00	1000 Light Street	
		Houston, TX 77004	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Ontri Wards/Wernorials Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	!		n lead clerk) bday present
	!		ricua delly suay process.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	
F	Date	Payee name	
	04/22/2020	David Alcorta Catering	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	7507 Hammerly Blvd	
	!		
		Houston, TX 77055	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	!		n given to Brooks Ballard (Venmo)
	!		nch police officers working during COVID-
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 4/22 Rpt: 7/27	Heath, Sonya L. (The Honorable)		00081818	
4 Date	5 Payee name		•	
05/01/2020	Dropbox			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$127.79	333 Brannan St			
	San Francisco , CA 94107			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Software	Check if tra	avel outside of Texas. Cor	
LAI LINDITORE			ustin, TX, officeholder livir	
		Cloud doc	ument managem	eni
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught .	Office h	old
expenditure to benefit C/O		igrit	Office i	eiu
D-t-	Г _			
Date	Payee name			
01/13/2020	Duquesne University			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$100.00	600 Forbes Ave.			
	Pittsburgh, PA 15282			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		avel outside of Texas. Cor ustin, TX, officeholder livir	
	Candidate/Oniceriolaei/i oniteal Committee	. —	ffney's mother pa	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office h	eld
expenditure to benefit C/O	Н			
Date	Payee name			
06/10/2020	El Tiempo			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$129.26	2814 Navigation Blvd.			
	Houston, TX 77003			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Food/Beverage Expense		avel outside of Texas. Cor	nplete Schedule T.
EXPENDITURE		. —	ustin, TX, officeholder livir	g expense
		Dinner for	310th staff	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office h	eld

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 5/22 Rpt: 8/27	2 FILER NAME Heath, Sonya L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081818
4	Date	5 Payee name
	01/27/2020	Embassy Suites
6	Amount (\$) \$345.60	7 Payee address; City; State; Zip Code 1001 McCarty Lane San Marcos, TX 78666
8	PURPOSE	(a) Cotogony (b) Description
°	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel during TCJ Annual Family Law conference
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2020	Embassy Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$298.30	1001 McCarty Lane
		San Marcos, TX 78666
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel during CLE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2020	First Methodist Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	1320 Main St.
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EVDENDITUDE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation to First Methodist Houston
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/22 Rpt: 9/27	Heath, Sonya L. (The Honorable)	00081818
4	Date	5 Payee name	
	02/06/2020	Flowers by Monica	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$243.05	9210 Homestead Rd.	
		Suite A	
		Houston, TX 77016	
8	PURPOSE		
0	OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Cit! (A) Category (See Categories listed at the top of this schedule)	outside of Texas. Complete Schedule T.
	EXPENDITURE	ent/ wards/Memorials Expense	, TX, officeholder living expense
		Bailiff's mom's	s funeral arrangement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	02/05/2020	HBA Family Law Section	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	1111 Bagby St.	
		Suite 200	
		Houston, TX 77002	
	PURPOSE		
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		Lunch during	section meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	01/30/2020	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	4619 Lyons Ave	
		Houston, TX 77020	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	, TX, officeholder living expense
		Party contribu	ution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			egal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	a category not listed above)
	Credit Card Payment		T	he Instruction G	uide explains l	now to co	mple	te this form.			
1	Total pages Schedule F1:	2 FI	ILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 7/22 Rpt: 10/27	Н	leath, Sonya	a L. (The Hon	orable)					00081818	
4	Date	5 Pa	ayee name								
	05/18/2020	Н	larris County	/ Democratic	Party						
6	Amount (\$)	7 Pa	ayee address	; City;	State;	Zip Co	de				
	\$100.00	46	619 Lyons A	Ave							
		Н	louston, TX	77020							
8	PURPOSE			Categories listed at	the ten of this eabs	adula)	(b)	Description			
ľ	OF			/Donations M		eaule)	(~)		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE			ficeholder/Po		ittee		Check if Austin,	TX,	officeholder livin	g expense
								Sponsorship and fundraise		nation to a v	ote by mail discussion
								and iunuraise	; 1		
9	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Office	eholder name	0	office sou	ght			Office h	eld
	experialitate to beliefit C/Oi	'									
	Date	Pa	ayee name								
	04/13/2020	Н	lome Depot								
	Amount (\$)	Pá	ayee address	; City;	State;	Zip Co	de				
	\$19.45	54	445 West Lo	оор							
		Н	louston, TX	77081							
	PURPOSE	(a) C	ategory (See	Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			n for Zoom co	urtroom virtu	ıal		=			nplete Schedule T.
		ba 	ackground					ш		officeholder livin	e during COVID-19
								ioi noiding ne	, aii	ngo at nom	c during COVID 13
	Complete ONLY if direct	LCar	ndidate/Office	eholder name	0	Office sou	aht			Office h	eld
	expenditure to benefit C/OI						3				
_	Date	D:	ayee name								
	01/27/2020		•	k American D	emocrats						
	Amount (\$)		ayee address			Zip Co	de				
	\$52.95		130 Wheatle	-	State,	Zip Co	uc				
	402.00	0.	100 1111000	oy ou							
		ы	louston, TX	77001							
	PURPOSE						(b)	D			
	OF		ategory _{(See}	Categories listed at	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE		CCS					브		officeholder livin	
								Annual dues			
	Complete ONLY if direct		ndidate/Office	eholder name	0	office sou	ght			Office h	eld
L	expenditure to benefit C/OI	7									

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/22 Rpt: 11/27	Heath, Sonya L. (The Honorable)	00081818
4	Date	5 Payee name	•
	06/14/2020	Houston GLBT Caucus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	P.O. Box 66664	
		Houston, TX 77266	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Fees	if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		if Austin, TX, officeholder living expense
		Sustain	ing membership fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	Data		
	Date 01/29/2020	Payee name Houston Livestock Show and Rodeo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	3 Nrg Park	
		Houston, TX 77054	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made by	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		Garialdato/Gillocifoldof/1 Gillocal Goriffithe	membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/17/2020	Houston Metropolitan Paralegal Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 61363	
		Houston, TX 77208	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
	OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	if Austin, TX, officeholder living expense
		Sponso	rship of pop-up social
	Operation Chilly II	Our Higher (Office helder	0#: 111
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 9/22 Rpt: 12/27	Heath, Sor	nya L. (The Honoral	ole)				00081818		
4	Date	5 Payee name	9							
	01/21/2020	Inspire Wo	men							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$38.89	1415 South	n Voss Rd #110-516	6						
		Houston, T								
8	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description		df-T O	olata Cabaadula T	
	EXPENDITURE	Food/Beve	rage Expense			=		de of Texas. Com officeholder living		
						_			naugural lunched	n
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name	9							
	02/20/2020	KNOWAuti	sm Foundation							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$350.00	6430 Richr	mond Ave.							
		Suite 410								
		Houston, T	X 77057							
	PURPOSE	(a) Category (s	See Categories listed at the to	n of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made			Check if travel of		de of Texas. Com		
	LAI LINDITORE	Candidate/	Officeholder/Politica	al Committee		—		officeholder living	expense	
						Autism contril	DUI	ION		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office he	ald.	
	expenditure to benefit C/OI		ilcerioluer flame	Office So	ugni			Office fie	eiu	
	Date	Payee name	<u>,</u>							
	06/23/2020	Kids' Meals	s Inc.							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$126.00	330 Garde	n Oaks							
		Houston, T	X 77018							
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made			_		de of Texas. Com		
		Candidate/	Officeholder/Politica	al Committee		meals for chil		officeholder living	expense	
						meais ioi cilli	uic	·11		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	liaht			Office he	-ld	
	expenditure to benefit C/OI		nocholaci Hallic	Office 50	agrit			Office He	au.	
										o o (=

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/22 Rpt: 13/27	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	06/08/2020	Kim Son Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.44	2001 Jefferson
		Houston, TX 77003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Lunch with court coordinator during pandemic
Ļ	0 1: 0:::::::::::::::::::::::::::::::::	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
	Date	Payee name
L	02/09/2020	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	1505 Wirt
l		
L		Houston, TX 77055
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Chocolate covered strawberries for 310th staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
l	04/23/2020	Luby's
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.44	201 Caroline St.
l		Houston, TX 77002
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Coffee and juice for staff during Administrative Assistants Day
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/22 Rpt: 14/27	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	04/23/2020	Luby's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.73	201 Caroline St.
		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Coffee for staff on Administrative Assistants Day
		Solice for stair on Administrative Assistants Buy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	04/02/2020	McDonalds
_	Amount (\$)	Payee address; City; State; Zip Code
	\$14.15	2017 S Main
	Φ14.15	2017 S Walli
		Houston , TX 77002-8833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Breakfast for 310th staff
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	oxponditure to seneme eve.	
	Date	Payee name
	05/12/2020	Mexican American Bar Association of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	PO Box 303
		Houston, TX 77001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Annual membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/22 Rpt: 15/27	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/08/2020	One Shell Parking Garage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	811 Louisiana
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Parking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking during HBA committee meeting
		Faiking during FIDA committee meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Data	Davis same
	Date	Payee name
	02/10/2020	Pappasito's #21
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.89	1600 Lamar St.
		Houston, TX 77010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Food for Inn of Court team 6 meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 04/22/2020	Payee name
		PayPal
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	2211 North First Street
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee for using Venmo on Brooks Ballard Catering
		payment payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 13/22 Rpt: 16/27	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
l	05/06/2020	PayPal
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$1.75	2211 North First Street
l		
l		San Jose, CA 95131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
l		credit card processing fee for Wally Mahoney Scholarship
Ļ	Complete ONLY if direct	
9	Complete ONLY if direct expenditure to benefit C/OI	
┡	· 	
l	Date	Payee name
ᆫ	02/29/2020	Pour Behavior
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$83.68	2211 Travis St.
		Houston, TX 77002
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Dinner during interview of possible 310th intern
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	02/21/2020	Print Rite
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$378.56	1133 Brittmoore Rd.
l		
l		Houston, TX 77043
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		310th thank you cards
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/22 Rpt: 17/27	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	04/01/2020	Publishing Concepts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$411.28	4835 LBJ Freeway
		Suite 1100
		Dallas, TX 75244
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense TSU hardbound book, t-shirt, sweatshirt, travel bag,
		logoed ball cap and digital publication
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2020	Randalls
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.17	5587 Weslayan
	Ψ01.121	oso i vissayan
		Houston, TX 77005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Paper plates and cups for 310th Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Paper plates and cups for 310th lunch room
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/11/2020	Rotary Club of Richmond
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.50	310 Morton St.
		Suite 176
		Richmond, TX 77469
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Luncheon
		Luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 15/22 Rpt: 18/27	2 FILER NAME Heath, Sonya L. (The Honorable) 3 Filer ID (Ethics Commission Filers 00081818)
4	Date 05/29/2020	5 Payee name Rotary Foundation	
6	Amount (\$) \$850.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charitable contribution	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date 02/06/2020	Payee name SP + Parking	
	Amount (\$) \$12.00	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) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking during CLE	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 01/17/2020	Payee name Southwest Democrats	
	Amount (\$) \$20.00	Payee address; City; State; Zip Code PO Box 2053	
		Bellaire, TX 77402	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense yearly membership dues	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)			
		_		The Instruction Guide explains how to complete this form.					_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 16/22 Rpt: 19/27		Heath, Sony	a L. (The Hon	orable)					00081818		
4	Date	5	Payee name									
	01/21/2020		Starbucks									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$17.75		c/o Universit	ty of Houston D	Downtown							
			One N Main	St,								
			Houston, TX	77002								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sche	edule)	(b)	Description				
	OF			age Expense	and top or and done	, , , , , ,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							_		officeholder livin	g expense	
								Lunch during	tou	ır of UHD		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	02/06/2020		Starbucks									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$33.94		2101 Smith	Street								
			Suite 101									
			Houston, TX	77002								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				=			nplete Schedule T.	
								ш		officeholder livin		
								310th coffee	anc	ı breakiası	ioi staii	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	soholdor namo		office sough	aht			Office h	old	
	expenditure to benefit C/O		Januluale/Onic	enoluei name	O	nnce sou(yııı			Office II	eiu	
_	Data	_										
	Date		Payee name	on / Contonnial	Coundation							
	03/10/2020			ary Centennial								
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$150.00		PO Box 826									
			Sweeny, TX	77480								
	PURPOSE OF	(a)		e Categories listed at		edule)	(b)	Description				
	EXPENDITURE			s/Donations M		:				de of Texas. Con officeholder livin	nplete Schedule T.	
			Candidate/C	Officeholder/Po	illicai Commi	illee		Tax Exempt of			y expense	
								Federal ID #				
	Complete ONLY if direct		Candidate/Offic	ceholder name	n	office soug	ght			Office h	eld	
	expenditure to benefit C/O				J		J			20011		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/22 Rpt: 20/27	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/17/2020	Target
6	Amount (\$) \$21.63	7 Payee address; City; State; Zip Code 300 Meyerland Plaza Mall Houston, TX 77096
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Heath candy bars
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2020	Target
	Amount (\$) \$32.44	Payee address; City; State; Zip Code 19955 Katy Frwy. Houston, TX 77094
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Heath candy bars
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/03/2020	Payee name Texas Association for Court Administration
	Amount (\$) \$75.00	Payee address; City; State; Zip Code George J. Beto Criminal Justice Center Sam Houston State University Huntsville, TX 77431
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Court coordinator's membership renewal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/22 Rpt: 21/27	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	01/09/2020	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.00	1210 San Antonio St.
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Registration fee for 2020 Family Justice Conference
		regionalien 100 101 2020 Farmly Galdido Comorcine
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	01/29/2020	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	1210 San Antonio St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Registration for TCJ for court coordinator's annual
		conference for 2020
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/02/2020	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	1210 San Antonio St.
		Suite 800
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Registration fee for 2020 Regional A Conference for Region 11
		7
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experioliture to beriefit C/Of	1

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/22 Rpt: 22/27	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	03/02/2020	United States Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.00	1500 Hadley St.
		Houston, TX 77002-9998
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Postage Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage
		1 Soluge
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2020	University of ST Thomas
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3800 Montrose Blvd
		Houston, TX 77006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/04/2020	Veal, Erika (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	13310 Remme Ridge Ln.
		Houston, TX 77047
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		End of 9-month internship for 310th
		Lind of a month internating for about
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment						OTHER (enter a category not listed above)			
			The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 20/22 Rpt: 23/27	Heath, Sonya L. (The	Honorable)				00081818			
4	Date	5 Payee name								
	01/06/2020	Walgreens								
6	Amount (\$)	7 Payee address; City;	State; Zip C	ode						
	\$24.30	3317 Montrose Blvd.								
		Houston, TX 77006								
8	PURPOSE	(a) Category (See Categories list	ed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Holiday cards and item	S		=			plete Schedule T.		
	_				—		officeholder living			
					Hollday Cards	aı	iu xiiias ileii	n for 310th court		
_		0 11 10 10 11 11		<u> </u>						
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder nan	ne Office so	ught			Office he	eld		
	·									
	Date	Payee name								
	05/06/2020	Wally Mahoney Schola	rship							
	Amount (\$)	Payee address; City;	State; Zip C	ode						
	\$50.00	c/o Allyson Brupbacher								
		4008 Vista Rd., Ste. A2	201							
		Pasadena, TX 77504								
	PURPOSE			(h)	Description					
	OF	(a) Category (See Categories list		(6)	Description Check if travel of	nutsi	de of Texas, Com	plete Schedule T.		
	EXPENDITURE	Gift/Awards/Memorials	Expense		=		officeholder living			
					in memory of	Wa	alter Mahon	ey's death		
	Complete ONLY if direct	Candidate/Officeholder nan	ne Office so	ught			Office he	eld		
	expenditure to benefit C/OH									
	Date	Payee name								
	03/24/2020	Walmart								
			State: Zin C	odo						
	Amount (\$) \$54.37	Payee address; City; 111 Yale Street	State; Zip C	oue						
	Ф04.37	TIT Yale Street								
		Houston, TX 77007								
	PURPOSE OF	(a) Category (See Categories list		(b)	Description					
	EXPENDITURE	Office Overhead/Renta	l Expense		ш			plete Schedule T.		
					ш		officeholder living	ervice for assistant clerk		
					to answer 310					
-	Complete ONLY if direct	Candidate/Officeholder nan	ne Office so	liapt			Office he	7l4		
	expenditure to benefit C/O	Salidado, Silidonoldo Hall	011100 30	agrit			Cinice III	····		
L										
	rme provided by Tayas E	-1 011	www athics state ty					Version V/1 1 32622f7d		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/22 Rpt: 24/27	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	04/24/2020	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.70	111 Yale Street
		Houston, TX 77007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Cell phone and one month of service Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense for 310th clerk to use during COVID-19 to transfer
		phones to while staff works remotely at home
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/26/2020	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.70	111 Yale Street
		Houston, TX 77007
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Cell phone Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cell phone for 310th clerk during pandemic to
		transfer 310th phones to
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/24/2020	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.70	111 Yale Street
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Cell phone Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		for clerk during pandemic
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Expense Printing Expense hittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							Travel Out of Dis	strict category not listed above)
1	Total pages Schedule F1: Sch: 22/22 Rpt: 25/27	ı	FILER NAME Heath, Sony	a L. (The Ho	onorable)				3	Filer ID 00081818	(Ethics Commission Filers)
	Date 03/02/2020		Payee name Women of La								
6	Amount (\$) \$1,000.00		Payee addres 12234 Shade Building 1, S Pearland, T	ow Creek Pk uite 1104		te; Zip Co	de				
8	PURPOSE OF EXPENDITURE		Category _{(See} Contribution: Candidate/O	s/Donations	Made By			ш	TX,	officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name		Office sou	ght			Office h	eld
	Date 01/13/2020	ı	Payee name Xochi								
	Amount (\$) \$122.71		Payee addres 1777 Walker Houston, TX	St.	Sta	te; Zip Co	de				
	PURPOSE OF EXPENDITURE		Category _{(See}		at the top of this s	schedule)			, TX,	officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name		Office sou	ght			Office he	eld

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/2 Rpt: 26/27	
2	FILER NAME		3	Filer II	O (Ethics Commission	n Filers)
	Heath, Sonya L. (The Honorable) 0008.			1818		
4	Date 05/05/2020	Name of person from whom amount is received Burta Rhoads Raborn Inn of Court Address of person from whom amount is received; City; State; Zip Code			8 Amount (\$)	\$126.00
		Houston, TX 77008				
		7 Purpose for which amount is received	politio	cal cont	tribution returned to file	r
	Date	Name of person from whom amount is received			Amount (\$)	
	06/25/2020	Burta Rhoads Raborn Inn of Court				\$294.00
		Address of person from whom amount is received; City; State; Zip Code Houston, TX 77008				
		Purpose for which amount is received	politio	cal cont	tribution returned to file	r
		Refund of food dues because of pandemic for 2020-21				
F	Date Name of person from whom amount is received A				Amount (\$)	
	01/27/2020	Embassy Suites				\$345.60
	Address of person from whom amount is received; City; State; Zip Code					
		Entered to proceed and an action to the second of the seco				
		San Marcos, TX 78666				
		Purpose for which amount is received	politio	cal cont	tribution returned to file	r
	Refund for overcharge from hotel					
	Date	Name of person from whom amount is received			Amount (\$)	
	02/03/2020	Embassy Suites				\$4.73
	Address of person from whom amount is received; City; State; Zip Code					
		San Marcos, TX 78666				
			politic	ral cont	 tribution returned to file	r
		Refund from hotel stay	pontic	Jai Com	indution returned to me	•
	Date	Name of person from whom amount is received			Amount (\$)	
	01/06/2020	Homestead Technologies				\$50.99
		Address of person from whom amount is received; City; State; Zip Code				
		Burlington, MA 01803				
		<u> </u>	nolitio	ral cont	<u>I</u> tribution returned to file	r
		Cancellation and refund for website	pontic	Jai Com	inbation retained to me	•

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 27/27 2 FILER NAME Filer ID (Ethics Commission Filers) Heath, Sonya L. (The Honorable) 00081818 Date 8 Amount (\$) 5 Name of person from whom amount is received 02/18/2020 Texas Center for the Judiciary \$295.40 6 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 conference travel fees Amount (\$) Date Name of person from whom amount is received 04/21/2020 Texas Center for the Judiciary \$70.00 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 Conference fee refund b/c of cancellation COVID-19 Date Name of person from whom amount is received Amount (\$) 05/22/2020 Texas Center for the Judiciary \$65.00 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 Registration cancellation b/c of pandemic