### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commiss 00081818	ion Filers)	2 Total pages	filed: 23
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER	The Honorable	Sonya L.			Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	. 01/11/2021	
		Heath				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	l or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 811				Receipt #	Amount
Change of Address	Houston, TX 77001					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Hal D.				
	NICKNAME	LAST			SUFFIX	
		Hale				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO F		APT	/ SUITE #; CITY;	S	TATE; ZIP CODE
ADDRESS	1800 Saint James Place	e, Ste. 105				
(Residence or Business)	Houston TV 770E6					
	Houston, TX 77056					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER PHONE	(713) 784-7700					
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff		campaign treasurer
						fficeholder only)
	July 15	8th day before		Exceeded modified	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Yea			Month Day	Year	
COVERED	07/01/2020	Tŀ	IROUGH	12/31/202	0	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r   🗌 P	rimary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
	Family District Court Ju	dge District 310 H	arris			
		GO 1	O PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	hics.state.tx.us		Ve	ersion V1.1.0d3681a8

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 23

L

13 C / OH NAME	Heath, Sonya L. (Th	e Honorable)	14 Filer ID 00081818	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	ut the candidate's or offic	committees to support the ceholder's knowledge or notice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EI		<b>\$</b> 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA		\$ 0.00
	ANS)	<b>.</b>		
TOTALS				\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 6,420.50
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	ELAST DAY OF THE	<b>\$</b> 1,459.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	<b>\$</b> 0.00
17 AFFADAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	s all information required	
		The Ho	norable Sonya L. He	ath
			of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subsc	rihad hafora ma by the c	aid	this the	day
		ertify which, witness my hand and seal of office.	, uno une	uay
Signature of offic	er administering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V1.1.0d3681a8

### FORM JC/OH COVER SHEET PG 3

3 of 23

18 FILER NAME Heath, Sonya L. (The Honorable)	(Ethics Commission Filers)					
20 SCHEDULE SUBTOTALS	00081818	1				
NAME OF SCHEDULE		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)	3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)					
4. SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 6,420.50				
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	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 CONTRIBUTIO	ONS	\$				
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	<b>\$</b> 150.00				

SUBTOTALS - JC/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense     Event Expense     Loan Repayment/Reimbursement       Accounting/Banking     Fees     Office Overhead/Rental Expense       Consulting Expense     Food/Beverage Expense     Polling Expense       Contributions/ Donations Made By - Candidate/Officeholder/Political Committee     Gift/Awards/Memorials Expense     Printing Expense       Credit Card Payment     The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 1/19 Rpt: 4/23		Heath, Sonya L. (The Honorable)				00081818	
4	Date	5	Payee name					
	09/10/2020		Amazon Business					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$18.72		440 Terry Avenue North					
			Seattle, WA 98109					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense	Judio)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE					, TX	, officeholder living expense	
					Jury snacks			
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	jht		Office held	
	Date		Payee name					
	09/10/2020		Amazon Business					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$21.60		440 Terry Avenue North					
			Seattle, WA 98109					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense	
					Jury snacks	, 17,		
					,			
	Complete ONLY if direct	(	Candidate/Officeholder name O	office sou	yht		Office held	
	expenditure to benefit C/OF	H						
	Date		Payee name					
	12/23/2020		Amazon.com					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$500.00		410 Terry Ave. N					
			-					
			Seattle, WA 98109					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Complete Schedule T. , officeholder living expense	
					Staff bonus g			
						,		
-	Complete ONLY if direct	L(	Candidate/Officeholder name O	office soug	aht		Office held	
	expenditure to benefit C/OF				-			

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/19 Rpt: 5/23	Heath, Sonya L. (The Honorable)	00081818
4	Date 08/03/2020	5 Payee name Barnaby's Cafe	
6	Amount (\$) \$52.17	<ul> <li>Payee address; City; State; Zip Code</li> <li>414 West Gray</li> <li>Houston, TX 77019</li> </ul>	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense heon for summer intern Chloe Colvin
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/13/2020	Barnaby's Cafe	
	Amount (\$) \$20.29	Payee address; City; State; Zip Code 414 West Gray	
		Houston, TX 77019	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense sa Millard to lunch
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/16/2020	Boy Scouts	
	Amount (\$) \$89.54	Payee address; City; State; Zip Code 1325 West Walnut Hill Lane	
		Irving, TX 75038	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense iser (Trails End) popcorn
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 3/19 Rpt: 6/23	Heath, Sonya L. (The Honorable) 00081818							
4	Date 12/23/2020	5 Payee name CVS Pharmacy							
6	Amount (\$) \$529.75 7 Payee address; City; State; Zip Code 402 Gray St. Houston, TX 77002								
8	B       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Gift/Awards/Memorials Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Holiday bonus gifts								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/21/2020	DirecTv							
	Amount (\$) \$141.91	Payee address; City; State; Zip Code AT&T PO Box 5014 Carol Stream, IL 60197-5014							
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense r for jury room in 310th						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 08/11/2020	Payee name Edible Arrangements							
	Amount (\$) \$85.50	Payee address; City; State; Zip Code 12726 Fountain Lake Circle							
		Stafford, TX 77477							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense it arrangement to 310th Lead Clerk during pandemic						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a)         Event Expense       Loan Repayment/Reimbursement       Solicitation/Fundraising Expense         Fees       Office Overhead/Rental Expense       Transportation Equipment & Related Expense         Food/Beverage Expense       Polling Expense       Travel in District         Gitf/Awards/Memorials Expense       Printing Expense       Travel Ot of District         Committee       Legal Services       Salaries/Wages/Contract Labor       OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 4/19 Rpt: 7/23	Heath, Sonya L. (The Honorable)     00081818
4	Date	5 Payee name
	08/28/2020	Edible Arrangements
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.18	980 Hammond Dr.
		Suite 1000
		Atlanta, GA 30328
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Sympathy arrangement for Daniel Gray's father.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2020	Edible Arrangements
	Amount (\$)	Payee address; City; State; Zip Code
	.,	
	\$97.40	1801 Durham Dr.
		Suite 7
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Thank you arrangement for assisting during first jury
		trial
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/18/2020	El Tiempo
	Amount (\$)	Payee address; City; State; Zip Code
	\$501.81	2814 Navigation Blvd.
		Houston, TX 77003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		310th staff dinner after first jury trial
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Fees         Office Overhead/Rental Expense         Trai           Food/Beverage Expense         Polling Expense         Trai           By -         Gift/Awards/Memorials Expense         Printing Expense         Trai					Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Cabadula E1	1					5		(Ethios Commission Filors)
T	Total pages Schedule F1:	²					3	Filer ID	(Ethics Commission Filers)
	Sch: 5/19 Rpt: 8/23		Heath, Sonya L. (The Honorab	le)				00081818	
4	Date	5	Payee name						
	07/28/2020		Family Courts Benevolent Fund	l					
	۸ ma a unat (ش)		-		7:0 00				
0	Amount (\$)	ľ	Payee address; City;		Zip Co	le			
	\$100.00		c/o Court Admistrator Clay Bow	man					
			1201 Franklin, 7th fl.						
			Houston, TX 77002						
_						<i>"</i> 、			
8	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	(b) Description			
	EXPENDITURE		Gift/Awards/Memorials Expense	9				ide of Texas. Com	
								, officeholder living	expense
						Funeral flowe	ers	from group	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	office sou	Jht		Office he	ld
	Date		Payee name						
	09/11/2020		FedEx Office						
		┣─		Ctata	7:0 00	4.0			
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$99.32		13155 Noel Rd.						
			Suite 1600						
			Dallas, TX 75240						
	DUDDOOF					(L)			
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description			alata Oshadula T
	EXPENDITURE		Printing Expense					ide of Texas. Com , officeholder living	
								-	expense
						Jury brochure	251	e. COVID	
	Complete ONLY if direct		Candidate/Officeholder name	0	office sou	Iht		Office he	eld
	expenditure to benefit C/Oł	Н							
	Date		Payee name						
	09/18/2020		Franks Pizza						
	09/18/2020		FIANKS PIZZA						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$117.00		417 Travis St.						
			Houston, TX 77002						
	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description			
			Food/Beverage Expense			Check if travel	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin	, тх	, officeholder living	expense
						Lunch for jure	ors		
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	0	office sou	iht		Office he	ld
	expenditure to benefit C/OI			0		, <del>-</del>			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	rheac pense pens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Tatal same Oak adula E4			explains i		iipie	te this form.		
1	Total pages Schedule F1: Sch: 6/19 Rpt: 9/23	2	2       FILER NAME       3       Filer ID       (Ethics Commission F         Heath, Sonya L. (The Honorable)       00081818						
4	Date	5	Payee name						
	10/13/2020		Franks Pizza						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de			
	\$101.00		417 Travis St.						
			Houston, TX 77002						
8	PURPOSE	(a)				(h)	Description		
ľ	OF	(")	Category (See Categories listed at the to	op of this sche	edule)	(5)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense						officeholder living expense
							Lunch for jury		
							, ,		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	С	Dffice sou	ght			Office held
	Date		Payee name						
	12/18/2020		Go Fund Me						
		-		Stata:	Zip Co	do			
	Amount (\$)			State,		ue			
	\$100.00		855 Jefferson Ave.						
			Redwood City, CA 94063						
	PURPOSE OF	(a)	Category (See Categories listed at the to		edule)	(b)	Description		
	EXPENDITURE		Gift/Awards/Memorials Expense	se					de of Texas. Complete Schedule T.
									officeholder living expense
									oution for Anna Jennings Callicoat's ra Stalder's niece)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght			Office held
		_							
	Date		Payee name						
	08/29/2020		Harry's Restaurant						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
	\$62.44		318 Tuam						
			Houston, TX 77006						
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense				Check if travel	outsi	de of Texas. Complete Schedule T.
	LAFENDIIURE								officeholder living expense
							Goodbye luch	neo	on for 2nd summer intern ReNessa
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office held
	expenditure to benefit C/OI	Н							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Gitt/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)	
	Sch: 7/19 Rpt: 10/23		Heath, Sonya L. (The Honorable)				00081818	
4	Date 09/18/2020		Payee name Hillstone Restaurant					
6	6 Amount (\$) \$94.18 7 Payee address; City; State; Zip Code 4848 Kirby Houston, TX 77098							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description 						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice souç	ht		Office held	
	Date		Payee name					
	11/11/2020		Houston Food Bank					
	Amount (\$) \$25.00		Payee address; City; State; 535 Portwall St Houston, TX 77029	Zip Coo	le			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Contributions/Donations Made By Candidate/Officeholder/Political Commit				le of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held	
	Date		Payee name					
	07/15/2020		Houston GLBT Caucus					
	Amount (\$) \$10.00		Payee address; City; State; P.O. Box 66664	Zip Coo	le			
			Houston, TX 77266					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Fees	dule)		, TX,	le of Texas. Complete Schedule T. officeholder living expense Dership	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice souç	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			Fees         Office C           Food/Beverage Expense         Polling           Gift/Awards/Memorials Expense         Printing	Verhea Expense Expense Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 8/19 Rpt: 11/23		Heath, Sonya L. (The Honorable)				00081818
4	Date	5	Payee name				
	08/17/2020		Houston GLBT Caucus				
6	Amount (\$)	7	Payee address; City; State; Zip C	Code			
	\$10.00		P.O. Box 66664				
			Houston, TX 77266				
_	DUDDOOT			10			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(0)	Description	outoi	do of Toylog, Complete Schodule T
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee				de of Texas. Complete Schedule T. officeholder living expense
			Candidate/Onicenoide//Folitical Committee				ber monthly charge
					e de tal ing int	•	
9	Complete ONLY if direct		Candidate/Officeholder name Office so				Office held
5	expenditure to benefit C/OI			Jugin			Onice held
	Date		Payee name				
	09/14/2020		Houston GLBT Caucus				
	\$10.00		P.O. Box 66664				
			Houston, TX 77266				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF		Fees			outsi	de of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin,	, тх,	officeholder living expense
					Sustaining me	em	ber monthly fee
	Complete ONLY if direct	(	Candidate/Officeholder name Office so	ught			Office held
	expenditure to benefit C/OI	Η					
-	Date		Payee name				
	10/16/2020		Houston GLBT Caucus				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$10.00		P.O. Box 66664	Joue			
	φ10.00		1.0. 00004				
			Houston, TX 77266				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Fees				de of Texas. Complete Schedule T.
							officeholder living expense
					Monthly men	nbe	ersnip fee
	Complete ONLY if direct		Candidate/Officeholder name Office so	ought			Office held
	expenditure to benefit C/OI	-					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 9/19 Rpt: 12/23		Heath, Sonya L. (The Honorable)				00081818	
4	Date	5	Payee name					
	11/16/2020		Houston GLBT Caucus					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$10.00		P.O. Box 66664					
			Houston, TX 77266					
8	PURPOSE	(0)	Onternet					
0	OF	(a)	Category (See Categories listed at the top of this sche Fees	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		rees				, officeholder living expense	
					membership	due	es	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ht		Office held	
	Date		Payee name					
	12/14/2020		Houston GLBT Caucus					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$10.00 P.O. Box 66664							
			Houston, TX 77266					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.	
	-		Candidate/Officeholder/Political Comm	ittee	Sustaining m		, officeholder living expense	
					Sustaining III	em	bei	
	Complete ONIL V if direct		Condidate /Office helder recent				Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Int		Office field	
	Date		Payee name					
	10/27/2020		Leal, Robin					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$100.00		3830 Echo Mountain Dr.					
			Kingwood, TX 77345					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Comm	ittee			, officeholder living expense	
					Fundraiser to	or m	nedical expenses	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	lht		Office held	
	supervisitore to benefit 0/01	•						

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
_	Sch: 10/19 Rpt: 13/23	Heath, Sonya L. (The Honorable)	00081818
4	Date 10/26/2020	5 Payee name Mexican American Bar Association of Houston	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
J	\$250.00	PO Box 303 Houston, TX 77001	
_		· · · · · · · · · · · · · · · · · · ·	
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense Df annual golf tournament
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/03/2020	Office Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$299.99	6600 N. Military Trail Boca Raton, FL 33496	
	PURPOSE OF EXPENDITURE		nutside of Texas. Complete Schedule T. TX, officeholder living expense n files
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
⊨	Date	Payee name	
	12/18/2020	Pappasito's #21	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$148.79	1600 Lamar St.	
		Houston, TX 77010	
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense Darty (pickup)
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 11/19 Rpt: 14/23		Heath, Sonya L. (The Honorable)				00081818
4	Date	5	Payee name				
	09/08/2020		Pasadena Legends				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$500.00	4	4422 Klowa St.				
		1	Pasadena, TX 77504				
8	PURPOSE	(a) (	Category (See Categories listed at the top of this sche	edule)	<b>b)</b> Description		
	OF EXPENDITURE		Contributions/Donations Made By	cuule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITORE	(	Candidate/Officeholder/Political Commi	ittee			, officeholder living expense
					Local little lea	agu	le team
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office soug	ht		Office held
	Date	I	Payee name				
	07/20/2020		Rotary Club of the University Area				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$500.00		PO Box 980834				
			Houston, TX 77098				
	PURPOSE	(a) (	Category (See Categories listed at the top of this sche	edule)	<b>b)</b> Description		
	OF EXPENDITURE	1	Fees				ide of Texas. Complete Schedule T.
							, officeholder living expense
					Annual mem	ber	ship dues
┝	Complete ONLY if direct		andidate/Officeholder name O	office soug	ht		Office held
	expenditure to benefit C/Oł			1100 3000			
	Date		Payee name				
	12/17/2020		Southern Gal Glitz				
_	Amount (\$)			Zip Co			
	\$134.50		12655 Woodforest Blvd	210 000			
	φ104.00		Suite 710				
	<b>BUBBOO</b>		Houston, TX 77015				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	<b>b)</b> Description	oute	ide of Texas. Complete Schedule T.
	EXPENDITURE		Gift/Awards/Memorials Expense				, officeholder living expense
					Holiday gifts		
	Complete ONLY if direct		andidate/Officeholder name O	office soug	ht		Office held
	expenditure to benefit C/OI	Н					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	rheac pense pense ages	e /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 ex	cplains	now to cor	npie	ete this form.	-	
1	Total pages Schedule F1:	2						3	Filer ID (Ethics Commission Filers)
	Sch: 12/19 Rpt: 15/23		Heath, Sonya L. (The Honorable	e)					00081818
4	Date	5	Payee name						
	12/13/2020		Starbucks						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$100.00		9315 Katy Frwy.						
			Houston, TX 77024						
8	PURPOSE	(a)				(h)	Decorintion		
ľ	OF	(4)	Category (See Categories listed at the top o Gift/Awards/Memorials Expense	f this sch	iedule)	(5)	Description Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE						Check if Austin	, TX,	, officeholder living expense
							Ten \$10 gift o	card	ds for teenage adoptions.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	08/13/2020		Sympathy Floral Store						
_	Amount (\$)		Payee address; City;	State:	; Zip Co	de			
	\$103.66		230 W. Monroe St.	,	, 1				
	+=00.00		Suite 400						
			Chicago, IL 60606						
	PURPOSE OF	(a)	Category (See Categories listed at the top o	f this sch	nedule)	(b)	Description	outoi	ida of Touras, Complete Cabadula T
	EXPENDITURE		Gift/Awards/Memorials Expense						ide of Texas. Complete Schedule T. , officeholder living expense
									gement for former 310th clerk Ms.
									s husband's passing
	Complete ONLY if direct		Candidate/Officeholder name	0	Office sou	aht			Office held
	expenditure to benefit C/OI	Н				5			
_	Date	<u> </u>	Davias name						
	09/20/2020		Payee name Target						
			-	<u> </u>					
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$21.63		4323 San Felipe						
			Houston, TX 77027						
	PURPOSE	(a)	Category (See Categories listed at the top o	f this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense						ide of Texas. Complete Schedule T.
									, officeholder living expense
							Candy for jur	UIS	
	0 1 1 0 1 1 1 1				2.45	1.			0///
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght			Office held
	F								

EXPENDITURE CATEGORIES FOR BOX 8(a)           Advertising Expense         Event Expense         Loan Repayment/Reimbursement         Solicitation/Fundraising Expense           Accounting/Banking         Fees         Office Overhead/Rental Expense         Transportation Equipment & F	nse
Accounting Expense     Food/Beverage Expense     Pointing Expense     Travel in District       Consulting Expense     Contributions/ Donations Made By -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District       Candidate/Officeholder/Political Committee     Cerdit Card Payment     Cerdit Card Payment     The Instruction Guide explains how to complete this form.     OTHER (enter a category not	Related Expense
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Ca	ommission Filers)
Sch: 13/19 Rpt:         16/23         Heath, Sonya L. (The Honorable)         00081818	
4 Date 5 Payee name	
12/04/2020 Texas Bar Foundation	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$250.00 515 Congress Ave.	
Suite 1755	
Austin, TX 78701	
8     PURPOSE     (a) Category     (See Categories listed at the top of this schedule)     (b) Description       OF     Contributions/Donations Made By     Check if travel outside of Texas. Complete Schedul	ile T
EXPENDITURE Contributions/Donations induce By Contributions/Donations induce By Candidate/Officeholder/Political Committee	
Fellows Renewal (2nd installment of	\$2,500 total)
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
08/20/2020 Texas Center for the Judiciary	
Amount (\$) Payee address; City; State; Zip Code	
\$150.00 1210 San Antonio St.	
Suite 800	
Austin, TX 78701	
PURPOSE     (a) Category     (See Categories listed at the top of this schedule)     (b) Description       OF     Event Expense     Check if travel outside of Texas. Complete Schedule	ilo T
EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedu	ne 1.
2020 Annual Judicial Education Conf	ference
registration fee (will be refunded)	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
11/20/2020 Texas Center for the Judiciary	
Amount (\$) Payee address; City; State; Zip Code	
\$65.00 1210 San Antonio St.	
Suite 800	
Austin, TX 78701	
PURPOSE     (a) Category     (See Categories listed at the top of this schedule)     (b) Description       OF     Event Evenese     Check if travel outside of Texas. Complete Schedul	ile T
EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedu	ne 1.
Registration for 2021 Family Justice	Conference
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan R Office C Polling Printing Salaries	epayme Overhea Expens Expen S/Wage	ent/Reimbursement ad/Rental Expense se se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)
1	Sch: 14/19 Rpt: 17/23	[	Heath, Sonya L. (The Honorable)					00081818	
4	Date	5	Payee name						
	08/13/2020		Texas Democratic Women						
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip (	Code				
	\$20.00		1445 North Loop West						
			Suite 110						
			Houston, TX 77008						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE		Contributions/Donations Made By					ide of Texas. Com	
			Candidate/Officeholder/Political Cor	nmittee		Membership		, officeholder living	expense
						Membership		iewai	
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	Jught			Office he	
9	expenditure to benefit C/OF			Office St	Jugni			Onice ne	21 <b>U</b>
	Date		Payee name						
	11/12/2020		Things Remembered						
	Amount (\$)		Payee address; City; Sta	ate; Zip (	Code				
	\$184.02		26301 Curtiss Wright Pkwy						
			Ste. 401						
			Richmond Heights, OH 44143						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF	ľ	Gift/Awards/Memorials Expense	scheduley			outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin	, TX	, officeholder living	expense
							d cl	erk Nidia All	perto for 17 years of
						service			
	Complete ONLY if direct	. (	Candidate/Officeholder name	Office so	ought			Office he	eld
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	12/18/2020		Toni's Treasures						
	Amount (\$)		Payee address; City; Sta	ate; Zip (	Code				
	\$189.98		7812 Channelview Dr.	, 1					
	+=00100								
			Galveston, TX 77554						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards/Memorials Expense			Check if travel	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITORE							, officeholder living	
						Staff gifts (ho			ys)
						OWNER Ton	1 L C	anaru	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ought			Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 15/19 Rpt: 18/23		Heath, Sonya L. (The Honorable)				00081818	
4	Date	5	Payee name					
	10/27/2020		US Postal Service					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$7.50		1500 Hadley St.					
			Houston, TX 77002					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description			
	OF		Event Expense	edule)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE						officeholder living expense	
					Mail adoptior	to	у	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	10/30/2020		US Postal Service					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$17.45		1500 Hadley St.					
			-					
			Houston, TX 77002					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Event Expense				de of Texas. Complete Schedule T.	
	_/						officeholder living expense	
					Mail adoptior	1 10	у	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	abt		Office held	
	expenditure to benefit C/OF				jin			
F	Date		Payee name					
	07/09/2020		United States Postal Service					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$19.45		1500 Hadley St.					
			-					
			Houston, TX 77002-9998					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		de ef Teures, Complete Schedule, T	
	EXPENDITURE		Postage				de of Texas. Complete Schedule T. officeholder living expense	
							ys from the 310th	
							,	
-	Complete ONLY if direct	<u>ر</u>	candidate/Officeholder name C	Office sou	t		Office held	
	expenditure to benefit C/OF				y			
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 16/19 Rpt: 19/23		Heath, Sonya L. (The Honorable)				00081818
4	Date 07/20/2020	5	Payee name United States Postal Service				
6	Amount (\$) \$7.50	7	Payee address; City; State; 1500 Hadley St. Houston, TX 77002-9998	Zip Coo	e		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Postage	dule)	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense ys from 310th
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice soug	ht		Office held
	Date		Payee name				
	08/05/2020		United States Postal Service				
	Amount (\$) \$19.50		1500 Hadley St.	Zip Coo	e		
	PURPOSE OF EXPENDITURE	(a)	Houston, TX 77002-9998 Category (See Categories listed at the top of this schere Postage	dule)	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense toys during pandemic
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice soug	ht		Office held
	Date		Payee name				
	08/17/2020		United States Postal Service				
	Amount (\$) \$1.00		Payee address; City; State; 1500 Hadley St.	Zip Coo	e		
			Houston, TX 77002-9998				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Fees	dule)	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense adoption toy during pandemic
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/M	erheac pense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 17/19 Rpt: 20/23		Heath, Sonya L. (The Honorable)					00081818
4	Date 11/25/2020	5	Payee name United States Postal Service					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	nde			
Ŭ	\$130.00	Ľ	1500 Hadley St.	5, Zip 00	ac			
	\$T20.00		1300 Hauley St.					
			Houston, TX 77002-9998					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF	<b> </b> `´	PO Box	incuaic)	. ,	<u> </u>	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin,	, тх,	officeholder living expense
						Annual renew	val	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	12/15/2020		United States Postal Service					
		<u> </u>		ai Zin Co	do			
	Amount (\$)			e; Zip Co	ue			
	\$71.30		1500 Hadley St.					
			Houston, TX 77002-9998					
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Postage					de of Texas. Complete Schedule T.
								officeholder living expense
						adoption bear		ay cards and postage to mail
						auoption bear	ı.	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office held
	expenditure to benefit C/OI	H						
	Date		Payee name					
	12/23/2020		United States Postal Service					
				7.00				
	Amount (\$)			e; Zip Co	de			
	\$20.55		1500 Hadley St.					
			Houston, TX 77002-9998					
-	PURPOSE	(a)	Category (See Categories listed at the top of this sc	la a du la X	(h)	Description		
	OF	```	Category (See Categories listed at the top of this sc Postage	chequie)	(~)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Fostage					officeholder living expense
						Mail adoption		
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	abt			Office held
	expenditure to benefit C/Oł			Unice SOU	yın			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	verhea xpens Exper Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 18/19 Rpt: 21/23		Heath, Sonya L. (The Honorable)					00081818
4	Date	5	Payee name					
	12/22/2020		Vu, Tiffany					
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	ode			
	\$50.00		2121 Allen Pkwy					
			Apt. 1103					
			Houston, TX 77019					
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description		
	OF		Gift/Awards/Memorials Expense	schedule)			outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						Bonus for en	d of	f fall internship
_					Ļ			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	08/07/2020		Walgreens					
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode			
	\$52.17		5202 Almeda					
			Houston, TX 77004					
	PURPOSE OF		Category (See Categories listed at the top of this s	schedule)	(b)	Description	outoi	ide of Toylog, Complete Cohedule T
	EXPENDITURE		Gift/Awards/Memorials Expense					ide of Texas. Complete Schedule T. , officeholder living expense
								couple I married.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held
F	Date		Payee name					
	09/02/2020		Walgreens					
	Amount (\$)		Payee address; City; Stat	te; Zip Co	ode			
	\$80.00		5202 Almeda					
			Houston, TX 77004					
	PURPOSE OF		Category (See Categories listed at the top of this s	chedule)	(b)	Description	outoi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Gift/Awards/Memorials Expense					, officeholder living expense
						Gifts for adop		
						·		-
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught	:		Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	ereak earar ayment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/19 Rpt: 22/23	Heath, Sonya L. (The Honorable) 00081818
4	Date	5 Payee name
	09/12/2020	Walmart
6	Amount (\$) \$27.70	7 Payee address; City; State; Zip Code 111 Yale Street Houston, TX 77007
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Cell phone for Bailiff during jury trial</li> </ul>
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

SCHEDULE K

	The Instruc	ction Guide explains how to complete this form.	1		ages Schedule K: L/1 Rpt: 23/23	
2	FILER NAME		3	Filer ID	O (Ethics Commission Filers)	_
	Heath, Sony	a L. (The Honorable)		00081	.818	
4	Date	5 Name of person from whom amount is received	1		8 Amount (\$)	
	10/05/2020	Eleventh Administrative Judicial Region of Texas			\$150.0	0
		6 Address of person from whom amount is received; City; State; Zip Code				
		Houston, TX 77002				
		7 Purpose for which amount is received Check if p	oliti	cal cont	ribution returned to filer	
		Reimbursement for Judicial Conference				