

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

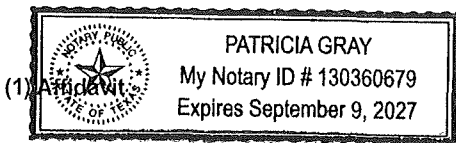
15 C/OH NAME Heather Sheffield		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,502.84
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 83.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,419.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Heather Sheffield

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Heather Sheffield this the 30th day of January, 2025, to certify which, witness my hand and seal of office.

Patricia Gray Patricia Gray F.P.A. St. Supt.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Heather Sheffield</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4502.84
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 83.74
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 4
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 1/18/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Sampley <hr/> 6 Contributor address; City; State; Zip Code 5739 Timbers Trail Dr, Humble, TX 77346	7 Amount of contribution (\$) 521.15
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Real Estate
Date 1/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley Morris <hr/> Contributor address; City; State; Zip Code 506 Grace Ln, 2, Austin, TX 78746	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 1/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladys Acosta <hr/> Contributor address; City; State; Zip Code 329 Mariana Cir, El Paso, TX 79915	Amount of contribution (\$) 21.15
Principal occupation / Job title (See Instructions) City of El Paso		Employer (See Instructions) City Council Legislative Aide
Date 1/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Assir <hr/> Contributor address; City; State; Zip Code 2719 Creeks edge Pkwy, Austin TX 78733	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Dietitian & Certified Diabetes Educator. Certified pump trainer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 4
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Wright 6 Contributor address; City; State; Zip Code 6301 Plum Hollow Overlook, Austin, TX 78746	7 Amount of contribution (\$) 208.65
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Musgrave Brown Contributor address; City; State; Zip Code 438 Brady Lane, West Lake Hills, TX 78746	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) TEA
Date 1/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susie Posey Contributor address; City; State; Zip Code 1602 Bay Hill Drive, Austin, TX 78746	Amount of contribution (\$) 208.65
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petr Sharelskiy Contributor address; City; State; Zip Code 5609 Muster Ct, Austin, TX 78731	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 4
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Meakin <hr/> 6 Contributor address; City; State; Zip Code 310 Nixon Dr, Austin, TX 78746	7 Amount of contribution (\$) 104.48
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) homemaker
Date 1/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Reed <hr/> Contributor address; City; State; Zip Code 1502 Harbor View, Westlake Hills, TX 78746	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 1/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Claunch <hr/> Contributor address; City; State; Zip Code 305 McConnell Dr, Austin, TX 78746	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dana Rushing <hr/> Contributor address; City; State; Zip Code 1000 Beaver Trail, Unit A, Austin, TX 78746	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Heather Sheffield	3 Filer ID (Ethics Commission Filers)
4 Date Jan 2025	5 Payee name Anedot	
6 Amount (\$) 83.74	7 Payee address; City; State; Zip Code 1354 Poydras Street, Suite 1770, New Orleans, LA 70126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Payment Processing Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 4
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidhya Pai	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 6905 Crosby Cir, 3, Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) homemaker
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.