

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
19

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Heather	MI MI	OFFICE USE ONLY	
	NICKNAME	LAST Sheffield	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
<input type="checkbox"/> Change of Address	[REDACTED]				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	[REDACTED]				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Annabelle	MI MI	Date Received 25 APR 2 PM 12:56	
	NICKNAME	LAST Perdido	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	700 Knollwood Dr, Austin, TX 78746				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	[REDACTED]				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 1 / 31 / 25		THROUGH	Month Day Year 4 / 1 / 25	
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____ Eanes ISD School Board		
12 OFFICE	OFFICE HELD (if any) Eanes ISD Trustee Place 6		13 OFFICE SOUGHT (if known) Eanes ISD Trustee Place 6		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

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)	\$ 12,468.63
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,035.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,022.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

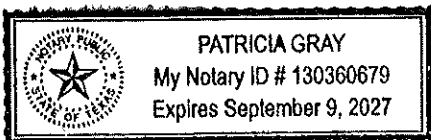
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Heather Sheffield

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Heather Sheffield this the 2nd day of April, 2025, to certify which, witness my hand and seal of office.

Patricia Gray Signature of officer administering oath
Patricia Gray Printed name of officer administering oath
Asst. Supt. 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

Heather Sheffield

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,468.63
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	\$ 3,035.57
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: page 1 of 14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggie Suter	7 Amount of contribution (\$) 104.48
	6 Contributor address; City; State; Zip Code 6605 Canon Wren Dr., Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Homemaker
Date 01/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ann Baker	Amount of contribution (\$) 104.48
	Contributor address; City; State; Zip Code 6110 Turtle Point Dr, Austin, TX 78746	
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 01/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Marlinson	Amount of contribution (\$) 52.40
	Contributor address; City; State; Zip Code 111 Laura Ln, Austin, TX 78746	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Hinton	Amount of contribution (\$) 104.48
	Contributor address; City; State; Zip Code 2 Jeffery Cove, Rollingwood, TX 78746	
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.

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: page 2 of 14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maile Kono-Wells ----- 6 Contributor address; City; State; Zip Code 10105 Wildflower Ln, Austin, TX 78733	7 Amount of contribution (\$) 104.48
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) homemaker
Date 2/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy Suits ----- Contributor address; City; State; Zip Code 7807 Doncaster Dr, Austin, TX 78745	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Travis County
Date 2/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan Gaskins ----- Contributor address; City; State; Zip Code 1507 Falcon Ledge Dr, Austin, TX 78746	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 2/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydia Tsai ----- Contributor address; City; State; Zip Code 1115 Quaker Ridge Dr, Austin, TX 78746	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 3/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelley Castleberry	7 Amount of contribution (\$) 104.48
	6 Contributor address; City; State; Zip Code 703 Knollwood Cir, Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) M&A consultant		9 Employer (See Instructions) EY
Date 2/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahesh Reddy	Amount of contribution (\$) 104.48
	Contributor address; City; State; Zip Code 5901 Fox Chapel Dr, Austin, TX 78746	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Rivos
Date 2/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caryn Abraham	Amount of contribution (\$) 208.65
	Contributor address; City; State; Zip Code 3806 Bunny Run, Austin, TX 78746	
Principal occupation / Job title (See Instructions) Director of Business Development		Employer (See Instructions) MC Auslin
Date 2/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Depwe	Amount of contribution (\$) 1041.98
	Contributor address; City; State; Zip Code 2509 West Lake Drive, Austin, TX 78746	
Principal occupation / Job title (See Instructions) Marina Manager		Employer (See Instructions) West Lake Beach

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie Rasmussen ----- 6 Contributor address; City; State; Zip Code 5748 Velvet Oak Ct, Simi Valley, CA 93063	7 Amount of contribution (\$) 104.48
8 Principal occupation / Job title (See Instructions) LMFT		9 Employer (See Instructions) Self
Date 2/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billie Kae Logiudice ----- Contributor address; City; State; Zip Code 500 Chris Kelley Blvd #7201, Hutto, TX 78634	Amount of contribution (\$) 26.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Hutson ----- Contributor address; City; State; Zip Code 1608 Barclay Dr, Austin, TX 78746	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Eanes ISD
Date 2/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte Narvaez ----- Contributor address; City; State; Zip Code 3400 Day Star Cv, Austin, TX 78746	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) Austin Community College
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny Proznik ----- 6 Contributor address; City; State; Zip Code 4578 Mira Vista Dr, Frisco, TX 75034	7 Amount of contribution (\$) 312.81
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 2/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sue Coulter ----- Contributor address; City; State; Zip Code 3409 Cactus Wren Way, Austin, TX 78746	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 2/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taryna Patel ----- Contributor address; City; State; Zip Code 6645 Whitemarsh Valley Walk, Austin, TX 78746	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Engineering manager		Employer (See Instructions) Intel
Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annabelle Perdido ----- Contributor address; City; State; Zip Code 700 Knollwood Dr, Austin, TX 78746	Amount of contribution (\$) 208.65
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Thomson 6 Contributor address; City; State; Zip Code 3008 Edgewater Dr, Austin, TX 78733	7 Amount of contribution (\$) 104.48
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) homemaker
Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Watts Contributor address; City; State; Zip Code 264 Oakwood Lane, McGregor, TX 76657	Amount of contribution (\$) 26.35
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 2/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Kaufman Contributor address; City; State; Zip Code 3604 Shady Creek Cv, Austin, TX 78746	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katharine Carter Contributor address; City; State; Zip Code 2003 Plumbrook Dr, Austin, TX 78746	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Wayback Cafe

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tricia Cave <hr/> 6 Contributor address; City; State; Zip Code 11020 San Jacinto Dr, La Porte, TX 77571	7 Amount of contribution (\$) 26.35
8 Principal occupation / Job title (See Instructions) Lobbyist		9 Employer (See Instructions) ATPE
Date 3/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gigi Shaukat <hr/> Contributor address; City; State; Zip Code 3229 Park Hills Dr, Austin, TX 78746	Amount of contribution (\$) 208.65
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 3/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deann Lee <hr/> Contributor address; City; State; Zip Code 3010 Fair Oaks, Paris, TX 75462	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin Levy <hr/> Contributor address; City; State; Zip Code 2104 Apricot Glen Dr, Austin, TX 78746	Amount of contribution (\$) 208.65
Principal occupation / Job title (See Instructions) Customer Success		Employer (See Instructions) Cengage Group
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Parker	7 Amount of contribution (\$) 260.73
	6 Contributor address; City; State; Zip Code 1907 Port Royal Dr, Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 3/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Newberg	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1606 Mount Larson Rd, Austin, TX 78746	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 3/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marianne Inman	Amount of contribution (\$) 26.35
	Contributor address; City; State; Zip Code 1620 Chesterwood Cove, Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Alvarado	Amount of contribution (\$) 104.48
	Contributor address; City; State; Zip Code 1916 Tank Hollow Rd, Poteet, TX 78065	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Powell Law Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Bitner ----- 6 Contributor address; City; State; Zip Code 6525 Whitemarsh Valley Walk, Austin, TX 78746	7 Amount of contribution (\$) 52.40
8 Principal occupation / Job title (See Instructions) Program Manager		9 Employer (See Instructions) Dell
Date 3/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Barnes ----- Contributor address; City; State; Zip Code 3419 Plumb St, Houston, TX 77005	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) managing member/educational researcher		Employer (See Instructions) Education By The Numbers, LLC
Date 3/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huseyin Finci ----- Contributor address; City; State; Zip Code 2500 E T C Jester Blvd. Suite: 240, Houston, TX 77008	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions) Houston Quality Builders
Date 3/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christee Bybee ----- Contributor address; City; State; Zip Code 3415 Westlake Dr, Austin, TX 78746	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Channing Wiese 6 Contributor address; City; State; Zip Code 2 Downie Pl, Austin, TX 78746	7 Amount of contribution (\$) 52.40
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene Attal Contributor address; City; State; Zip Code 1201 Constant Springs Drive, Austin, TX 78746	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Ginder Contributor address; City; State; Zip Code 2708 Vallarta Lane, Austin, TX 78733	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Morrison Contributor address; City; State; Zip Code 9310 Le Conte Cv, Austin, TX 78749	Amount of contribution (\$) 312.81
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mo Greulich	7 Amount of contribution (\$) 52.40
6 Contributor address; City; State; Zip Code 3517 Pinnacle Rd, Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 3/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Morris	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 506 Grace Ln, 2, Austin, TX 78746		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 3/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Boswell	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1518 Mohle Drive, Austin, TX 78703		
Principal occupation / Job title (See Instructions) Documentary Filmmaker		Employer (See Instructions) Villita Media
Date 3/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Sampler	Amount of contribution (\$) 208.65
Contributor address; City; State; Zip Code 1408 Patterson Rd, Austin, TX 78733		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Keystone Bank

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim McMath <hr/> 6 Contributor address; City; State; Zip Code 3415 rain forest, Austin, TX 78746	7 Amount of contribution (\$) 260.73
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 3/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deepika Basu Roy <hr/> Contributor address; City; State; Zip Code 3 Clarendon Lane, Austin, TX 78746	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 3/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colette Crossman <hr/> Contributor address; City; State; Zip Code 2315 Toro Canyon Rd, Austin, TX 78746	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 3/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Scee <hr/> Contributor address; City; State; Zip Code 521 Brandon way, Austin, TX 78733	Amount of contribution (\$) 521.15
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Shepherd	7 Amount of contribution (\$) 2604.48
	6 Contributor address; City; State; Zip Code 511 Bee Tree Circle, Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 3/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Micciche	Amount of contribution (\$) 521.15
	Contributor address; City; State; Zip Code 1140 Bally Mote Dr, Dallas, TX 75218	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Retired
Date 3/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolinda Schmidt	Amount of contribution (\$) 208.65
	Contributor address; City; State; Zip Code 1013 Cielo Dr, Kerrville, TX 78028	
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self employed
Date 3/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Colangelo	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1000 Liberty Park Dr., Apt. 203, Austin, TX 78746	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Private Schools Association

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: 14/14
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Bland-Ho <hr/> 6 Contributor address; City; State; Zip Code 2804 Regents Park, Austin, TX 78746	7 Amount of contribution (\$) 208.65
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

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	2 FILER NAME Heather Sheffield	3 Filer ID (Ethics Commission Filers)
4 Date 2/27/25	5 Payee name Super Cheap Signs	
6 Amount (\$) 344.50	7 Payee address; City; State; Zip Code 12800 Anderson Mill Rd, Box 400, BLDG D-1, Cedar Park, TX 78613, US	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(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 3/10/25	Payee name HD Campaigns LLC	
Amount (\$) 417.52	Payee address; City; State; Zip Code 4711 Spicewood Springs Rd, Unit 227, Austin, TX 78759	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Mailer Addresses
	<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 3/13/25	Payee name Super Cheap Signs	
Amount (\$) 233.12	Payee address; City; State; Zip Code 12800 Anderson Mill Rd, Box 400, BLDG D-1, Cedar Park, TX 78613, US	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Sign stakes
	<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

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: 2/2	2 FILER NAME Heather Sheffield	3 Filer ID (Ethics Commission Filers)
4 Date 3/14/25	5 Payee name M & G Sign Placement Services	
6 Amount (\$) 1513.00	7 Payee address; City; State; Zip Code 6410 Ponca Street, Austin, TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Installation
	(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 3/25/25	Payee name UPS Store	
Amount (\$) 113.00	Payee address; City; State; Zip Code 701 Capital of Tx Hwy, D420, West Lake Hills, TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Mailbox expense
	<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 4/1/25	Payee name Anedot Fees	
Amount (\$) 414.43	Payee address; City; State; Zip Code 1354 Poydras Street, Suite 1770, New Orleans, LA 70126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Payment Processing Fees
	<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

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