



# 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)	\$ 7,074.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,709.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,387.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

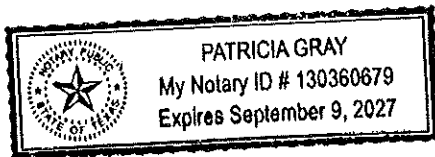
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*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 25<sup>th</sup> day of April, 2020, 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  
Exp. 9th. Sept. 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	\$ 7,074.51
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	\$ 10,709.74
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:  
1/5

**2** FILER NAME

Heather Sheffield

**3** Filer ID (Ethics Commission Filers)

**4** Date

4/3/25

**5** Full name of contributor

Katie McGee Barras

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address;

City;

State;

Zip Code

2800 Waymaker Way, Austin, TX 78746

**7** Amount of contribution (\$)

\$ 52.40

**8** Principal occupation / Job title (See Instructions)

Educator

**9** Employer (See Instructions)

UT Austin

Date

4/3/25

Full name of contributor

Shanna Washer

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

801 Single Oak Cv, Austin, TX 78746

Amount of contribution (\$)

\$ 26.35

Principal occupation / Job title (See Instructions)

Licensed Psychologist

Employer (See Instructions)

Texas Psychology & Assessment Center (TPAC)

Date

4/5/25

Full name of contributor

Norman Risinger

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

18 Cicero Ln, Austin, TX 78746

Amount of contribution (\$)

\$208.65

Principal occupation / Job title (See Instructions)

MD

Employer (See Instructions)

Austin Heart

Date

4/13/25

Full name of contributor

Vilma Luna

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

1307 Wilderness Drive, Austin, TX 78746

Amount of contribution (\$)

\$208.65

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

Vilma Luna LLC

**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: 2/5
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Susan Hinton <hr/> 6 Contributor address; City; State; Zip Code 2 Jeffery Cove, Austin, TX 78746	7 Amount of contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions) Trustee and staff		9 Employer (See Instructions) San Marcos Civic Foundation
Date 4/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Havenstrite <hr/> Contributor address; City; State; Zip Code 1741 Spyglass, Apt 200, Austin, TX 78746	Amount of contribution (\$) \$2000.00
Principal occupation / Job title (See Instructions) Partner Engagement Manager		Employer (See Instructions) We are Blood
Date 4/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedro Andrade <hr/> Contributor address; City; State; Zip Code 109 Laura Ln, Rollingwood, TX 78746	Amount of contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Non profit		Employer (See Instructions) MFIF
Date 4/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Cooper <hr/> Contributor address; City; State; Zip Code 3103 Barton Point Cir, Austin, TX 78733	Amount of contribution (\$) \$50.00
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: 3/5
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie Collier Brown <hr/> 6 Contributor address; City; State; Zip Code 1812 Holly Hill Dr, Austin, TX 78746	7 Amount of contribution (\$)  \$104.48
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Husch Blackwell LLP
Date 4/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate Sullivan Morgan <hr/> Contributor address; City; State; Zip Code 3203 Eanes cir, Austin, TX 78746	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn Sansom <hr/> Contributor address; City; State; Zip Code 603 Lisa Dr., Austin, TX 78733	Amount of contribution (\$)  \$104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Studer <hr/> Contributor address; City; State; Zip Code 2803 Vallarta Lane, Austin, TX 78733	Amount of contribution (\$)  \$104.48
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sparkman Management 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

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: 4/5
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Allen <hr/> 6 Contributor address; City; State; Zip Code 702 Valley View drive, Austin, TX 78733	7 Amount of contribution (\$)  \$208.65
8 Principal occupation / Job title (See Instructions) CMO		9 Employer (See Instructions) Kandid Communications
Date 4/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jen Champagne <hr/> Contributor address; City; State; Zip Code 13609 Copleleaf Trl, Manchaca, TX 78652	Amount of contribution (\$)  \$208.65
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Leukemia and Lymphoma Society
Date 4/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Hargett <hr/> Contributor address; City; State; Zip Code 10611 Indigo Broom Loop Austin, TX 78733	Amount of contribution (\$)  \$260.73
Principal occupation / Job title (See Instructions) Attorney/Mediator		Employer (See Instructions) Hargett Mediation, LLC
Date 4/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah DeHay <hr/> Contributor address; City; State; Zip Code 6209 Cape Coral Dr, Austin, TX 78746	Amount of contribution (\$)  \$104.48
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker

**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: 5/5
2 FILER NAME Heather Sheffield		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megha Harakh <hr/> 6 Contributor address; City; State; Zip Code 1906 Mistywood Dr, Austin, TX 78746	7 Amount of contribution (\$) \$52.40
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman Risinger <hr/> Contributor address; City; State; Zip Code 18 Cicero Ln, Austin, TX 78746	Amount of contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) Austin Heart

Date 4/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christie Bybee <hr/> Contributor address; City; State; Zip Code 3415 Westlake Dr, Austin, TX 78746	Amount of contribution (\$) \$2500.00
Principal occupation / Job title (See Instructions) Attorney/Mediator		Employer (See Instructions) Hargett Mediation, LLC

Date 4/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Hower <hr/> Contributor address; City; State; Zip Code 201 Westbrook Dr, Austin, TX 78746	Amount of contribution (\$) \$100.00
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.

<b>1</b> Total pages Schedule F1: 1/2	<b>2</b> FILER NAME Heather Sheffield	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/4/25	<b>5</b> Payee name Community Impact	
<b>6</b> Amount (\$)  623.94	<b>7</b> Payee address; City; State; Zip Code  16225 Impact Way, Pflugerville, TX 78660	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description  Ad
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4/11/25	Payee name Anne Hiney Art	
Amount (\$)  81.19	Payee address; City; State; Zip Code  301 N. Cottonbelt Ave., Wylie TX 75098	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  Block walking kit
	<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 4/11/25	Payee name Anne Hiney Art	
Amount (\$)  227.33	Payee address; City; State; Zip Code  301 N. Cottonbelt Ave., Wylie TX 75098	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  Mailer Design
	<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.

<b>1</b> Total pages Schedule F1: 2/2	<b>2</b> FILER NAME Heather Sheffield	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/11/25	<b>5</b> Payee name Speed Pro	
<b>6</b> Amount (\$) 9439.41	<b>7</b> Payee address; City; State; Zip Code 6201 East Oltorf, Ste 100, Austin 78741	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Mailier & Pushcards
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4/22/25	Candidate / Officeholder name Amazon	
Amount (\$) 233.76	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Supplies
	<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		
Date 4/23/25	Candidate / Officeholder name Anedot	
Amount (\$) 104.11	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fees 4/2/2025 - 4/23/2025
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED