

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:												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI												
	NICKNAME	LAST	SUFFIX												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</td> <td style="width:15%;">ADDRESS / PO BOX:</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:15%;">ZIP CODE</td> </tr> <tr> <td>Change of Address</td> <td colspan="5">7602 Bogard Ct., Sugar Land, Texas 77479</td> </tr> </table>				4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	Change of Address	7602 Bogard Ct., Sugar Land, Texas 77479				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE										
Change of Address	7602 Bogard Ct., Sugar Land, Texas 77479														
OFFICE USE ONLY															
Date Received															
FEB 22 2022 RCPD															
Date Hand-delivered or Date Postmarked															
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER												
		(713)	416-9704												
			EXTENSION												
6 CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST												
		NICKNAME	LAST												
			SUFFIX												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">7 CAMPAIGN TREASURER ADDRESS</td> <td style="width:15%;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:15%;">ZIP CODE</td> </tr> <tr> <td>(Residence or Business)</td> <td colspan="5">544 Westheimer Rd., Suite 1000 Houston, Texas 77056</td> </tr> </table>				7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	(Residence or Business)	544 Westheimer Rd., Suite 1000 Houston, Texas 77056				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE										
(Residence or Business)	544 Westheimer Rd., Suite 1000 Houston, Texas 77056														
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER												
		(832)	788-8840												
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)													
		<input type="checkbox"/> July 15 <input checked="" 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												
		1	21												
		Year	22												
		THROUGH													
		Month	Day												
		2	19												
		Year	22												
11 ELECTION		ELECTION DATE													
		Month	Day												
		3	1												
		Year	22												
		ELECTION TYPE													
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff												
		<input type="checkbox"/> General	<input type="checkbox"/> Special												
		Other Description _____													
12 OFFICE		OFFICE HELD (if any)													
		13 OFFICE SOUGHT (if known)													
		Justice of the Peace, Precinct 3													
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.													
Additional Pages		COMMITTEE TYPE	COMMITTEE NAME												
		GENERAL	COMMITTEE ADDRESS												
		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 <u>Sonia Rash</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,590</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,180</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7,788.13</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sonia Rash, and my date of birth is 8/26/78

My address is 7600 Bogard Ct., Sugar Land, TX, 77479, Fort Bend
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of TX, on the 22 day of February, 20 22
(month) (year)

Sonia Rash
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>Sonia Rash</i>	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3,590</i>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>8,000</i>
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7,170</i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. 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: **2**

2 FILER NAME **Sonia Rash**

3 Filer ID (Ethics Commission Filers)

4 Date
1/21/22

5 Full name of contributor out-of-state PAC (ID#: _____)
Giti Virani

7 Amount of contribution (\$)

\$500

6 Contributor address; City; State; Zip Code
5703 medway Harbor Ln. Sugarland, TX 77479

8 Principal occupation / Job title (See Instructions)
N.A.

9 Employer (See Instructions)
N.A.

Date
1/21/22

Full name of contributor out-of-state PAC (ID#: _____)
Justine Cherne

Amount of contribution (\$)

\$240

Contributor address; City; State; Zip Code
6628 Rawlings Road, Needville, TX 77461

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
1/21/22

Full name of contributor out-of-state PAC (ID#: _____)
Bernard Kwan

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code
2220 Bering Dr., Unit 35, Houston, TX 77057

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self-Employed

Date
1/21/22

Full name of contributor out-of-state PAC (ID#: _____)
Dylan Russell

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code
4518 Pebblestone Dr., Missouri City, TX 77479

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Attorney

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

2 FILER NAME ~~Angel Truong~~ Sonia Rash 3 Filer ID (Ethics Commission Filers)

4 Date 1/21/22	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Angel Truong	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 4016 Candle Cove Ct., Sugar Land, TX 77479	

8 Principal occupation / Job title (See Instructions) N/A	9 Employer (See Instructions) N/A
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Date 1/21/22	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> FBU	Amount of contribution (\$) \$2,000
	Contributor address; City; State; Zip Code PO Box BCAT: 420811, Houston, TX 77242	

Principal occupation / Job title (See Instructions) N/A	Employer (See Instructions) N/A
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Date 1/15/22	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Syed + Huma Rizvi	Amount of contribution (\$) \$200
	Contributor address; City; State; Zip Code 4114 Stoneglen Terrace Lane, Sugar Land, TX 77479	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 1/29/22	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Bi B. Chen	Amount of contribution (\$) \$200
	Contributor address; City; State; Zip Code 7606 Bogard Ct., Sugar Land, TX 77479	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Sonia Rash</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/1/22</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Willie D. Powells</i>	8 Amount of Contribution \$ <i>\$8,000</i>	9 In-kind contribution description <i>Advertising Bill Board</i>
7 Contributor address; City; State; Zip Code <i>7322 SW Fwy. # 2010, One Arena Pl, Houston, TX 77074</i>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Lawyer</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Self Employed</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 FILER NAME <i>Sonia Rash</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/26/22</i>	5 Payee name <i>Jesse Torres</i>
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6 Amount (\$) <i>\$ 580.00</i>	7 Payee address; City; State; Zip Code <i>405 San Jose street, Richmond, TX 77469</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Street Sign Advertising</i>	(b) Description <i>Signage</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/4/22</i>	Payee name <i>R.G. Moore</i>
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Amount (\$) <i>1,000</i>	Payee address; City; State; Zip Code <i>2513 Princes Lane, Missouri City, TX 77459</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Blockwalkers</i>	Description <i>Blockwalkers</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/7/22</i>	Payee name <i>Texas Campaign</i>
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Amount (\$) <i>600.00</i>	Payee address; City; State; Zip Code <i>9600 Glenfield Court, Ste 148; Houston, TX 77096</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <i>Campaign Advice & Signage</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Sonia Rash</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/7/22</i>	5 Payee name <i>MR JI Connections</i>	
6 Amount (\$) <i>5,000</i>	7 Payee address; City; State; Zip Code <i>PO Box 2082, Missouri City, TX 77459</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Polling Expense</i>	(b) Description <i>Poll workers</i>
	(c) Check if travel outside of Texas. Complete Schedule T. 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
	Check if travel outside of Texas. Complete Schedule T. 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
	Check if travel outside of Texas. Complete Schedule T. 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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