CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OAMI AIO	THE THE		ز	OOVER	TILL! I'O I
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Flers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MCS, NICKNAME	Son'i C	MI	OFFICI Date Received	E USE ONLY
		Rash			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 7602 G	Bogard Ct.,	city: STATE: ZIP CODE Sugar Land,		MAY 16 201
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Dota Hand deliver	d as Data Base and a
OFFICEHOLDER PHONE	(713)	416-970	4		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Hathy	мі	Receipt # Date Processed	Amount S
	NICKNAME	LAST	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #: CITY;	STATE:	ZIP CODE
TREASURER ADDRESS			Rd., Site 100		
(Residence or Business)					1/056
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 727 - 22	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	Runoff		after campaign appointment ler Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Yea	ar
COVERED	1 . 2	120/22	THROUGH 5	15/2	2
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		75.00
	Month Day	Year Primary	Runoff Other Description		
	5/24/	General General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (II known	i , , , Q	D +2
14 NOTICE FROM	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL EXPENDITURES N	ADE BY POLITICAL CO	MMITTEES TO SUPPORT
POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		1
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO TO	PAGE 2		

	N FINANCE REPORT	COVER SHEET PG 2	
15 C/OH NAME	Sonia Rash	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,165	
EXPENDITURE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 🔿	
	4. TOTAL POLITICAL EXPENDITURES	\$14,031,57	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$1,724,30	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE \$	
	swear, or affirm, under penalty of perjury, that the accompanying report is truequired to be reported by me under Title 15, Election Code.	e and correct and includes all information	
	Signature of Ca	andidate or Officeholder	
Please complete either option below:			
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed before me by,			
20, to certify which, witness my hand and seal of office.			
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath	
OR			
My name is Sonia Rash , and my date of birth is $226/74$ My address is 7000 Booard C+ , Sugar Land , X: 7747 , Fort Band . Executed in Fort band County, State of , on the 10 day of 10 (state) (zip code) (country) Signature of Candidate/Officeholder (Declarant)			
ĺ			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

10 FILEONAME O	00 File ID /File 0:	
19 FILERNAME Sonia Rash	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$6,165
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3,000
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$14,031,57
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL O	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$
	, , , , , , , , , , , , , , , , , , , ,	
•		

If the requested information is not applicable, bo NOT include this page in the report.			
The I	nstruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 9
2 FILER NAME	Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)
2/23/2	2/3/2 Tanaz Choudhury 6 Contributor address; City; State; Zip Code 10804 Roark Rd., Ho Uston, TX 77099		\$100
8 Principal occup	eation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	N/A	NA	
Date 2/23/22	Full name of contributor out-of-state PAI Byan Kelly Contributor address: City: 142 Camellia St., Sur Texas 77478		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
03/04/22	Full name of contributor out-of-state PA Vanessa Villagome Contributor address; City; 1305 Prairie St., S Howton, TX 77002		Amount of contribution (\$) -
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	
	Legal Assistant	Lee haw	tion
Date 03/04/22	Full name of contributor out-of-state PA Mehran Talabi Contributor address; City; G30 Hunters Grove		Amount of contribution (\$) #35
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Lawyer	Talabi La	aw Firm
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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: 9		
2 FILER NAME Sonia Rash	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor Out-of-state PAC (10#:) 7 133/27 Mehran Takabi	7 Amount of contribution (\$)		
2/33/22 Mehran Talabi 6. Contributor address: City: State: Zip Code 630 Hunters Grove Ln., Houston, X	\$25		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Talabi La	w Firm		
Date Full name of contributor	Amount of contribution (\$)		
3/64/22 Jerome Coggins Contributor address; City: State: Zip Code 17530 Quiet Shores Drive,	\$100		
Richmond, TX 77407			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	N/A		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
03/07/22 Contributor address; City; State: Zip Code 1708 Spring Green Blud, Kgty, Tx 77494	\$100		
Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A	ctions) -		
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
03/07/27 Dy/an Kussell Contributor address; City: State: Zip Code 4518 Pebblestone Dr.,	\$ 100		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
Attorney Attornex			
•			
·			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A1

If the requested information is not applicable, bo Not include this page in the report			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Sonia Rash	·	3 Filer ID (Ethics Commission Filers)
2 23/22	5 Full name of contributor out-of-state PAC Douglas Beaton 6 Contributor address; City; 13431 Wood chester	State; Zip Code	7 Amount of contribution (\$) \$\mathcal{B} 50\$
8 Principal occup	pation / Job title (See Instructions) N/A	9 Employer (See Instruc	tions)
03 5/22	Pull name of contributor Doyalas Beaton Gentributor address; Knoll City:	State: Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	
Date 03/10/22	Full name of contributor out-of-state PAI Desome Galinich, J Contributor address; City; HOUSTON TX 77001	۲,	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	Law Firm
03/11/72	Full name of contributor out-of-state PAI DOUGLAS Beator Contributor address; City: 13431 Waxdchaste Sugar Land, TX 7498	State: Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	trions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Instr	ruction guide for additional	reporting requirements.

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 FILER NAME Sonia Rash	3 Filer ID (Ethics Commission Filers)		
5 Full name of contributor out-of-state PAC (ID#:) 3/8/27 DOUGLAS Beaton 6 Contributor address; City: State; Zip Code 1343 Wood Chester Douglas Sugar Land	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) N/A N/A	tions)		
Date Full name of contributor out-of-state PAC (ID#:) Mehran Talab: Contributor address; City; State; Zip Code (30 Honters Grove Ln.	Amount of contribution (\$)		
Houston, Texas 77024			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Talabi 40	iw Firm		
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
ATTACH ADDITIONAL CODIES OF THIS SCHEDIN E AS A	JEEDED.		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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: 9		
2 FILER NAME Sonia Rash	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 03/39/22 MR. S. Pash:	7 Amount of contribution (\$)		
03/29/27 MR. J. Paste. 6 Contributor address: City; State; Zip Code 7106 Banbury Ct., Signif Land, To	JV 100		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 6 Fired	ctions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
03/20/22 Stresh Daggupati Contributor address; State; Zip Code 627 Charleston Heights Ln.	B300		
130901 Paris, (x 7/4)-1			
Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A	otions)		
Date Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)		
03/20/27 James Soto Contributor address; City; State; Zip Code	\$ 200		
Contributor address; City; State; Zip Code 2935 Richmone Avanve, 1± 1560 Houston, TX 77098			
Principal occupation / Job title (See Instructions) Employer (See Instru SPIF FM			
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
04/03/2 50051 Di ChWG. Contributor address; City; State; Zip Code	\$500		
28 Glen Loch Ct., Swar Lane, TX			
Principal occupation / Job title (See Instructions) Employer (See Instru			
Refireb Refire	· 6		
••	•		
·			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

If the requested information is not applicable, DO NOT include this page in the report.			
The Instruction Guide	explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Rash		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of c	1 \(\) \(\)	.C (ID#:)	7 Amount of contribution (\$)
6, Contributor ac	Iallmark Driv	State; Zip Code	\$100
8 Principal occupation / Job title (S	75279	9 Employer (See Instruct	tions)
\sim	1/1	NIA	, and the second
Date Full name of c	_ \ \ \ \ \	C (ID#:)	Amount of contribution (\$)
03/15/27 VC/h C	255 0110	State; Zip Code	\$ 250
	Prairie St., Ho	uston, Tx 77002	400
Principal occupation / Job title (Se	e Instructions)	Employer (See Instruct	ions)
Lega	Hosistant	Lee Law	Firm
Date Full name of c	i 'O - '	C (ID#:)	Amount of contribution (\$)
Contributor ad	1.	State; Zip Code	\$50
12431.	TX 77498		
Principal occupation / Job title (Se	e Instructions) . N/A	Employer (See Instruct	ions)
Date Full name of c	ontributor out-of-state PA	C (ID#:	Amount of contribution (\$)
05 13/2 Davo	las Beaton	State; Zip Code	\$50
13431	Woodchester	Dr., Sigher Lan	
Principal occupation / Job title (Se	e Instructions)	Employer (See Instruct	fons)
7 1 1 20/14			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

If the request	ed information is not applicable, DO NOT inc	lude this page in the	report.
The I	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Sonia Rash	·	3 Filer ID (Ethics Commission Filers)
4 Date 03/21/22	5 Full name of contributor out-of-state PAC South Cheng 6 Contributor address; City; 4736 Carthire Dr. Houston, Ty. 7007		7 Amount of contribution (\$)
8 Principal occup	Lawyer	9 Employer (See Instruct Self Emp	ologe b
OY 16/22	Full name of contributor Dout-of-state PAC Samina Quddos Contributor address; 7014 Spinale Pine W	State; Zip Code	Amount of contribution (\$)
Principal occup	Mom / Lawyer	Employer (See Instruct	ions) Ploye b
Date 04/16/22	Full name of contributor out-of-state PAC Parvez HUSSain Contributor address; City; 7410 Althea Ct, Superiors	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See, Instruc	tions)
Date	Full name of contributor 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.			

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 FILER NAME	Sonia Rash	. 3	Filer ID (Ethics Commission Filers)	
03/31/22	5 Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of contribution (\$) \$\int 200	
8 Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instruction	ns)	
Date 122	Vanessa Villagomez Contributor address; City: State: 1305 Parrie 4, Houston, Ti	Zip Code * 7700 L	Amount of contribution (\$) 10 350	
Principal occup	eation / Job title (See Instructions) Em	oloyer (See Instruction	ns)	
04/b/22	Full name of contributor out-of-state PAC (10#		Amount of contribution (\$)	
Principal occur		oloyer (See Instruction	ns)	
Date 05/13/22	4127 Saint Ives Sty	Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS			
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

If the reques	ted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 22/27	$\lambda \setminus \lambda \setminus \Omega \setminus \lambda$	State: Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date ;	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#: ½)	Amount of contribution (\$)
	Contributor address; City;	State: Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	- <u>-</u>		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Insti		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The requested information to the applicable, be not include this page in the report.						
TI	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAM	Sonia Rash		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 3,000			
5 Date 4/2/27 10 Principal occ	Full name of contributor out-of-state PAC (ID#:			9 In-kind contribution description SOCIAIMED ide of Texas. Complete Schedule T. AL)(See Instructions)		
				,		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outs	 		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	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 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Office Overho Polling Expense Printing Expense Salaries/Wag	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.		ng Expense ment & Related Expense t ny not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	2 Ras	h	3 Filer ID (Ethics	Commission Filers)	
4 Date 2/1/27	5 Payee name Cocyle	C-Suite	2			
6 Amount (\$) \$ 12,79	7 Payee address; 1600 Amphi fw	ater Rit	way, mo	ontin Vi	zip Code PW, CA PKG43	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description Digital Pro	jed Monag	gement Tool	
	(c) Check if travel outside of Texas. Co	omplete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held	
Date	Payee name					
3/14/20	Goyle Do	mins				
Amount (S) 56.46	Payee address:	for Parke	oily:	state: fainvion, (9404 =	•	
	Category (See Categories listed at the to	p of this schedule)	Description			
PURPOSE OF EXPENDITURE	Online Domains		Domain M	Ume 		
	Check if travel outside of Texas. Co	omplete Schedule T.	Check if Austi	n, TX, officeholder livin	j expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held	
2/28/22	Indo America	n Abw	15			
Amount (S)	Indo America Payee address: 7457 Harwin D.,	#267, 1	louston, T	メフ7ú36	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to	p of this schedule)	Description Ac	5		
	Check if travel outside of Texas, Co	omplete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held	

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mia 4 Date 5 Payee name ces Lane, Missouri City, 6 Amount (\$) (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Amphitheater Parkway, Mountainview, CA 94043 \$ 12,79 Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name City; Payee address. State: Zip Code 1600 Amphitheter Parkway, Mountain view, CA94043 Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Complete **QNLY** if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Legal Service	je Expense Iemorials Expense s	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Dis	quipment & Related Expense
			ction Guide expia	ins now to c	omplete this form.	1 2	
1 Total pages Schedule F1:	2 FILER N	<u> </u>	nia Ra	sh		3 Filer ID (Et	hics Commission Filers)
3/7/22	5 Payeena	Ř.G.	Moore				
6 Amount (\$) \$500	7 Payee as		rinces L	ane 11	Missour, C	State;	Zip Code 77459
8	(a) Categor	y (See Categori	es listed at the top of th	nis schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adve	Hisib	Expanso	2	Litariture	· Drop	
	(c)	Check if travel ou	itside of Texas. Complete	e Schedule T.	Check if Au	stin, TX. officeholder l	ving expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeh	older name		Office sought		Office held
Date .	Payee na	ame					
3/14/22	AI	lied	Signs				
Amount (\$)	Payee a	aaress;		١.	City;	State;	Zip Code
\$ 625	682	0 Ha	rwin Dr	r, Hou	iston, Tx 7	7036	
	Categor	y (See Calegorie	s listed at the top of thi	is schedule)	Description		
PURPOSE OF EXPENDITURE	Prin	ting E	XPENSOS		Printing	Material	
		Check if travel or	rtside of Texas. Complete	e Schedule T.	Check if Au	stin, TX, officeholder I	ving expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeh	older name		Office sought		Office held
Date	Payee n	ame					
4/5/22	Good	nle G	- Soite	2			
Amount (\$)	Payee				City;	State;	Zip Code
\$12.79	1600	Amp	th. theate	r Parlo	way, no	untainur	w, CA 94043
	Category	(See Categorie	s listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	Onlin	a Pig	Ital To	ار	Digital	Project n	naragament Toul
		Check if travel ou	tside of Texas. Complete	e Schedule T.	Check if Au	stin, TX, officeholder li	ving expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		late / Officeh	older name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Poll y Gift/Awards/Memorials Expense Prin al Committee Legal Services Sala	n Repayment/Reimbursement 2c Overhead/Rental Expense ting Expense travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains how	w to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Sonia Rash	3 Filer ID (Ethics Commission Filers)		
4 Date 3/0/00	5 Payee name MR T	Connections		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$2,000	PO Bex 2082, Mi	osouri City, TX77459		
8	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description		
PURPOSE OF EXPENDITURE	Polling Expanses	Poil Workers		
	(c) Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
	Bayes			
2/23/23	Payee name A.G. Moore	·		
Amount (\$)	Payee address;	City; State; Zip Code		
£ 600	2513 Princes Lane	, Missouri, Cit, XX77455		
PURPOSE	Category (See Categories listed at the top of this schedul	e) Description		
OF	District Cons	I'day dura Dava		
EXPENDITURE	Italiertisin Expense	Literature Drop		
	Check if travel outside of Texas. Complete Schedule	eT. 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			
4/30/29	Frost Bank			
Amount (S)	Payee address;	City; State; Zip Code		
510	620 Hwy 6, Sugar	Land, TX 77478		
	Category (See Categories listed at the top of this schedul	Description		
PURPOSE				
OF	Fees	Bankin Sorver Fee		
EXPENDITURE		- Inticly a rate 1 -C		
	Check if travel outside of Texas. Complete Schedule	a 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		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED		
i e e e e e e e e e e e e e e e e e e e				

SCHEDULE F1

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

	EXPEND	ITURE CATEGORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		office Ove xpense Polling Expense Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
Credit Calci ayment	The Instruction	on Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethic	s Commission Filers)
4 Date 3/22	5 Payee name	I Connet	tion		
6 Amount (\$)	PO Box 202	39 Wisson	, C,+A, -	State; 7745	Zip Code
PURPOSE OF EXPENDITURE		נשמו	(b) Description		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold	e of Texas. Complete Schedule T. er name	Office sought	in, TX, officeholder living	Office held
3/12/27	Payee name	I Conn	ection		
Amount (S)	Payee address; POBoX 20	37 Missu	ori City,	State; 774	Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories lis	isted at the top of this schedule) 1955 To of Texas. Complete Schedule T.	77. 000	Lers in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officehold	er name	Office sought		Office held
5/13/22	Payee name MR =	JI Conne	ections		
Amount (S)	Payee address; PO Box 20	SI Conne & Missour	, C, t), _>	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories lis		Poll Wo	rlers	

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	•	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains	s how to complete this form.			
1 Total pages Schedule F1:		sh	3 Filer ID (Ethics Commission Filers)		
4 Date /7/23	5 Payee pame R.G. MOOR				
6 Amount (\$) \$\mathcal{B} \int \int \int \int 000	7 Payee address; 2513 Princes Lane	Missouri City	State; Zip Code		
8	(a) Category (See Categories listed at the top of this s				
PURPOSE OF EXPENDITURE	Atuatisi 0	Literature	Drop		
	(C) Check if travel outside of Texas. Complete Sch	hedule T. Check if Ausl	lin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 4/4/ba	Payee name Royer G. Moure				
Amount (S)	Payee address: 2513 PrincessLane,	Missouri C	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol		ie Drops		
	Check if travel outside of Texas, Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4/18/22	Payee name MRJT Co	nnections			
Amount (S) 5 1,500	Payee address: Po Box 2082 mi	55000° C'+5,	State: Zip Code		
PURPOSE OF EXPENDITURE	Catégory (See Calegories listed at the top of this sch		oken & Consultation		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	in, 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					

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 Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Pr	own to complete this form.	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)
4 Date 5/14/22	5 Payee name Patty De	agarza	
6 Amount (\$) \$234	7 Payee address; 4514 Nassau Dr. 1.	Sugar Land,	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 5/13/27	Payee name Google Damins		
Amount (S) G 6140	1600 Amphitheater CA 96	Parkway, mour	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Digital P	roject Management Toul
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austin	n. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (S)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n. TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED