		CEHOLDER CE REPORT		FORM C/OF
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Flers)	2 Total pages filed: 13
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR Mrs.	FIRST Sonia	3 41	OFFICE USE ONLY
NAME		LAST Rash	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 7602 Bogard		r Land, Texas 77479	JAN 18 2022 RCVI
Change of Address	•			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 416-9404	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS.	FIRST Kathy	MI	Receipt # Amount \$ Date Processed
1	NICKNAME	Cheng	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	12.	(NO PO BOX PLEASE); APT / SL mer Rd., Suite 100	••	state: zip code Texas 77056
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before electronic day before electr		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 1 / 21	THROUGH 12	Day Year 7 31 / 21
	ELECTION DA Month Day 3 1	TE Year Primary 21 General	ELECTION TYPE Runoff Other ? Description Special	· · · · · · · · · · · · · · · · · · ·
12 OFFICE	OFFICE HELD (if any)	 · ·	13 OFFICE SOUGHT (# known) Fort Bend County Just	ice of the Peace, Precinct 4
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPOR IDATE'S OR OFFICEHOLDER'S KNOWLEDGE O HEY RECEIVE NOTICE OF SUCH EXPENDITURES
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TRE		· · · · · · · · · · · · · · · · · · ·
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SUR'	TOTALS - C/OH			FORM C/OH
UUD			CO	VER SHEET PG 3
19 FILER NA	ME		20 Filer ID (Ethics Commission Filers)
Sonia R	ash		. · ·	
21 SCHEDU NAME OI	LE SUBTOTALS		17	SUBTOTAL AMOUNT
1. 🔳	SCHEDULEA1: MONETARY POLITICAL			\$ 2,765.0
2. 🔳	SCHEDULE A2: NON-MONETARY (IN-H	(IND) POLITICAL CON	TRIBUTIONS	\$ 10,133.7
3.	SCHEDULE B: PLEDGED CONTRIBUT	IONS		\$
4.	SCHEDULE E: LOANS		en e	\$,
5. 🔳	SCHEDULE F1: POLITICAL EXPENDI	TURES MADE FROM	POLITICAL CONTRIBUTIONS	s \$ 3,038.6
6.	SCHEDULE F2: UNPAID INCURRED O	BLIGATIONS		\$
7. 1	SCHEDULE F3: PURCHASE OF INVE	STMENTS MADE FRO		ons \$
8.	SCHEDULE F4: EXPENDITURES MAD	DE BY CREDIT CARD		s 7,535.1
9. 🔳	SCHEDULE G: POLITICAL EXPENDIT	URES MADE FROM I	PERSONAL FUNDS	\$ 7,535.1
10.	SCHEDULE H: PAYMENT MADE FROM		BUTIONS TO A BUSINESS O	FC/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPEN	DITURES MADE FROM	POLITICAL CONTRIBUTION	s \$
12.	SCHEDULE K: INTEREST, CREDITS, TO FILER	GAINS, REFUNDS, AI	ND CONTRIBUTIONS RETUR	NED \$
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CAMPAIC	TE / OFFICE			CC	VER SI	DRM C/ IEET P
15 C/OH NAME Sonia Rash				16 Filer	ID (Ethics C	ommission Fil
17 CONTRIBUTION TOTALS	PLEDGES	ITEMIZED POLITICAL CONT , LOANS, OR GUARANTEES UTIONS MADE ELECTRONIC	OF LOANS, OR	AN .	\$	0.
		LITICAL CONTRIBUTION		S) .	\$ 12	,898.
EXPENDITURE	3. TOTAL UN	ITEMIZED POLITICAL EXPEN	IDITURE.		\$	0.
	4. TOTAL PO	DLITICAL EXPENDITURES			s 10	,573.
CONTRIBUTION BALANCE		LITICAL CONTRIBUTIONS MA	NINTAINED AS OF THE L	AST DAY	\$5	,007.
OUTSTANDING LOAN TOTALS		INCIPAL AMOUNT OF ALL OU OF THE REPORTING PERIO		OF THE	\$	0.
		penalty of perjury, that the a me under Title 15, Election C		rue and co	rrect and ind	ludes all info
	required to be reported by					
ty Ne Me		1. 1. 11. 1.		 		
n vit Alenni Vite			Signature of C	Candidate	or Officehold	er
				•		
		Please complete e	ither option belo	w:		• •
	· · ·	•		• •		
· · ·				••		
(1) Affidavit						
(1) Amdavic		1.				
		•	· .			
NOTARY STAMP/S	EAL		r			
Swom to and subscrib	ed before me by	· ·	this th	e	_ day of	· .
20, to cer	tify which, witness my hand	and seal of office.				
			:	•		
Signature of officer admin	istering oath	Printed name of officer admir	histering oath	· · · · · · · · · · · · · · · · · · ·	Title of office	er administerir
		OR				
(2) Unsworn Declar	ation			· ·		
6	· Da-1			2-	26-7	
710	ha Mash	N	_, and my date of birth	<u></u>		E 1 0
My address is	0	<u></u>	Dugar Land	(state)	(zip code)	(country)
E A	(street)		ie (city)	••••		(country)
Executed in Fort B	County, Stat	ue or, on u	Q . (mo		(year)	-
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Revised 8/17/2020

MONET	ARY POLITICAL C		
WONED	ART PULITICAL C	JNIKIBUTIONS	SCHEDULE A1
If the reques	sted information is not applicabl	e, DO NOT include this	
The	Instruction Guide explains how t	o complete this form.	1 Total pages Schedule A1: 6
2 FILER NAME Sonia Ras	sh		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Staci Williams	out-of-state PAC (ID#:	7 Amount of contribution (\$)
09/21/2021	6 Contributor address;	City; State; Z	100.00
	4418 Hallmark Drive,		7477
8 Principal occu	pation / Job title (See Instructions)	9 Employe	er (See Instructions)
Date	Full name of contributor	out-of-state PAC (ID#	Amount of contribution (\$)
1	Karen Aylor		10.00
09/26/2021	Contributor address;	City; State; 2	Zip Code 10.00
	458 Oak Dale Drive,	Stafford, Texas	
Principal occup	Dation / Job title (See Instructions)	Employe	er (See Instructions)
	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution. (\$)
09/26/2021	Tenaz Chaoudhry		100 00
	Contributor address;	•	^{tip Code} 100.00
	138 Eldridge Road, Ste. G,	Sugar Land, Texas 7	7478
Principal occu	pation / Job title (See Instructions)	Employ	er (See Instructions)
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
11/02/2021	Maria Holmes	Other	
	Contributor address; 1025 Dumble St.,	City: State: Z Houston, Texas	^{ip Code} 25.00
Principal occur	pation / Job title (See Instructions)		er (See Instructions)
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MONET	ARY POLITICAL	CONTRIBUTIONS	SCHEDULE A1
If the reque	sted information is not application	able, DO NOT include this page in	the report.
The	Instruction Guide explains how	w to complete this form.	1 Total pages Schedule A1: 6
2 FILER NAME Sonia Ras	sh		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Mehran Talabi	out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/12/2021	6 Contributor address; 630 Hunters Grove	City: State: Zip Code -Ln., Houston, TX 77024	25.00
8 Principal occu N/A	pation / Job title (See Instructions	9 Employer (See In N/A	structions)
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
11/08/2021	Mehran Talabi Contributor address; 630 Hunters Grove	City: State; Zip Code Ln., Houston, TX 77024	25.00
Principal occup N/A	pation / Job title (See Instructions)		structions)
Date	Full name of contributor Andee Marksamer	out-of-state PAC (ID#	Arriount of contribution (\$)
2	Contributor address; 23 Seaton Ct., Suga	ar Land, TX 77479	23.00
Principal occur N/A	Dation / Job title (See Instructions)	Employer (See In N/A	structions)
Date	Full name of contributor	out-of-state PAC (ID#:r) Amount of contribution (\$)
10/21/2021	Dr. Zahra F. Syed Contributor address; 11202 Rattray Ct.,	City: State; Zip Code Richmond, TX 77407	100.00
	pation / Job title (See Instructions)	•	structions)
N/A		N/A	
		TIONAL COPIES OF THIS SCHEDULE	
	Texas Ethics Commission	www.ethics.state.tx.us	Revised 8/17/20

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MONET	ARY POLITICAL CONT	RIBUTIONS	SCHEDULE A1
If the reques	ted information is not applicable, DO	NOT include this page in the	report.
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule A1: 6
² FILER NAME Sonia Ras		_	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out- Donna Ellis	-of-state PAC (ID#:)	7 Amount of contribution (\$)
10/21/2021	6 Contributor address; Cit 13910 Placid Wood Ct., Suga		50.00
8 Principal occur N/A	pation / Job title (See Instructions)	9 Employer (See Instrue N/A	ctions)
Date	Full name of contributor out	-of-state PAC (ID#:)	Amount of contribution (\$)
10/12 / 2021		ity: State: Zip Code ar Land, TX 77479	500.00
Principal occup N/A	ation / Job title (See Instructions)	Employer (See Instru N/A	ctions)
Date	Full name of contributor out	-of-state PAC (ID#:)	Amount of contribution (\$)
10/21/2021	Contributor address; Cit 16410 Quail Park Dr., Mi		200.00
Principal occup N/A	ation / Job title (See Instructions)	Employer (See Instru N/A	lctions)
Date	Full name of contributor out	-of-state PAC (ID#:)	Amount of contribution (\$)
10/08/2021	Contributor address; Cit	-	1,000.00
Principal accius	1200 Post Oak Blvd. , #1703	Employer (See Instru	ctions)
N/A		N/A	······································
	ATTACH ADDITIONAL If contributor is out-of-state PAC, please	COPIES OF THIS SCHEDULE AS e see Instruction guide for additional	
forms provided by T	exas Ethics Commission v	www.ethics.state.tx.us	Revised 8/17/202

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	ARY POLITICA		KIBU HUNS	SCHEDULE A1
If the regula	atad information in unit a			
ii the reque	sted information is not a	pplicable, DO N	IOT include this page in the	
		···.		1 Total pages Schedule A1:
The	Instruction Guide explain	is how to comple	ete this form.	6
FILER NAME			••••••••••••••••••••••••••••••••••••••	3 Filer ID (Ethics Commission Filers)
Sonia Ra	sh	•.		
Date	· · · · · · · · · · · · · · · · · · ·		·····	
Jale .	5 Full name of contributo	r ■ out-of-:	state PAC (ID#:)	7 Amount of contribution (\$)
4/45/0004	Douglas Schmidt			
1/15/2021	6 Contributor address;	City;	State; Zip Code	200.00
	4013 Cleary Av	e Matairia		
				• • •
	upation / Job title (See Instru	ictions)	9 Employer (See Instruc	ctions)
/A	· · ·		N/A	····
;	Euß anna af a stall.			
Date	Full name of contributo	n out-of-:	state PAC (ID#:)	Amount of contribution (\$)
4 10 4 10 00 4	Birdie Kelley			
1/24/2021	Contributor address;	City;	State; Zip Code	80.00
			1 A	00.00
ā.	7631 S. Gien W	IIIOW Ln., N	lissouri City, TX	
Principal occu	pation / Job title (See Instruc	ctions)	Employer (See Instruc	tions)
	······			· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributo	r out-of-s	state PAC (ID#:)	Amount of contribution (\$)
	Dylan Russell	··.		
1/24/2021	Contributor address:		State: Zip Code	
· · · · · · · · · · · · · · · · · · ·	Contributor address;			
	4518 Pebblesor	ie Dr., Miss	souri City, TX 77459	· · ·
Principal occu	pation / Job title (See Instrue	ctions)	Employer (See Instruc	tions)
/A •			N/A	
Date	Full name of contributo	r out-of-i	state PAC (ID#:)	Amount of contribution (\$)
	Mehran Talabia			
1/24/2021	Contributor address;	City;	State; Zip Code	25.00
		· .	-	
	630 Hunters Gr	ove Ln., Ho	ouston, TX 77024	
Principal occu	pation / Job title (See Instru	ctions)	Employer (See Instruc	tions)
/A			N/A	4° 1 1
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ms provided by		ate PAC, please se		

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all a second	ARY POLITICAL ted information is not app			SCHEDULE A
The	Instruction Guide explains	how to complete this	form.	1 Total pages Schedule A1: 6
2 FILER NAME Sonia Ras				3 Filer ID (Ethics Commission File
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7, Amount of contribution (\$)
10/24/2021	Mehran Talabi 6 Contributor address: 630 Hunters Grov	_{city:} ve Ln., Housto	State; Zip Code n, TX 77024	25.00
8 Principal occu N/A	pation / Job title (See Instructi		9 Employer (See Instruction	ins)
Date	Full name of contributor	out-of-state PAC		Amount of contribution (\$)
11/29/2021	Mehran Talabi Contributor address;	City:	State; Zip Code	25.00
	630 Hunters	Grove Ln.,	TX 77024	
Principal occup N/A	ation / Job title (See Instructio		Employer (See Instruction N/A	uns)
Date 11/29/2021	Full name of contributor Sumiyyah Hye Contributor address; 11614 Novar Garde	out-of-state PAC City; NS Ave Richmo	State; Zip Code	Amount of contribution (\$) 100.00
Principal occur N/A	ation / Job title (See Instruction	ons)	Employer (See Instruction N/A	pns)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
10/31/2021	Arzin Italia Contributor address;	City;	State; Zip Code	50.0
Principal occur N/A	12407 Rip Van W		Employer (See Instruction N/A	ons)
	ATTACHA	DDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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	IONETARY (IN-KINE RIBUTIONS) POLITIC	AL		SCHEDULE A2
If the requ	ested information is not applicabl	e, DO NOT includ	e this page	in the report.	
T	he Instruction Guide explains how t	o complete this forn	n.	1 Total pages Sched	lule A2: 2
² FILER NAM Sonia Ra		•		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POL	ITICAL CONTRIE	BUTIONS	\$ 10,133	8.75
5 Date	6 Full name of contributor 🛛 out- Samantha Turner	of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
12/01/2021	7 Contributor address; Ci 17811 Mackeson Ct.,		Zip Code 0746	6,000.00 Check if travel outsi	Graphic Design de of Texas, Complete Schedule 1
Graphic	Cupation / Job title (FOR NON-JUDICIA Designer		Self-Emp	r (FOR NON-JUDICI Dioyed	AL)(See Instructions)
12 Contributors	principal occupation (FOR JUDICIAL)		13 Contribu N/A	tors job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)		15 Law firm N/A	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (If any)	(FOR JUDICIAL)			
Date	Full name of contributor 🛛 out-o Rayaan Irani	of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description Signs
08/17/2021	Contributor address: Ci 5031 Pineridge Sr., Su		Zip Code 77479	1,923.75 Check if travel outsi	
	Supation / Job title (FOR NON-JUDICIA	L) (See Instructions)	Employe Self-Err	r (FOR NON-JUDICI	AL)(See Instructions)
N/A	s principal occupation (FOR JUDICIAL)		N/A		JDICIAL) (See Instructions)
N/A	s employer/law firm (FOR JUDICIAL)		Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
N/A	r is a child, law firm of parent(s) (if any)	(FOR JUDICIAL)		•	· ·
	· · · · · · · · · · · · · · · · · · ·	•		••	
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	ATTACH ADDITI If contributor is out-of-state PAC,	ONAL COPIES OF T please see Instructi	HIS SCHEDU	LE AS NEEDED additional reportin	g requirements.

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	IONETARY (IN-K RIBUTIONS	IND) POLITIC	AL		SCHEDULE A
CONT		:			
If the reque	ested information is not appl	licable, DO NOT inclu	de this page	in the report.	
Th	e Instruction Guide explains I	how to complete this for	m.	1 Total pages Sched	^{iule A2:} 2
2 FILER NAME	5			3 Filer ID (Ethics Co	ommission Filers)
Sonia Ra	sh	· · · · · · · · · · · · · · · · · · ·			
TOTAL O	F UNITEMIZED IN-KIND	POLITICAL CONTR	BUTIONS	\$ 10,133	3.75
5 Date	6 Full name of contributor	out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution
	Mehelli Behrana			Contribution \$	description
08/26/2071	7 Contributor address:	City; State;	Zip Code	2,210.00	Advertisement
	12330 Ashcroft, H		•	Check if travel outs	i ide of Texas. Complete Sch
10 Principal occ	upation / Job title (FOR NON-JU		········		IAL)(See Instructions)
Retired			Retired		
12 Contributor's N/A	principal occupation (FOR JUDI	CIAL)	13 Contribu N/A	utor's job title (FOR JU	JDICIAL) (See Instructio
14 Contributor's	employer/law firm (FOR JUDICI	AL)	15 Law firr	n of contributor's spou	use (if any) (FOR JUDIC
N/A			N/A		
16 If contributor	is a child, law firm of parent(s) (i	f any) (FOR JUDICIAL)			
· · ·		· ·			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of	In-kind contribution
				Contribution \$	description
5 .	Contributor address;	City, State;	Zip Code		
м.,				Check if travel outs	ide of Texas. Complete Sche
Principal occ	upation / Job title (FOR NON-JU	JDICIAL) (See Instructions)	Employ	·	IAL)(See Instructions)
					,
Contributor's	principal occupation (FOR JUDI	CIAL)	Contrib	utor's job title (FOR JI	JDICIAL) (See Instructio
Contributor's	employer/law firm (FOR JUDICI		1		
Controlors		· ·	Law III	in or contributor's spot	use (if any) (FOR JUDIC
If contributor	is a child, law firm of parent(s) (i	if any) (FOR JUDICIAL)		· · · ·	
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	f contributor is out-of-state f	PAC, please see Instruc	tion guide for	additional reportin	g requirements.
	/ Texas Ethics Commission	www.ethics.stat			Revised 8/1

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If the requested	information is not applicable, DO NOT include	e this page in the report.	
en e	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment	Fees Office (Food/Beverage Expense Polling e By Gift/Awards/Memorials Expense Printing	Expense Travel In District J Expense T ¹ Travel Out Of Dist s/Wages/Contract Labor Other (enter a cate	uipment & Related E
1 Total pages Schedule F 3			lcs Commission I
4 Date 08/02/2021	5 Payee name Google G-Suite		
6 Amount (\$) 12.79	7 Payee address; 1600 Ampthitheater Parkway;	^{City; State;} Mountain View, CA 940	Zip Code)43
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Online Digital Tool	Digital Project Manageme	nt Tool
9 Complete <u>ONLY</u> if direct expenditure to benefit C	(C) Check If travel outside of Texas. Complete Schedule T. Candidate / Officeholder name (OH	Check if Austin, TX. officeholder liv Office sought	Office held
Date	Payee.name		
09/13/2021	Allied Signs		• •
Amount (S)	Payee address; 6820 Harwin Dr.,	City: State: Houston, TX	Zip-Code 77036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description Magnets and Cards	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder livi	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
09/21/2021	Allied Signs		
Amount (\$) 216.50	Payee address: 6820 Harwin Dr.,	^{City; State;} Houston, TX	Zip Code 77036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description Cards	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

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	TICAL CONTRIBUTIONS		this page in the re	•	IEDULE F	1
	EXPENDITURE CATEG	ORIES	FOR BOX 8(a)		· · · · · · · · · · · · · · · · · · ·	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Office Ov Polling E Printing E Salaries/	Expense 17] Wages/Contract Labor	Travel In District Travel Out Of Distr	ripment & Related Ex	
1 Total pages Schedule F1: 3	2 FILER NAME Sonia Rash	·* ·* ·		3 Filer ID (Ethi	ics Commission Fil	lers)
4 Date 09/02/2021	5 Payee name Google G-Suite		•	· · · ·	÷ .	
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	••••
12.79	1600 Amphitheather Parkway,		Mountain Vie	w, CA 9	94043	
8	(a) Category (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Online Digital Tool		Digital Project	Mangemen	t Tool	
LARCHOITORE			<u> </u>			• • • •
	(C) Check if travel outside of Texas. Complete Se	chedulie T.		in, TX, officeholder livi		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held	
Date	Payee name	• .				
10/04/2021	Google G-Suite		· ·			
Amount (\$)	Payee address;		City;	State;	Zip Code	• •
12.79	1600 Amphiteater Parkway,		Mountain \	/iew, CA	94043	
	Category (See Categories listed at the top of this s	chedule)	Description	-	· · · <u>- · · · ·</u>	· ·
PURPOSE OF EXPENDITURE	Online Digital Tool		Digital Project	Manageme	nt Tool	•
~'	Check If travel outside of Texas, Complete So	chedule T.	Check if Austi	in, TX, officeholder livi	ing expense	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held	
expenditure to benefit C/OF			r			. :
Date	Payee name					
10/08/2021	Indo-Anerican News	•	. •			
Amount (\$)	Payee address;		City;	State;	Zip Code	
1,105.00	7457 Harwin Dr., #262,		Houston,	TX	77036	•
	Category (See Categories listed at the top of this se	chedule)	Description	-'		
PURPOSE	Advertising		Advertising	•		
		· · · · .		2 ¹		•
	Charle Stern al an attain of Tanan Annual A					<u> </u>
	Check if travel outside of Texas. Complete Sc			in, TX, officeholder livi		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held	

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	EXPENDITURES MADE	5	SCHEDULE F1
If the requested inf	formation is not applicable, DO NOT	include this page in the r	eport.
· · · · · · · · · · ·	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consuting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	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)
4	· · · · · · · · · · · · · · · · · · ·	ns how to complete this form.	
1 Total pages Schedule F1: 3	2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/24/2021	Allied Signs		
6 Amount (\$) 503.63	7 Payee address; 6820 Harwin Dr.,	city; Houston, TX	State; Zip Code
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE OF EXPENDITURE	Printing	Yard Signs	
	(c) Check if travel outside of Texas. Complete	Schedulo T. Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	L Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/20/2021	Fort Bend County Democrats		
Amount (\$).	Payee address;	City;	State; Zip Code
1,000.00	13515 Southwest Fwy,	Sugar L	and, TX 77478
	Category (See Categories listed at the top of this	schedule) Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Fees	Filing Fees fo	r Ballot Placement
	Check if travel outside of Texas. Complete 5	Schedule T. Check if Aust	lin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	· ·		
Date	Payee name		
12/02/2021	Google G-Suite		· · ·
Amount (\$)	Payee address;	City;	State; Zip Code
12.79	1600 Amphitheater Parkway,	Mountain	View, CA 94043
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF	Online Digital Tool	Digital Manage	ement Tool
EXPENDITURE			· · · · · · · · · · · · · · · · · · ·
· · · · ·	Check if travel outside of Texas. Complete S	Schedule T. Check If Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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	The Instruction Guide explain	s how to complete this form.		
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i Date	6 Payee name		1,00,10	
2/06/2021	Allied Signs			•
Amount (\$)	8 Payee address; 6820 Harwin Dr.,	City: Houston,		o Code 036
TYPE OF EXPENDITURE	Political	Non-Political		
0 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Printing	schedule) (b) Description Yard Signs		
· · · ·	(c) Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living exper	ise
1 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 12/20/2021	Payee name HUM FM LLC		• •	
Amount (\$)	Payee address;	City;	State; Zi	p Code
3,500.00	6161 Savoy Dr., #1140	Houston,	TX 77	7036
TYPE OF EXPENDITURE	Political	Non-Political		
· .	Category (See Categories listed at the top of this			
PURPOSE	Advertising Expense	Radio	1. J.	
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
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Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made E Candidate/Officeholder/Politic		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
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	IZED EXPENDITURES CHARGED		7 505 40
			\$ 7,535.13
5 Date	6 Payee name		
10/21/2021	Masala Radio		
7 Amount (\$)	8 Payee address;	City:	State: Zip Code
1,200.00	2721 Fieldstone St.,	Sugar Land,	TX 77478
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10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	· · · · · · · · · · · · · · · · · · ·
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11	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address:	City;	State; Zip Code
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Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commiss 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commiss 1 Date 5 Payee name Discover 5 Amount (\$) 7 Payee address; City: State: Zip 8 PURPOSE Credit Card Payment (b) Description Signs & Advertising 5 9 Candidate / Officeholder name Office sought Office holder living expense Office holder living expense 9 Candidate / Officeholder name Office sought Office holder living expense Office holder living expense 0 ate Payee address; City: State: Zip Putrooffe Category (See Categories listed at the lop of this schedule) Description Office holder living expense 0 bate Payee address; City: State: Zip Putrooffe Category (See Categories listed at the lop of this schedule) Description			ES MADE FR		SCHEDUL
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