

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Sonia	MI
	NICKNAME 	LAST Rash	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 7602 Bogard Ct.		APT / SUITE #: CITY: STATE: ZIP CODE Sugar Land, Texas 77479
	Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 416-9404	EXTENSION
	Date Received JAN 18 2022 RCUD		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Kathy	MI
	NICKNAME 	LAST Cheng	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): 544 Westheimer Rd., Suite 100,		CITY: STATE: ZIP CODE Houston, Texas 77056
	(Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 788-8840	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month Day Year 7 / 1 / 21	THROUGH	Month Day Year 12 / 31 / 21
	11 ELECTION		ELECTION TYPE
ELECTION DATE Month Day Year 3 / 1 / 21		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) n/a	13 OFFICE SOUGHT (if known) Fort Bend County Justice of the Peace, Precinct 4	
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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Sonia Rash		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,765.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10,133.75
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,038.66
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7,535.13
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7,535.13
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	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Sonia Rash		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,898.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,573.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,007.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 8-26-71
 My address is 7602 Bogard Ct., Sugar Land, TX, 77479 Fort Bend
(street) (city) (state) (zip code) (country)
 Executed in Fort Bend County, State of TX, on the 16 day of January, 2022.
(month) (year)
Sonia Rash
 Signature of Candidate/Officeholder (Declarant)

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: 6
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 09/21/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Staci Williams 6 Contributor address; City; State; Zip Code 4418 Hallmark Drive, Stafford, Texas 77477	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2021	Full name of contributor out-of-state PAC (ID#: _____) Karen Aylor Contributor address; City; State; Zip Code 458 Oak Dale Drive, Stafford, Texas 77477	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2021	Full name of contributor out-of-state PAC (ID#: _____) Tenaz Chaoudhry Contributor address; City; State; Zip Code 138 Eldridge Road, Ste. G, Sugar Land, Texas 77478	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/02/2021	Full name of contributor out-of-state PAC (ID#: _____) Maria Holmes Contributor address; City; State; Zip Code 1025 Dumble St., Houston, Texas 77023	Amount of contribution (\$) 25.00
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.		

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: 6
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Mehran Talabi	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 630 Hunters Grove-Ln., Houston, TX 77024		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 11/08/2021	Full name of contributor out-of-state PAC (ID#: _____) Mehran Talabi	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 630 Hunters Grove Ln., Houston, TX 77024		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/21/2021	Full name of contributor out-of-state PAC (ID#: _____) Andee Marksamer	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 23 Seaton Ct., Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/21/2021	Full name of contributor out-of-state PAC (ID#: _____) Dr. Zahra F. Syed	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 11202 Rattray Ct., Richmond, TX 77407		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 6
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Donna Ellis 6 Contributor address; City; State; Zip Code 13910 Placid Wood Ct., Sugar Land, TX 77498	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 10/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Noshir Challa Contributor address; City; State; Zip Code 44 Harbor View Dr., Sugar Land, TX 77479	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/21/2021	Full name of contributor out-of-state PAC (ID#: _____) Willie Rainwater Contributor address; City; State; Zip Code 16410 Quail Park Dr., Missouri City, TX 77489	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/08/2021	Full name of contributor out-of-state PAC (ID#: _____) Chad Aaronson Contributor address; City; State; Zip Code 1200 Post Oak Blvd. , #1703, Houston, TX 77056	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 6
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2021	5 Full name of contributor Douglas Schmidt <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 4013 Cleary Ave., Metairie, LA 70002		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 11/24/2021	Full name of contributor Birdie Kelley <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 80.00
Contributor address; City; State; Zip Code 7631 S. Glen Willow Ln., Missouri City, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
N/A		N/A
Date 11/24/2021	Full name of contributor Dylan Russell <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4518 Pebblesone Dr., Missouri City, TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
N/A		N/A
Date 11/24/2021	Full name of contributor Mehran Talabia <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 630 Hunters Grove Ln., Houston, TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
N/A		N/A
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 6
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Mehran Talabi 6 Contributor address; City; State; Zip Code 630 Hunters Grove Ln., Houston, TX 77024	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 11/29/2021	Full name of contributor out-of-state PAC (ID#: _____) Mehran Talabi Contributor address; City; State; Zip Code 630 Hunters Grove Ln., TX 77024	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/29/2021	Full name of contributor out-of-state PAC (ID#: _____) Sumiyah Hye Contributor address; City; State; Zip Code 11614 Novar Gardens Ave., Richmond, TX 77407	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/31/2021	Full name of contributor out-of-state PAC (ID#: _____) Arzin Italia Contributor address; City; State; Zip Code 12407 Rip Van Winkle, Houston, TX 77024	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
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	
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 10,133.75	
5 Date 12/01/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samantha Turner	8 Amount of Contribution \$ 6,000.00	9 In-kind contribution description Graphic Design
7 Contributor address; City; State; Zip Code 17811 Mackeson Ct., Carson, CA 90746		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Graphic Designer		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self-Employed	
12 Contributor's principal occupation (FOR JUDICIAL) N/A		13 Contributor's job title (FOR JUDICIAL)(See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayaan Irani	Amount of Contribution \$ 1,923.75	In-kind contribution description Signs
Contributor address; City; State; Zip Code 5031 Pineridge Sr., Sugar Land, TX 77479		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) General		Employer (FOR NON-JUDICIAL)(See Instructions) Self-Employed	
Contributor's principal occupation (FOR JUDICIAL) N/A		Contributor's job title (FOR JUDICIAL)(See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
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	
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 10,133.75	
5 Date 08/26/2071	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehelli Behrana	8 Amount of Contribution \$ 2,210.00	9 In-kind contribution description Advertisement
7 Contributor address; City; State; Zip Code 12330 Ashcroft, Houston, TX 77035		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired		11 Employer (FOR NON-JUDICIAL)(See Instructions) Retired	
12 Contributor's principal occupation (FOR JUDICIAL) N/A		13 Contributor's job title (FOR JUDICIAL)(See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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: 3		2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)	
4 Date 08/02/2021		5 Payee name Google G-Suite			
6 Amount (\$) 12.79		7 Payee address; City; State; Zip Code 1600 Amphitheater Parkway, Mountain View, CA 94043			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Online Digital Tool		(b) Description Digital Project Management Tool		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/13/2021		Payee name Allied Signs			
Amount (\$) 162.38		Payee address; City; State; Zip Code 6820 Harwin Dr., Houston, TX 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 living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/21/2021		Payee name Allied Signs			
Amount (\$) 216.50		Payee address; City; State; Zip Code 6820 Harwin Dr., Houston, TX 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 living expense		
Complete ONLY 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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials 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.

1 Total pages Schedule F1: 3	2 FILER NAME Sonia Rash	3 Filer ID (Ethics Commission Filers)
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4 Date 09/02/2021	5 Payee name Google G-Suite
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6 Amount (\$) 12.79	7 Payee address; 1600 Amphitheater Parkway, Mountain View, CA 94043
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Online Digital Tool	(b) Description Digital Project Mangement Tool
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/04/2021	Payee name Google G-Suite
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Amount (\$) 12.79	Payee address; 1600 Amphiteater Parkway, Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Online Digital Tool	Description Digital Project Management Tool
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/08/2021	Payee name Indo-American News
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Amount (\$) 1,105.00	Payee address; 7457 Harwin Dr., #262, Houston, TX 77036
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials 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.

1 Total pages Schedule F1: 3	2 FILER NAME Sonia Rash	3 Filer ID (Ethics Commission Filers)
4 Date 11/24/2021	5 Payee name Allied Signs	
6 Amount (\$) 503.63	7 Payee address: City; State; Zip Code 6820 Harwin Dr., Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Yard Signs
	(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 12/20/2021	Payee name Fort Bend County Democrats	
Amount (\$) 1,000.00	Payee address: City; State; Zip Code 13515 Southwest Fwy, Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fees for Ballot Placement
	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 12/02/2021	Payee name Google G-Suite	
Amount (\$) 12.79	Payee address: City; State; Zip Code 1600 Amphitheater Parkway, Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Online Digital Tool	Description Digital Management Tool
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: 2	2 FILER NAME Sonia Rash	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 7,535.13
5 Date 12/06/2021	6 Payee name Allied Signs	
7 Amount. (\$) 2,835.13	8 Payee address; 6820 Harwin Dr., Houston, TX 77036	City: Houston, State: TX Zip Code: 77036
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Yard Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought Office held
Date 12/20/2021	Payee name HUM FM LLC	
Amount (\$) 3,500.00	Payee address; 6161 Savoy Dr., #1140 Houston, TX 77036	City: Houston, State: TX Zip Code: 77036
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio
	(c) 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Sonia Rash	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 7,535.13
5 Date 10/21/2021	6 Payee name Masala Radio	
7 Amount (\$) 1,200.00	8 Payee address; 2721 Fieldstone St., City: Sugar Land, State: TX Zip Code: 77478	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Media Outlet
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Sonia Rash	3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2021	5 Payee name Discover	
6 Amount (\$) 7,535.13 <small>Reimbursement from political contributions intended</small>	7 Payee address; PO Box 29013	City: Phoenix, State: AZ Zip Code: 85038
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Signs & Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address;	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address;	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED