

# 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	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST	SUFFIX			
Mrs. Sonia Rash						
7602 Bogard Ct., Sugar Land, Texas 77479						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(713) 416-9704						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Received  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged		
	NICKNAME	LAST	SUFFIX			
Kathy Cheng						
544 Westheimer Rd., Suite 1000 Houston, TX 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, TX 77056					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(832) 788-884						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input 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	Year	Month	Day	Year
2 / 20 / 22 THROUGH 5 / 15 / 22						
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	5 / 24 / 22			<input type="checkbox"/> General	<input type="checkbox"/> Special	
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> 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 <i>Sonia Rash</i>		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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>6,165</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>14,031.57</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,724.30</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

\_\_\_\_\_  
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 *8/26/74*  
 My address is *7007 Bogard Ct.*, *Sugar Land*, *TX*, *77478*, *Fort Bend*.  
(street) (city) (state) (zip code) (country)  
 Executed in *Fort Bend* County, State of *TX*, on the *16* 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>Senia Rash</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6,165</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>3,000</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>14,031.57</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanaz Choudhury	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 10804 Roark Rd., Houston, TX 77099		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 2/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Kelly	Amount of contribution (\$) \$10
Contributor address; City; State; Zip Code 142 Camellia St., SugarLand, Texas 77478		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 03/04/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Villagomez	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 1305 Prairie St., Suite 300 Houston, TX 77002		
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Lee Law Firm
Date 03/04/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehrnan Talabi	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 630 Hunters Grove Ln., Houston, TX 77024		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Talabi Law Firm

**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: <b>9</b>
2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/23/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mehran Talabi</b>	7 Amount of contribution (\$) <b>\$25</b>
6 Contributor address; City; State; Zip Code <b>630 Hunters Grove Ln., Houston, TX 77024</b>		
8 Principal occupation / Job title (See Instructions) <b>Lawyer</b>		9 Employer (See Instructions) <b>Talabi Law Firm</b>
Date <b>3/04/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerome Coggins</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>17530 Quiet Shores Drive, Richmond, TX 77407</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>03/07/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elsa Cantu</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>1708 Spring Green Blvd., Katy, TX 77494</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>03/07/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dylan Russell</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>4518 Pebblestone Dr., Missouri City, TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Attorney</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/23/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Douglas Beaton</b>	7 Amount of contribution (\$) <b>\$50</b>
6 Contributor address; City; State; Zip Code <b>13431 Woodchester Dr., Sugar Land, TX, 77498</b>		
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>03/15/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Douglas Beaton</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>6615 High Knoll Dr., Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>03/10/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerome Gadinich, Jr.</b>	Amount of contribution (\$) <b>\$1000</b>
Contributor address; City; State; Zip Code <b>917 Franklin St., Suite 600 Houston, TX 77002</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Gadinich Law Firm</b>
Date <b>03/11/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Douglas Beaton</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>13431 Woodchester Dr., Sugar Land, TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/08/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Douglas Beaton</b>	7 Amount of contribution (\$) <b>\$50</b>
6 Contributor address; City; State; Zip Code <b>13431 Woodchester Dr. Sugar Land, TX 77498</b>		
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>03/11/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mehran Talabi</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address; City; State; Zip Code <b>620 Hunters Grove Ln. Houston, Texas 77024</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Talabi Law Firm</b>
Date <b>03/11/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nomita Bajwa</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>03/04/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sally Curimbaba</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>2727 Commercial Center Blvd. Katy, TX 77494</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/29/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MR. S. Pasha</b>	7 Amount of contribution (\$) <b>\$ 400</b>
6 Contributor address; City; State; Zip Code <b>7106 Banbury Ct., Sugar Land, TX 77479</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>03/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Suresh Daggupati</b>	Amount of contribution (\$) <b>\$300</b>
Contributor address; City; State; Zip Code <b>622 Charleston Heights Ln. Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>03/20/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Soto</b>	Amount of contribution (\$) <b>\$ 200</b>
Contributor address; City; State; Zip Code <b>2925 Richmond Avenue, # 1560 Houston, TX 77098</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self-Employed</b>
Date <b>04/03/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bansi Sidhwa</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code <b>28 Glen Loch Ct., Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/15/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Staci Williams</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>4418 Hallmark Drive, Dallas, Texas 75229</b>		
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>03/15/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vanessa Villagomez</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>1305 Prairie St., Houston, TX 77002</b>		
Principal occupation / Job title (See Instructions) <b>Legal Assistant</b>		Employer (See Instructions) <b>Lee Law Firm</b>
Date <b>03/22/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Douglas Beaton</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>13431 Woodchester Dr., Sugar Land, TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>05/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Douglas Beaton</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>13431 Woodchester Dr., Sugar Land, TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/21/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathy Cheng</b>	7 Amount of contribution (\$) <b>\$1000</b>
6 Contributor address; City; State; Zip Code <b>4736 Oakshire Dr. Houston, TX 77027</b>		
8 Principal occupation / Job title (See Instructions) <b>Lawyer</b>		9 Employer (See Instructions) <b>Self Employed</b>
Date <b>04/16/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Samina Quddos</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>7014 Spindle Pine Way</b>		
Principal occupation / Job title (See Instructions) <b>Mom / Lawyer</b>		Employer (See Instructions) <b>Self-Employed</b>
Date <b>04/16/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Parvez Hussain</b>	Amount of contribution (\$) <b>\$55</b>
Contributor address; City; State; Zip Code <b>7410 Althea Ct., Sugar Land, TX 77478</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/31/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dylan Russell</b>	7 Amount of contribution (\$) <b>\$200</b>
6 Contributor address; City; State; Zip Code <b>4518 Pebblestone Dr., Missouri City, TX 77459</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Lawyer</b>
Date <b>04/15/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vanessa Villagomez</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>1305 Prairie St., Houston, TX 77002</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/16/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sally Corimbaba</b>	Amount of contribution (\$) <b>\$150</b>
Contributor address; City; State; Zip Code <b>6103 Cross Creek Harbor Lane, Fulshear, TX 77441</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>05/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carolyn Mazzo</b>	Amount of contribution (\$) <b>\$25</b>
Contributor address; City; State; Zip Code <b>4127 Saint Ives St., Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/22/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Audrey Reed</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>2814 Arrowhead Dr., Sugar Land, TX 77478</b>		
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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: <b>1</b>	
2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>3,000</b>	
5 Date <b>4/2/22</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Samantha Turner</b>	8 Amount of Contribution \$ <b>\$3,000</b>	9 In-kind contribution description <b>Website / social media</b>
7 Contributor address; City; State; Zip Code <b>1741 Madgeson Ct., Garson, CA 90746</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>7</b>	2 FILER NAME <b>Sonia Rash</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/1/22</b>	5 Payee name <b>Google E-site</b>	
6 Amount (\$) <b>\$12,79</b>	7 Payee address; City; State; Zip Code <b>1600 Amphitheater Parkway, Mountain View, CA 94043</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Online Digital Tool</b>	(b) Description <b>Digital Project Management Tool</b>
	(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 <b>3/14/22</b>	Payee name <b>Google Domains</b>	
Amount (\$) <b>\$6.40</b>	Payee address; City; State; Zip Code <b>1600 Amphitheater Parkway, Mountain View, CA 94043</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Online Domains</b>	Description <b>Domain Name</b>
	<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 <b>2/28/22</b>	Payee name <b>Indo American News</b>	
Amount (\$) <b>\$1,105.00</b>	Payee address; City; State; Zip Code <b>7457 Harwin Dr., #262, Houston, TX 77036</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Ads</b>
	<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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# 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: <b>7</b>	2 FILER NAME <b>Sonia Rash</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/12/22</b>	5 Payee name <b>R.G. Moore</b>	
6 Amount (\$) <b>\$400</b>	7 Payee address; City; State; Zip Code <b>2513 Princes Lane, Missouri City, TX 77459</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	(b) Description <b>Lit. Drop</b>
	(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 <b>5/4/22</b>	Payee name <b>Google G-Suite</b>	
Amount (\$) <b>\$120.79</b>	Payee address; City; State; Zip Code <b>1600 Amphitheater Parkway, Mountainview, CA 94043</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Online Digital Fee</b>	Description <b>Digital Project Management Tool</b>
	<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 <b>4/13/22</b>	Payee name <b>Googlo Domains</b>	
Amount (\$) <b>\$6.40</b>	Payee address; City; State; Zip Code <b>1600 Amphitheater Parkway, Mountainview, CA 94043</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Online Domain Fee</b>	Description <b>Domain Name</b>
	<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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# 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: <b>1</b>	2 FILER NAME <b>Sonia Rash</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/7/22</b>	5 Payee name <b>R.G. Moore</b>	
6 Amount (\$) <b>\$500</b>	7 Payee address; City; State; Zip Code <b>2513 Princes Lane, Missouri City, TX 77459</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Literature Drop</b>
	(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 <b>3/14/22</b>	Payee name <b>Allied Signs</b>	
Amount (\$) <b>\$ 625</b>	Payee address; City; State; Zip Code <b>6820 Harwin Dr., Houston, TX 77036</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	Description <b>Printing Materials</b>
	<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 <b>4/5/22</b>	Payee name <b>Google G-Suite</b>	
Amount (\$) <b>\$12.79</b>	Payee address; City; State; Zip Code <b>1600 Amphitheater Parkway, Mountain View, CA 94043</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Online Digital Tool</b>	Description <b>Digital Project Management Tool</b>
	<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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**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: <b>7</b>	2 FILER NAME <b>Senia Rash</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/12/22</b>	5 Payee name <b>MR JI Connections</b>
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6 Amount (\$) <b>\$2,000</b>	7 Payee address; City; State; Zip Code <b>PO Box 2082, Missouri City, TX 77459</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Polling Expenses</b>	(b) Description <b>Poll Workers</b>
	(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 <b>2/23/22</b>	Payee name <b>R.G. Moore</b>
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Amount (\$) <b>\$600</b>	Payee address; City; State; Zip Code <b>2513 Princes Lane, Missouri City, TX 77455</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Literature Drop</b>
	<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 <b>4/30/22</b>	Payee name <b>Frost Bank</b>
------------------------	---------------------------------

Amount (\$) <b>\$10</b>	Payee address; City; State; Zip Code <b>620 Hwy 6, SugarLand, TX 77478</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Banking Service Fee</b>
	<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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# 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: <b>7</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22</b>	5 Payee name <b>MR JI Connection</b>	
6 Amount (\$) <b>\$2,500</b>	7 Payee address; City; State; Zip Code <b>PO Box 2082 Missouri City, TX 77459</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Polling Expenses</b>	(b) Description <b>Poll workers</b>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>3/12/22</b>	Candidate / Officeholder name <b>MR JI Connection</b>	
Amount (\$) <b>\$2,000</b>	Office sought <b>Office held</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Polling Expenses</b>	Description <b>Poll Workers</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>5/13/22</b>	Candidate / Officeholder name <b>MR JI Connections</b>	
Amount (\$) <b>\$1,000</b>	Office sought <b>Office held</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Polling Expenses</b>	Description <b>Poll workers</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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 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: <u>7</u>	2 FILER NAME <u>Senia Rash</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>2/7/22</u>	5 Payee name <u>R.G. Moore</u>
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6 Amount (\$) <u>\$1,000</u>	7 Payee address; City; State; Zip Code <u>2513 Princes Lane, Missouri City, TX 77459</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Literature Drop</u>
	(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 <u>4/4/22</u>	Payee name <u>Roger G. Moore</u>
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Amount (\$) <u>1500.00</u>	Payee address; City; State; Zip Code <u>2513 Princess Lane, Missouri City, TX 77459</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Literature Drops</u>
	<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 <u>4/18/22</u>	Payee name <u>MRJI Connections</u>
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Amount (\$) <u>\$1,500</u>	Payee address; City; State; Zip Code <u>Po Box 2022 Missouri City, TX 77459</u>
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Poll Expenses</u>	Description <u>Poll Workers &amp; Consultation</u>
	<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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# 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: <b>7</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/14/22</b>	5 Payee name <b>Patty Delagarza</b>
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6 Amount (\$) <b>\$234</b>	7 Payee address; City; State; Zip Code <b>4514 Nassau Dr., Sugar Land, TX 77475</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Lit. Dep</b>
	(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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/13/22</b>	Payee name <b>Google Domains</b>
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Amount (\$) <b>\$640</b>	Payee address; City; State; Zip Code <b>1600 Amphitheater Parkway, Mountain View, CA 94043</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Online Digital Tool</b>	Description <b>Digital Project Management Tool</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	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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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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