

# 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: <b>12</b>
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 #: Sugar Land, Texas	STATE: ZIP CODE 77479
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713 )	PHONE NUMBER 416-9704	EXTENSION
	Date Hand-delivered or Date Postmarked		
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.,	CITY: STATE: ZIP CODE Houston, Texas 77056
8 CAMPAIGN TREASURER PHONE		AREA CODE (832 )	PHONE NUMBER 788-8840
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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 5 / 16 / 22    THROUGH    6 / 30 / 22		
11 ELECTION	ELECTION DATE		ELECTION TYPE
		Month Day Year 11 / 8 / 22	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" 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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<b>GO TO PAGE 2</b>			

JUL 15 2022 RCVD

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Sonia Rash		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 2,660.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,518.55
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,940.45
<b>OUTSTANDING LOAN TOTALS</b>	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 7/26/71.

My address is 7602 Bogard Ct. Sugar Land, TX 77478 US  
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 14 day of July, 2022.  
(month) (year)

Sonia Rash  
Signature of Candidate/Officeholder (Declarant)

**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. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,660.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,518.55
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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>6</b>
2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/02/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Vanessa Villagomez</b> 6 Contributor address; City; State; Zip Code <b>1305 Praire St., Suite 300, Houston, TX 77002</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>Legal Assistant</b>		9 Employer (See Instructions) <b>Lee Law Firm</b>
Date <b>06/06/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Douglas Beaton</b> Contributor address; City; State; Zip Code <b>13431 Woodchester Dr., Sugar Land, TX 77498</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Director of Operations</b>		Employer (See Instructions) <b>American Cargo</b>
Date <b>06/06/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Rose Shibley</b> Contributor address; City; State; Zip Code <b>11402 Scottsdale Dr., Meadows Place, TX 77477</b>	Amount of contribution (\$)  <b>10.00</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>06/06/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Reed Brooks</b> Contributor address; City; State; Zip Code <b>1318 E. Southmore Ave, Pasadena, TX 77502</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>City of Pasadena</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**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

**06/07/2022**

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Sonia White**

7 Amount of contribution (\$)

**25.00**

6 Contributor address;

City;

State;

Zip Code

**6140 Hwy. 6, Suite 72, Missouri City, TX 77459**

8 Principal occupation / Job title (See Instructions)

**N/A**

9 Employer (See Instructions)

**N/A**

Date

**06/07/2022**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Kamaluddin Merchant**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**314 Teal Ln., Sugar Land, TX 77478**

Principal occupation / Job title (See Instructions)

**N/A**

Employer (See Instructions)

**N/A**

Date

**06/07/2022**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Syed Razzaqi**

Amount of contribution (\$)

**500.00**

Contributor address;

City;

State;

Zip Code

**11511 Haley Hollow, Richmond, TX 77407**

Principal occupation / Job title (See Instructions)

**N/A**

Employer (See Instructions)

**N/A**

Date

**06/08/2022**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Ejaz Ahmed**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**5815 Mogo Creek, Sugar Land, TX 77479**

Principal occupation / Job title (See Instructions)

**Consultant**

Employer (See Instructions)

**Self Emoloyed****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**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  
**06/14/2022**5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Khadia & Zaki Mirza**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**8823 Healthery Dr., Houston, TX 77083****100.00**8 Principal occupation / Job title (See Instructions)  
**N/A**9 Employer (See Instructions)  
**N/A**Date  
**06/15/2022**Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Paul & Leticia Raffoul**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**20643 Garden Ridge Canyon, Richmond, TX 77407****25.00**Principal occupation / Job title (See Instructions)  
**Retired**Employer (See Instructions)  
**Retired**Date  
**06/16/2022**Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Javed Iqbal**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**1606 Brazos Traces Dr., Richmond, Texas 77469****100.00**Principal occupation / Job title (See Instructions)  
**N/A**Employer (See Instructions)  
**N/A**Date  
**06/16/2022**Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Suraya Khan**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**5214 Chamblor Ct., Houston, Texas 77069****500.00**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.

**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>6</b>
2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/17/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Rosh Rajan</b> 6 Contributor address; City; State; Zip Code <b>2345 Sage Road, #287, Houston, Texas 77056</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>06/21/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sajid Hussain</b> Contributor address; City; State; Zip Code <b>3523 Sahdowside Ct., Houston, TX 77082</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>06/21/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Suraiyya Ahmed</b> Contributor address; City; State; Zip Code <b>1234 Berrystone Trail, Missouri City, TX 77459</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>06/21/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sofia Sheikh</b> Contributor address; City; State; Zip Code <b>8014 Agora Circle, Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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1 Total pages Schedule A1: **6**

2 FILER NAME  
**Sonia Rash**

3 Filer ID (Ethics Commission Filers)

4 Date  
**06/21/2022**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Nabil Shike**

6 Contributor address; City; State; Zip Code  
**20210 Weeping Pine Way, Richmond, TX 77407**

7 Amount of contribution (\$)  
**100.00**

8 Principal occupation / Job title (See Instructions)  
**Constable**

9 Employer (See Instructions)  
**Fort Bend County**

Date  
**06/21/2022**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Mohammad Aijaz**

Contributor address; City; State; Zip Code  
**12323 Ashford Hollow Dr., Sugar Land, TX 77478**

Amount of contribution (\$)  
**100.00**

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

Employer (See Instructions)  
**N/A**

Date  
**06/21/2022**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Shawn Quinn**

Contributor address; City; State; Zip Code  
**406 Ogden Trail, Sugar Land, TX 77479**

Amount of contribution (\$)  
**100.00**

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

Employer (See Instructions)  
**N/A**

Date  
**06/22/2022**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Abdul Rahman Farukhi**

Contributor address; City; State; Zip Code  
**24311 Peroni Drive, Richmond, TX 77406**

Amount of contribution (\$)  
**50.00**

Principal occupation / Job title (See Instructions)  
**Processor**

Employer (See Instructions)  
**TX AG**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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>6</b>
2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/22/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Blair Parker</b> ..... 6 Contributor address; City; State; Zip Code <b>2823 Carnoustie Dr., Missouri City, TX 77459</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Self Employed</b>
Date	Full name of contributor 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 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 out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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:		2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)	
4 Date 06/07/2022		5 Payee name Junior Ezeonu			
6 Amount (\$) 400.00		7 Payee address; City; State; Zip Code 5332 W. Cove Way, Grand Prairie, Texas 75052			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description Strategist		
	(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 06/18/2022		Payee name Allied Signs			
Amount (\$) 500.00		Payee address; City; State; Zip Code 6820 Harwin Dr., Houston, Texas 77036			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expenses		Description Push 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 05/31/2022		Payee name Jesse Torres			
Amount (\$) 210.00		Payee address; City; State; Zip Code 405 San Jose Street, Richmond, Texas 77469			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Street Signs		Description Removal of Signs		
	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	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Sonia Rash	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/27/2022	<b>5</b> Payee name TMG	
<b>6</b> Amount (\$) 303.10	<b>7</b> Payee address; City; State; Zip Code 13910 Murphy Rd., Stafford, TX 77477	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expenses	<b>(b)</b> Description T-Shirts
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> 05/16/2022	<b>Payee name</b> Google Domains	
<b>Amount (\$)</b> 12.00	<b>Payee address; City; State; Zip Code</b> 1600 Amphitheater Parkway, Mountainview, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Online Domains	<b>Description</b> Domain Name
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> 05/31/2022	<b>Payee name</b> Frost Bank	
<b>Amount (\$)</b> 10.00	<b>Payee address; City; State; Zip Code</b> PO Box 1315, Houston, Texas 77251	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Sonia Rash	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/04/2022	<b>5</b> Payee name Google G-Suite	
<b>6</b> Amount (\$) 12.79	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheater Parkway, Mountain, CA	
<b>8</b>  PURPOSE OF EXPENDITURE —	<b>(a)</b> Category (See Categories listed at the top of this schedule) Online Digital Fee	<b>(b)</b> Description Digital Project Management Tool
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 06/30/2022	Payee name Act Blue	
Amount (\$) 60.66	Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Precentage Fees from Donations
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 06/30/2022	Payee name Frost Bank	
Amount (\$) 10.00	Payee address; City; State; Zip Code PO Box 1315, Houston, TX 77251	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking Expenses	Description Service Charge
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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