### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

		2
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 Mrs. Sonia	OFFICE USE ONLY
,	NICKNAME LAST SUFFIX Rash	T Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7602 Bogard Ct., Sugar Land, TX 77479	JAN 1 6 2024
5 CANDIDATE/	*AREA CODE PHONE NUMBER EXTENSION	FORT BEND COUNTY ELECTIONS
OFFICEHOLDER	(713-) 416-9704	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$
NAME	NICKNAME LAST SUFFIX	DRIA LIOCA2280
prof.		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY;	STATE: ZIP CODE
TREASURER ADDRESS	544 Westheimer Rd., Houston,	TX 77056
(Residence or Business)		
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER		
PHONE	(832) 788-8840	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year Month	Day Year
COVERED	07 / 01 / 23 THROUGH 12	/ 31 / 23
11 ELECTION	ELECTION DATE ELECTION TYPE	
	Month Day Year Primary Runoff Other Description	
	11 26 General Special Semiannual	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known	)
	Justice of the Peace, Precinct 3	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE - COMMITTEE NAME	
	a for and a second a	
	GENERAL COMMITTEE ADDRESS	
Additional Pages	· · · · · · · · · · · · · · · · · · ·	4
1	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVÉR SHEET PG 2

15 C/OH NAME Sonia Rash		16	Filer ID (Ethi	cs Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
- 1	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,255.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
· · · · · · · · · · · · · · · · · · ·	4.	TOTAL POLITICAL EXPENDITURES	\$	,272.24
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	AY \$	7,150.75
<sup>*</sup> OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	IE \$	0.00

FURE 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	Ŷ
Swom 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 a	dministering oath Title of officer administering oath
OR	
(2) Unsworn Declaration	1
My name is Sonia Rash	, and my date of birth is 3/2/2/10/
My address is 7602 Bogard Ct.	Sugar Land TX 77479 USA
(street)	on the <u>16</u> day of <u>January</u> , 20 <u>24</u> (country) (wonth), 20 <u>24</u> (country)
	Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	LER NAME a Rash	20 Filer ID (Ethics C	ommis	sion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE	1.		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,255.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	IONS	\$	280.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	*	\$	0.00
4.	SCHEDULE E: LOANS		•\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$	272.24
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	A	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	ITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	* %	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	NAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	NS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITI	ICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CON TO FILER		\$	0.00

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 0
2 FILER NAME Sonia Rash	17	3 Filer ID (Ethics Commission Filers)
4 Date	5' Full name of contributor out-of-state PAC (ID#:) Susan Bankston	7 Amount of contribution (\$)
08/11/2023	6 Contributor address; City; State; Zlp Code 509 S. 5th St., Richmond, TX 77468	50.00
8 Principal occur Retired	bation / Job title (See Instructions) 9 Employer (See Instru Retired	ctions)
<sup>E</sup> Date	Full name of contributor     out-of-state PAC (ID#:)	Amount of contribution (\$)
08/18/2023	Zahra Fatima Syed Contributor address; City; State; Zip Code 11202 Rattray Ct., Richmond, TX 77407	250.00
Principal occup N/A	ation / Job title (See Instructions) Employer (See Instru N/A	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/18/2023	Yasmin Medhora Contributor address; City; State; Zip Code 13331 Misty Mill Dr., Houston, TX 77041	200.00
Principal occup N/A	eation / Job title (See Instructions) Employer (See Instru N/A	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/13/2023	Contributor address; City; State; Zip Code 16119 Crooked Arrow Dr., Sugar Land, TX 77498	25.00
Principal occup	bation / Job title (See Instructions) Employer (See Instru N/A	ictions)
ł		

If the reque	sted information is not applicable, DO NOT include this p	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
2 FILER NAME Sonia Ras		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2023	5' Full name of contributor       out-of-state PAC (ID#:	
8 Principal occi	4023 Waterford Dr., Missouri City, pation / Job title (See Instructions) 9 Employee N/A	
<sup>*</sup> <sub>Date</sub> 11/01/2023	Full name of contributor       out-of-state PAC (ID#:         Mohammed Jeddy       Contributor address;         Contributor address;       City;       State;       Zit         5403 Meadow Road, Sugar Land, TX	ip Code 100.00
Principal occu Business Ow		r (See Instructions) oyed
Date	Full name of contributor       out-of-state PAC (ID#:	p Code 100.00
Principal occu Business Ow		er (See Instructions) ach Inc.
Date	Full name of contributor       out-of-state PAC (ID#	200.00
Principal occu President		r (See Instructions) undation Masjid
4		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sonia Rash	the second se	لليداد	
4 Date		; (ID#:)	7 Amount of contribution (\$)
44/00/0000	Noshir Challa	\\	
11/06/2023	6 Contributor address; City;	State; Zip Code	300.00
	44 Harbor View Dr., Sugar La	and, TX 77479	000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Retired		Retired	
<sup>بر</sup> Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Manokumar Pooparayila		
11/06/2023		State; Zip Code	100.00
	535 Oakdale Dr., Staffor	d, TX 77477	100100
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Police Officer		Houston Metro	
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Keyur Gorji	*	
11/06/2023	Contributor address; City;	State: Zin Code	500.00
			500.00
	202 Industrial Blvd., Suite 801, Suga	ar Land, 1X //4/8	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	
President	· · · · · · · · · · · · · · · · · · ·	Water Equipment and	d Treatment Services
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Chad Patel		
11/08/2023	Contributor address; City;	State; Zip Code	500.00
	COOF The design Deads Mary Orange	1 TV 77470	500.00
	6935 Tiedmann Park Way, Sugar	Land, 1X / /4/9	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Retired	and the second	Retired	
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	,		
	ATTACH ADDITIONAL COPIES		FEDED
	If contributor is out-of-state PAC, please see Instr		
		4	

The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
2 FILER NAME Sonia Rash		Рт	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Jaseem Pasha, MD & Mooranissa F	PAC (ID#:) Pasha, MD	7 Amount of contribution (\$)
11/06/2023	6 Contributor address; City; 7106 Banbury Ct., Sugar L	State; Zip Code and, TX 77479.	500.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruc Retired	tions)
Date	Full name of contributor out-of-state F Muhammad Ghufran	PAC (ID#:)	Amount of contribution (\$)
11/08/2023	Contributor address; City; 18306 Newmachar Way, Rich	State; Zip Code Imond, TX 77407	300.00
Principal occup N/A	ation / Job title (See Instructions)	Employer (See Instruct N/A	tions)
Date	Full name of contributor out-of-state I	PAC (ID#:)	Amount of contribution (\$)
11/09/2023	Irtaza Rana Contributor address; City; 20314 Rainflower Bay Lane, Ric	<sub>State;</sub> Zip Code chmond, TX 77407	1,000.00
Principal occur President	ation / Job title (See Instructions)	Employer (See Instruct Healthcare	tions)
Date	Full name of contributor out-of-state f	PAC (ID#:)	Amount of contribution (\$)
11/13/2023	Contributor address; City; 7818 Bulrush Canyon Trl.,	State; Zip Code	100.00
Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Executive Dire	Xa	Chevron	1
		4	

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME		Jaj	3 Filer ID (Ethics Commission Filers)
Sonia Rash	۱		an a
4 Date	5 Full name of contributor out-of-state PAC ( Babar Khan	(ID#:)	7 Amount of contribution (\$)
11/13/2023			75 00
7	6 Contributor address; City; 4323 Hoztzin Ct., Missouri Ci	State; Zip Code Itv. TX 77459	75.00
B Principal occu		9 Employer (See Instruct	ions)
Retired	F	Retired	
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)
11/13/2023	Parvez Hussain	ć	100.00
11/10/2020	Contributor address; City;	State; Zip Code	100.00
	7410 Althea Ct., Sugar Lan	d, IX //4/9	•
Principal occup Consultant	ation / Job title (See Instructions) E	Employer (See Instruct Ernst Young	ions)
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)
11/14/2023	Tariq Zaka		
11/14/2023	Contributor address; City; State; Zip Code		150.00
	11218 Balmullo Ct., Richmor	nd, TX 77407	
	bation / Job title (See Instructions)	Employer (See Instruct	ions)
N/A	۲ ۲	N/A	
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)
11/15/2023	Richard Hill		E00.00
11/10/2020	Contributor address; City;	State; Zip Code	500.00
	4668 Loop Central Dr., Houst		
	pation / Job title (See Instructions)	Employer (See Instruct	tions)
awyer			
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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Sonia Rash	- /	Jud	3 Filer ID (Ethics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#: Navid Zanjani		7 Amount of contribution (\$)
12/10/2023	6 Contributor address; City; 230 TC Jester Blvd., #153, Hou	State; Zip Code Iston, TX 77007	100.00
8 Principal occup Consultant	pation / Job title (See Instructions)	9 Employer (See Instruct SBS	ions)
Date	Full name of contributor out-of-state PAC Ameer Malik	C (ID#:)	Amount of contribution (\$)
12/15/2023	Contributor address; City; 4319 Shaded Arbor Way, Sug	State; Zip Code ar Land, 77479	200.00
Principal occup Vice Presiden	ation / Job title (See Instructions)	Employer (See Instruct Nguyen Law Service	
Date	Full name of contributor out-of-state PAC Mazhar Haryah	C (ID#:)	Amount of contribution (\$)
12/15/2023	Contributor address; City; 11-126 Flanker Way, Richmo	<sub>State; Zip Code</sub> ond, TX 77407	25.00
Principal occur Relator	ation / Job title (See Instructions)	Employer (See Instruct Self-Employed	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
12/15/2023	Contributor address; City;	State; Zip Code	100.00
Principal occup Attorney	5727 Clouds Creek Lane, Missouri	Employer (See Instruct	iońs)
		•	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N ruction guide for additional	EEDED reporting requirements.
	Texas Ethics Commission www.ethics	s.state.tx.us	Revised 8/17/20

SCHEDULE A1

and the second se		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Sonia Rast	۲ ۲	3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2023	5 Full name of contributor out-of-state PAC (ID#:) Mohammed Atiq	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 4031 Crestwind Ln., Richmond, TX 77407	100.00
8 Principal occu IT Manager	pation / Job title (See Instructions) 9 Employer (See Instru NRG	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Ghulam Memon	Amount of contribution (\$)
12/15/2023	Contributor address; City; State; Zip Code 5418 Meadow Rd., Sugar Land, TX 77479	50.00
Principal occup Civil Engineer	ation / Job title (See Instructions) Employer (See Instructions) N/A	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Sadar Imam	Amount of contribution (\$)
12/15/2023	Contributor address; City; State; Zip Code 19-Saint Christopher Ct., Sugar Land, TX 77479	100.00
Principal occup Project Manag	ation / Job title (See Instructions) Employer (See Instructions) [Per Experis	l ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
12/15/2023	Contributor address; City; State; Zip Code 619 Elm View Court, Stafford, TX 77477	500.00
Principal occup N/A	ation / Job title (See Instructions) Employer (See Instructions) N/A	știońs)
À		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	
	exas Ethics Commission www.ethics.state.tx.us	Revised 8/17/202

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Sonia Rash		۳ Trŋ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC William Bobrick	(ID#:)	7 Amount of contribution (\$)
12/15/2023	6 Contributor address; City; PO Box 637, Sugar Land,	State; Zip Code	25.00
8 Principal occu Organizer	pation / Job title (See Instructions)	9 Employer (See Instructi AFT of Texas	ions)
Date	Full name of contributor out-of-state PAC Felicia Moon	(ID#:)	Amount of contribution (\$)
12/15/2023		<sub>State: Zip Code</sub> City, TX 77459	50.00
Principal occup N/A	ation / Job title (See Instructions)	Employer (See Instructi N/A	ons)
Date	Full name of contributor  out-of-state PAC Dylan Russell	(ID#:)	Amount of contribution (\$)
12/18/2023	***************************************	State; Zip Code City, TX 77459	100.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instructi Hoover Slovacek LLF	
Date	Full name of contributor out-of-state PAC Baig Mohammed	(ID#:)	Amount of contribution (\$)
12/26/2023	Contributor address; City;	State; Zip Code	1,000.00
Principal occup Business Owr	7119 FM 1464, Suite 360, Hou ation / Job title (See Instructions) ler	Employer (See Instruction Louisiana Fried Chick	
		r t	
4			
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instru- exas Ethics Commission www.ethics.	uction guide for additional re	

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

SCHEDULE A1

Sonia Rash         4 Date         4 Date         5 Full name of contributor         Farha Ahmed         10/29/2023         6 Contributor address;         City:         State:         Zip Code         2150 Town Square PI., Sugar Land, TX 77479         9 Employer (See Instructions)         Attorney         Date         Full name of contributor         out-of-state PAC (ID#:)         Attorney         Date         Full name of contributor         Omar Khawaja	Commission Filers) tribution (\$)
10/29/2023       Farha Ahmed       28         10/29/2023       6 Contributor address; City; State; Zip Code       2150 Town Square PI., Sugar Land, TX 77479       28         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       10/29/2023       9 Employer (See Instructions)       28         Date       Full name of contributor       out-of-state PAC (ID#:	
Attorney       Law Office of Farha Ahmed         Date       Full name of contributor       out-of-state PAC (ID#:	
Omar Khawaja       Contributor address;       City;       State;       Zip Code       25         13602 Milain Meadow Ct., Houston, TX 77077       Employer (See Instructions)       25         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor         Contributor address;       City;       State;       Zip Code	
ttorney     Law Office of Omar Khawaja       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contributor for address;       Contributor address;     City;     State;     Zip Code	50.00
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ntribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#)     Amount of contributor       Contributor address;     City;     State;     Zip Code	ntribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
	л <sub>и</sub> .
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirement	

CONTRIBUTIONS			SCHEDULE A2	
If the requ	ested information is not applicable, DO NOT includ	e this page	in the report.	
The Instruction Guide explains how to complete this form. <sup>2</sup> FILER NAME Sonia Rash		1       Total pages Schedule A2:         1       1         3       Filer ID (Ethics Commission Filers)		
				TOTAL C
5 Date 10/29/2023	Assad Siddiqui		8 Amount of Contribution \$ 280.00	9 In-kind contribution description Rental Fee
	17407 Woodfalls Ln., Richmond, TX	(77407	Check if travel outsid	le of Texas. Complete Schedul
Software		11 Employe Chevron	r (FOR NON-JUDICIA	L)(See Instructions)
· · · · · · · · · · · · · · · · · · ·	principal occupation (FOR JUDICIAL)	13 Contribu Chevron	outor's job title (FOR JUDICIAL) (See Instructions)	
		15 Law firm	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL	
		1		
6 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	κ.	-	
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	-	Zip Code	Contribution \$	description
Date	Full name of contributor 🗌 out-of-state PAC (ID#:		Contribution \$	description le of Texas. Complete Schedul
Date Principal occ	Full name of contributor 🗍 out-of-state PAC (ID#: Contributor address; City; State;	Employe	Contribution \$	description le of Texas. Complete Schedul NL)(See Instructions)
Date Principal occ	Full name of contributor       out-of-state PAC (ID#:	Employe	Contribution \$         Check if travel outsid pr (FOR NON-JUDICIA         	description le of Texas, Complete Schedul AL)(See Instructions) DICIAL)(See Instructions)
Date Principal occ	Full name of contributor       out-of-state PAC (ID#:	Employe	Contribution \$         Check if travel outsid pr (FOR NON-JUDICIA         	description le of Texas. Complete Schedu LL)(See Instructions)
Date Principal occ Contributor's Contributor's	Full name of contributor       out-of-state PAC (ID#:	Employe	Contribution \$         Check if travel outsid pr (FOR NON-JUDICIA         	description le of Texas, Complete Schedu LL)(See Instructions) DICIAL)(See Instructions)
Date Principal occ Contributor's Contributor's	Full name of contributor       out-of-state PAC (ID#:	Employe	Contribution \$         Check if travel outsid pr (FOR NON-JUDICIA         	description le of Texas. Complete Schedu LL)(See Instructions) DICIAL)(See Instructions
Date Principal occ Contributor's Contributor's	Full name of contributor       out-of-state PAC (ID#	Employe	Contribution \$         Check if travel outsid pr (FOR NON-JUDICIA         	description le of Texas. Complete Schedu L)(See Instructions) DICIAL)(See Instructions
Date Principal occ Contributor's Contributor's	Full name of contributor       out-of-state PAC (ID#:	Employe	Contribution \$         Check if travel outsid pr (FOR NON-JUDICIA         	description le of Texas. Complete Schedu LL)(See Instructions) DICIAL)(See Instructions
Date Principal occ Contributor's Contributor's	Full name of contributor       out-of-state PAC (ID#:	Employe	Contribution \$         Check if travel outsid pr (FOR NON-JUDICIA         	description le of Texas. Complete Schedu L)(See Instructions) DICIAL)(See Instructions
Date Principal occ Contributor's Contributor's	Full name of contributor       out-of-state PAC (ID#:	Employe	Contribution \$         Check if travel outsid pr (FOR NON-JUDICIA         	description le of Texas. Complete Schedu LL)(See Instructions) DICIAL)(See Instructions

8       (a) Category (See Categories listed at the top of this schedule)       (b) Description         9       Online Digital Fee       Online D         9       Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office so         9       Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office so         07/13/2023       Google Domains       Amount (\$)       Payee name       Oiline Domains         07/13/2023       Google Domains       City:       City:       Online Domain Fee         0F       Or Category (See Categories listed at the top of this schedule)       Description       Description         PURPOSE       OF       Category (See Categories listed at the top of this schedule)       Description         PURPOSE       OF       Category (See Categories listed at the top of this schedule)       Description         PURPOSE       OF       Category (See Categories listed at the top of this schedule)       Description         Date       OF       Candidate / Officeholder name       Office soc         Sonia Rash       Frost Bank       Category (See Categories listed at the top of this schedule)       Description         Date       Payee address;       City;       620 Hwy. 6,       Sugrip         07/31/2023	SCHEDULE F1
Advanting Expanse Consulting Expanse Conducting Expanse Conducting Expanse Conductor Concentron and the By Candidate (Checholder Political Conductor Concentron and the Sy Candidate (Checholder Political Conductor Concentron and the Sy Candidate (Checholder Political Concentron and the Concentration Conductor Concentration Concentration Conductor Concentration Concentration Conductor Concentration Conductor Concentration Conduct	the report.
Accounting@arising Consulting@arising Consulting@arising       Fees Consulting@arising       Consulting@arising	)
7       Sonia Rash         4 Date       6 Payee name         07/03/2023       Google GSuite         6 Amount (\$)       7 Payee address;       City;         12.79       1600 Amphitheater Parkway,       Mount         8       (a) Category (See Categories listed at the top of this schedule)       (b) Description         9       Complete ONLY if direct       Online Digital Fee       Online D         9       Complete ONLY if direct       Candidate / Officeholder name       Office so         9       Complete ONLY if direct       Candidate / Officeholder name       Office so         07/13/2023       Google Domains       Online Domain I         Amount (\$)       Payee address;       City;         6.40       1600 Amphitheater Parkway,       Mount         PURPOSE       Category (see Categories listed at the top of this schedule)       Descripti         07/13/2023       Payee address;       City;         6.40       1600 Amphitheater Parkway,       Mount         PURPOSE       Category (see Categories listed at the top of this schedule)       Descripti         07/13/2023       Frost Bank       Check if travel outside of Texas. Complete Schedule T.       Check         07/31/2023       Frost Bank       Mount (\$)       Payee addr	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
07/03/2023       Google GSuite         6 Amount (\$)       7 Payee address;       City;         12.79       1600 Amphitheater Parkway,       Mount         8       (a) Category (See Categories listed at the top of this schedule)       (b) Description         9 Complete ONLY if direct       Candidate / Officeholder name       Office so         9 Complete ONLY if direct       Candidate / Officeholder name       Office so         9 Complete ONLY if direct       Candidate / Officeholder name       Office so         07/13/2023       Google Domains       City;         Amount (\$)       Payee address;       City;         6.40       1600 Amphitheater Parkway,       Moun         Purpose       Orfice bolder name       Office so         07/13/2023       Google Domains       City;         6.40       1600 Amphitheater Parkway,       Moun         Purpose       Orfice categories listed at the top of this schedule)       Descripti         Online Domain Fee       Domain I       Category (See Categories listed at the top of this schedule)       Descripti         Date       Payee andress;       City;       City;       City;       Category (See Categories listed at the top of this schedule).       Office so         07/31/2023       Forst Bank       Category (S	3 Fîler ID (Ethics Commission Filers)
6 Amount (\$)       7 Payee address;       City;         12.79       1600 Amphitheater Parkway,       Mount         8       (a) Category (See Categories listed at the top of this schedule)       (b) Description in the top of this schedule)         9       Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office so         9       Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office so         07/13/2023       Google Domains       Amount (\$)       Payee name       Office so         07/13/2023       Google Domains       City;       Moun         Amount (\$)       Payee address;       City;       Online Domain I         PURPOSE       Category (See Categories listed at the top of this schedule)       Descripti         07/13/2023       Google Complete ONLY if direct       Category (See Categories listed at the top of this schedule)       Descripti         0nline Domain Fee       Online Domain Fee       Domain I       Descripti         07/31/2023       Frost Bank       Category (See Categories listed at the top of this schedule)       Descripti         07/31/2023       Frost Bank       Category (See Categories listed at the top of this schedule)       Descripti         07/31/2023       Frost Bank       Category (See Categories liste	
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OF         Online Digital Fee         Online D           expenditure         (c)         Check if travel outside of Texas, Complete Schedule T.         Check           9         Complete ONLY if direct expenditure to benefit C/OH         Candidate / Officeholder name         Office so           Date         Payee name         Office So         Office so         Office so           07/13/2023         Google Domains         City;         Office So           Amount (\$)         Payee address;         City;           6.40         1600 Amphitheater Parkway,         Moun           Category (See Categories listed at the top of this schedule)         Descripti           Online Domain Fee         Online Domain Fee         Domain I           Category (See Categories listed at the top of this schedule)         Descripti           Date         Payee name         Office so           07/31/2023         Frost Bank         Sonia Rash           Date         Payee address;         City;           10.00         Category (See Categories listed at the top of this schedule) -         Descripti           Purpose         Frost Bank         City;         City;           10.00         Category (See Categories listed at the top of this schedule) -         Descripti           Bank Sén	n
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PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Descripti         PURPOSE OF EXPENDITURE       Fees       Bank Sen         Check if travel outside of Texas, Complete Schedule T.       Check         Complete ONLY if direct       Candidate / Officeholder name       Office so	ar Land, TX 77478
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Complete ONLY if direct Candidate / Officeholder name Office so	ice Fee
	if Austin, TX, officeholder living expense
expenditure to benefit C/OH Sonia Rash	ght Office held
	Justice of the Peace, Precinct 3Justice of the Peace, Precinct
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	

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Revised 8/17/2020

FROM POLI	EXPENDITURES MADE TICAL CONTRIBUTIONS		SCHEDULE F1
If the requested int	formation is not applicable, DO NOT include	this page in the report.	•
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Soliciti erhead/Rental Expense Transp xpense Travel Expense Travel Wages/Contract Labor <sup>17</sup> Other	ation/Fundraising Expense portation Equipment & Related Expense In District Out Of District (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sonia Rash	3 File	r ID (Ethics Commission Filers)
4 Date 08/03/2023	5 Payee name Google G Suite		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
12.79	1600 Amphitheater Parkway,	Mountain View,	CA 94043
8 • OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Online Digital Fee	(b) Description Online Digital Fee	
por T	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held Justice of the Peace, Precinct 3
Date	Payee name		
08/13/2023	Google Domains		
Amount (\$)	Payee address;	City;	State; Zip Code
6.40	1600 Amphitheater Parkway,	Mountain View,	ÇA 94043
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Online Domain Fee	Description Domain Name	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	ceholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Justice of the Peace, Precinct 3
Date 08/31/2023	Páyee name Frost Bank		
Amount (\$)	Payee address;	City; *	State; Zip Code
10.00	620 Hwy. 6,	Sugar Land,	TX 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Bank Service Fee	
•	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, offic	scholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonia Rash	Office sought	Office held Justice of the Peace, Precinct 3
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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	TICAL CONTRIBUTIONS formation is not applicable, DO NOT include	this page in the report.	er
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing E	erhead/Rental Expense Transp (pense Travel xpense Travel Nages/Contract Labor <sup>11</sup> Other (	ttion/Fundraising Expense tortation Equipment & Related Expense In District Out Of District enter a category not listed above)
1 Total pages Schedule F1 7	2 FILER NAME Sonia Rash	3 Filè	r ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/03/2023	Google G Suite		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
12.79	1600 Amphitheater Parkway,	Mountain View,	CA 94043
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	and a second
PURPOSE OF EXPENDITURE	Online Digital Fee	Online Digital Fee	•
154	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Sonia Rash		Justice of the Peace, Precinct 3
Date	Payee name		
09/13/2023	Google Domains	ж.,	
Amount (\$)	Payee address;	City;	State; Zip Code
6.40	1600 Amphitheater Parkway,	Mountain View,	ÇA 94043
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Online Domain Fee	Domain Name	
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Complete ONLY if direct	Candidate / Officeholder name	Office, sought	Office held
expenditure to benefit C/OI	Sonia Rash	5	Justice of the Peace, Precinct
Date	Payee name		
09/30/2023	Frost Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
10.00	620 Hwy. 6,	Sugar Land,	TX 77478
10.00	I will and	A	
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PURPOSE	Fees	Bank Service Fee	4
EXPENDITURE		•	
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>1</sup> Sonia Rash		Justice of the Peace, Precinct 3

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FROM POLI	EXPENDITURES MADE TICAL CONTRIBUTIONS formation is not applicable, DO NOT include	this page in the report.	SCHEDULE F1
	EXPENDITURE CATEGORIES		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex- Py Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Solicit erhead/Rental Expense Travel xpense Travel Xages/Contract Labor <sup>17</sup> Other	ation/Fundraising Expense portation Equipment & Related Expense In District Out Of District (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Sonia Rash	3 File	fr ID (Ethics Commission Filers)
4 Date	5 Payee name		Hannager men state and an
10/02/2023	Google G Suite		
6 Amount (\$)	7 Payee address;	' City;	State; Zip Code
12.79	1600 Amphitheater Parkway,	Mountain View,	CA 94043
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	nen let en net en de la secter de la secter de la secter de la negativa de la secter de la secter de la secter Alternativa de la secter de la se
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Sonia Rash	-	Justice of the Peace, Precinct 3
Date	Payee name		
10/13/2023	Google Domains	· · · · ·	
Amount (\$)	Payee address;	City;	State; Zip Code
6.40	1600 Amphitheater Parkway,	Mountain View,	ÇA 94043
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Online Domain Fee	Domain Name	
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	Candidate / Officeholder name	Check if Austin, TX, offi	Office held
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и 1990	Sonia Rash	* 1	Justice of the Peace, Precinct 3
Date	Payee name		•
10/31/2023	Frost Bank	•	
Amount (\$)	Payee address;	City;	State; Zip Code
10.00	620 Hwy. 6,	Sugar Land,	TX 77478
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Bank Service Fee	
· · · ·	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense
Complete ONI V if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OF			Justice of the Peace, Precinct 3
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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FROM POLI	EXPENDITURES MADE TICAL CONTRIBUTIONS formation is not applicable, DO NOT include	this page in the report.	SCHEDULE F1
	EXPENDITURE CATEGORIE		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made ( Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan R Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	Ppayment/Reimbursement Solici iverhead/Rental Expense Trave Expense Trave Wages/Contract Labor Other	tation/Fundraising Expense portation Equipment & Related Expense I In District I Out of District (enter a category not listed above)
1 Total pages Schedule F1 7	2 FILER NAME Sonia Rash	3 Fil	er ID (Ethics Commission Filers)
4 Date 11/01/2023	5 Payee name Google G Suite	*	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
12.79	1600 Amphitheater Parkway,	Mountain View,	CA 94043
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Online Digital Fee	(b) Description Online Digital Fee	
2027	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Q	Candidate / Officeholder name <sup>H</sup> Sonia Rash	Office sought	Office held Justice of the Peace, Precinct
Date	Payee name		
11/13/2023	Google Domains		
Amount (\$)	Payee address;	City;	State; Zip Code
6.40	1600 Amphitheater Parkway,	Mountain View	, CA 94043
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Online Domain Fee	Description Domain Name	
× 9 4	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name <sup>H</sup> Sonia Rash	Office, sought	Office held Justice of the Peace, Precinct
Date	Payee name	na ang na bang na bang na na ng	an na n
11/30/2023	Frost Bank		1
Amount (\$)	Payee address;	City;	State; Zip Code
10.00	620 Hwy. 6,	Sugar Land,	TX 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Bank Service Fee	
,	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name <sup>H</sup> Sonia Rash	Office sought	Office held Justice of the Peace, Precinct 3
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED	
orms provided by Texas Et	hics Commission www.ethics.state.t	(.US	Revised 8/17/20

FROM POLI	EXPENDITURES MADE TICAL CONTRIBUTIONS formation is not applicable, DO NOT include	this page in the report.	SCHEDULE F1
	EXPENDITURE CATEGORIES		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E V Gift/Awards/Memorials Expense Printing f	Aayment/Reimbursement Soliciti rerhead/Rental Expense Transp xpense Travel Xpense Other Other Other (	ation/Fundraising Expense sortation Equipment & Related Expense In District Out Of District enter a category not listed above)
1 Total pages Schedule F1: 7	2 FILER NAME Sonia Rash	3 File	r ID (Ethics Commission Filers)
4 Date 12/01/2023	5 Payee name Google G Suite	*	2
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
12.79	1600 Amphitheater Parkway,	Mountain View,	CA 94043
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Online Digital Fee	Online Digital Fee	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held Justice of the Peace, Precinct
Date 12/13/2023	Payee name Google Domains		
Amount (\$)	Payee address;	City;	State; Zip Code
6.40	1600 Amphitheater Parkway,	Mountain View,	ÇA 94043
Setting of the set of t	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Online Domain Fee	Domain Name	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office, sought	Office held
expenditure to benefit C/OF	Sonia Rash		Justice of the Peace, Precinct
Date	Payee name		•
12/31/2023	Frost Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
10.00	620 Hwy. 6,	Sugar Land,	TX 77478
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Bank Service Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	ceholder living expense
Complete ONLY if direct	Candidate / Öfficeholder name	Office sought	Office held
expenditure to benefit C/OF	Sonia Rash		Justice of the Peace, Precinct 3

Forms provided by Texas Ethics Commission www.ethics.state.tx.us

If the requested in	TICAL CONTRIBUTIONS	ude this page in the re	eport.
	EXPENDITURE CATEGOR		5010
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loc Fees Off Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Price	in Repayment/Reimbursement ice Overhead/Rental Expense ling Expense ting Expense 가기 aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 08 - 12/2023	5 Payee name Act Blue		
6 Amount (\$) 73.10	7 Payee address; PO Box 441.146,	city; Somervill	e, MA 02144-0031
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Fees		g Fees for Act Blue
4	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Austi	n. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	. Office held
Date	Payee name		
11/07/2023	Google Domains		
Amount (\$) 12.00	Payee address; 1600 Amphitheater Parkway,	city; Mountain	State; Zip Code View, CA 94043
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Online Domain Fee		lditional users fee
	Check if travel outside of Texas, Complete Scheduk	eT. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Sonia Rash	Office sought ⊁	Office held Justice of the Peace, Precinct 3
Date 11/08/2023	Payee name Google Domains		×
A	Payee address; 1600 Amphitheater Parkway,	city;∗ Mountain V	State; Zip Code View, CA 94043
Amount (\$)		5. 	·
12 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Online Domain Fee	*	ditional users fee
12 PURPOSE OF	Category (See Categories listed at the top of this schedu	Domain for add	ditional users fee