

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: 10			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Mrs. Sonia					
NICKNAME	LAST	SUFFIX	Date Received			
Rash						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	JAN 9 2021 RCVD
	7602 Bogard Ct.		Sugar Land,	TX	77479	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(713)	416-9704				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
	Ms. Kathy			Date Processed		
NICKNAME	LAST	SUFFIX	Date Imaged			
Cheng						
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	544 Westheimer Rd.,			Houston,	TX	77056
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(832)	788-8840				
9 REPORT TYPE	<input checked="" 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 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
	7	1	24	THROUGH	12	31 / 24
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	11	5	26	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	Regular Campaign Finance Report
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	Justice of the Peace, Precinct 3					
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	<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

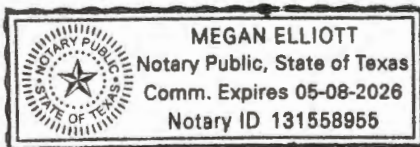
15 C/OH NAME Sonia Rash		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 929.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 100.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7865.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Sonia Rash

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Megan Elliott this the 9 day of January, 2025, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 929.25
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. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 100.40
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: 4
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Abdur Khan 6 Contributor address; City; State; Zip Code 16119 Crooked Arrow Dr., Sugar Land, TX 77498	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 08/13/2024	Full name of contributor out-of-state PAC (ID#: _____) David Greene Contributor address; City; State; Zip Code 20826 Trenton Valley Ln., Katy, TX 77449	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Trenton Hoyt LLC
Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Jamshed Dudha Contributor address; City; State; Zip Code 9850 Meadow Glen Ln., #184, Houston, TX 77042	Amount of contribution (\$) 21.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Frank & Becky Boykin Contributor address; City; State; Zip Code 9819 Queensbridge Drive Sugar Land, TX 77498	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 08/28/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Zahid Butt <hr/> 6 Contributor address; City; State; Zip Code 11746 Dandy Park Ct., Houston, TX 77047	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Donna J. Ellkis <hr/> Contributor address; City; State; Zip Code 13910 Placid Woods Court, Sugar Land, TX 77498	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Shah Haleem <hr/> Contributor address; City; State; Zip Code 7514 San Clemente Point Ct., Katy, TX 77494	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed/Self Employed		Employer (See Instructions) Not Employed
Date 10/04/2024	Full name of contributor out-of-state PAC (ID#: _____) LuAnn York <hr/> Contributor address; City; State; Zip Code 3302 Oak Tree Ct., Sugar Land, TX 77479	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 09/05/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Abdur Khan 6 Contributor address; City; State; Zip Code 16119 Crooked Arrow Dr., Sugar Land, TX 77498	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Donna J. Ellis Contributor address; City; State; Zip Code 13910 Placid Woods Court, Sugar Land, TX 77498	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Shirley Sewell Contributor address; City; State; Zip Code 2228 Waterford Village Bouleva, Missouri City, TX 77459	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Arnavaz Setha Contributor address; City; State; Zip Code 2603 W. Pebble Beach Dr., Missouri City, TX 77459	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)	
4 Date 07/01/2024	5 Payee name Google GSuite			
6 Amount (\$) 15.35	7 Payee address; 1600 Amphitheater Parkway,		City; Mountain View,	State; CA Zip Code 94043
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Online Digital Fee		(b) Description Online Digital Fee	
	(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 Sonia Rash		Office sought		Office held Justice of the Peace, Precinct 3
Date 07/15/2024	Payee name Sqsp			
Amount (\$) 6.50	Payee address; 1600 Amphitheater Parkway, CA, 94043		City; Mountain View,	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Domain Fee		Description Domain	
	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 Sonia Rash		Office sought		Office held JP3
Date 08/01/2024	Payee name Google GSuite			
Amount (\$) 15.35	Payee address; 1600 Amphitheater Parkway, CA 94043		City; Mountain View,	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Online Digital Fee		Description Online Digital Fee	
	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 Sonia Rash		Office sought		Office held JP3

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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) |

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1 Total pages Schedule F1: 3	2 FILER NAME Sonia Rash	3 Filer ID (Ethics Commission Filers)
4 Date 08/13/2024	5 Payee name SQSP	
6 Amount (\$) 9.01	7 Payee address; City; State; Zip Code 1600 Amphitheater Parkway, Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Domain Fee	(b) Description Domain Name
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonia Rash	Office sought Justice of the Peace, Precinct 3
Date 09/03/2024	Payee name Google GSuite	
Amount (\$) 15.35	Payee address; City; State; Zip Code 1600 Amphitheater Parkway, Mountain View, CA, 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Online Digital Fee	Description Online Digital Fee
	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 Sonia Rash	Office held Justice of the Peace, Precinct 3
Date 09/13/2024	Payee name SQSP	
Amount (\$) 6.50	Payee address; City; State; Zip Code 1600 Amphitheater Par Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Domain Fee	Description Domain Name
	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 Sonia Rash	Office held JP3

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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			

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1 Total pages Schedule F1: 3	2 FILER NAME Sonia Rash	3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2024	5 Payee name Google GSuite	
6 Amount (\$) 15.35	7 Payee address; City; State; Zip Code 1600 Amphitheater Parkway, Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Online Digital Fee	(b) Description Online Digital Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonia Rash	Office sought Justice of the Peace, Precinct 3
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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 Justice of the Peace, Precinct 3
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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

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