

# 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>24</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <b>Mrs.                      Sonia</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>JAN 15 2026 RCVD</b>  Date Hand-delivered or Date Postmarked  Receipt #                      Amount \$  Date Processed  Date Imaged	
	NICKNAME                      LAST                      SUFFIX <b>Rash</b>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>7602 Bogard Ct.,                      Sugar Land, TX                      77479</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 713 )                      416-9704</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <b>Ms.                      Kathy</b>		
	NICKNAME                      LAST                      SUFFIX <b>Cheng</b>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>544 Westheimer Rd.                      Houston,                      Texas                      77056</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 832 )                      788-8840</b>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      Month                      Day                      Year <b>7                      /                      1                      /                      25                      THROUGH                      12                      /                      31                      /                      25</b>		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year <b>3                      /                      3                      /                      26</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Justice of the Peace, Precinct 3</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>Justice of the Peace, Precinct 3</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <small>Additional Pages</small>	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Sonia Rash		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	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)	\$	11375
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	9,508.56
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	21520.18
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

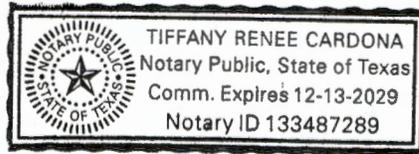
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Sonia Rash*

Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sonia Rash this the 14<sup>th</sup> day of January 20 26, to certify which, witness my hand and seal of office.

*Tiffany Cardona*  
Signature of officer administering oath

Tiffany Cardona  
Printed name of officer administering oath

Notary  
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**

<b>19 FILER NAME</b> Sonia Rash		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 11375
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 10000
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 9,508.56
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 3203.44
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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>14</b>
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2025	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, Texas 77498	7 Amount of contribution (\$)  <b>10.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Parvez Hussain Contributor address; City; State; Zip Code 7410 Althea Ct., Sugar Land, Texas 77479	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) Consultatn		Employer (See Instructions) Self-Employed
Date 08/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Nancy Shah Contributor address; City; State; Zip Code 647 Doscher Land, Sugar Land, Texas 77479	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Gartnew
Date 08/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Ozra Dhanani Contributor address; City; State; Zip Code 5727 Clouds Creek Ln., Sugar Land, Texas 77479	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self-Employed

**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: <b>14</b>
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Chung Lee	7 Amount of contribution (\$)  <b>500.00</b>
6 Contributor address; City; State; Zip Code 23430 Fairbranch Dr., Katy, Texas 77494		
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self-Employed
Date 08/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Assad Siddiqui	Amount of contribution (\$)  <b>200.00</b>
Contributor address; City; State; Zip Code 1707 Woodfalls Land, Richmond, Texas 77407		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Chevron
Date 08/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Kim Galloway	Amount of contribution (\$)  <b>20.00</b>
Contributor address; City; State; Zip Code 611 Coldstone Ct., Richmond, Texas 77469		
Principal occupation / Job title (See Instructions) Clinical Care		Employer (See Instructions) FB-BHS
Date 08/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Sabrina Liang	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code 1902 Cambrin Ln., Sugar Land, Texas 77479		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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

# SCHEDULE A1

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1 Total pages Schedule A1: **14**

2 FILER NAME  
Sonia Rash

3 Filer ID (Ethics Commission Filers)

4 Date 08/08/2025	5 Full name of contributor Angel Henderson out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code 4722 Mesquite Terrace Dr., Manvel, Texas 77578		

8 Principal occupation / Job title (See Instructions) Business Owner	9 Employer (See Instructions) Self-Employed
---	--

Date 08/08/2025	Full name of contributor Mohammed Atif out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code 4031 Crestwind Ln., Richmond, Texas 77407		

Principal occupation / Job title (See Instructions) IT Manager	Employer (See Instructions) NRG
---	------------------------------------

Date 08/08/2025	Full name of contributor Danielle Litofsky out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code 15319 Oyster Creek Ln., Sugar Land, Texas 77478		

Principal occupation / Job title (See Instructions) Healthcare	Employer (See Instructions) UT MD
---	--------------------------------------

Date 08/08/2025	Full name of contributor Eliana Wright out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code 3314 Sage Terrace Ln, Katy, Texas 77450		

Principal occupation / Job title (See Instructions) Real Estate Broker	Employer (See Instructions) Elka Intern. Realty
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**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: <b>14</b>
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Mohammed Jamal	7 Amount of contribution (\$)  <b>10.00</b>
6 Contributor address; City; State; Zip Code 1308 Powell Street, Apt. 7, San Francisco, CA 94133		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Manik Wadhawan	Amount of contribution (\$)  <b>200.00</b>
Contributor address; City; State; Zip Code 4310 Oak Forest Dr., Missouri City, Texas 77459		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 08/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Samantha Turner	Amount of contribution (\$)  <b>150.00</b>
Contributor address; City; State; Zip Code 17811 Mackeson St., Carson, CA 90746		
Principal occupation / Job title (See Instructions) Reginal Operations Manager		Employer (See Instructions) Smart Rent
Date 08/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Dylan Russell	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code 4518 Pebblestone Dr., Missouri City, Texas 77459		
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>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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1 Total pages Schedule A1: **14**

2 FILER NAME  
Sonia Rash

3 Filer ID (Ethics Commission Filers)

4 Date  
08/08/2025

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
William Bobrick

7 Amount of contribution (\$)

**25.00**

6 Contributor address; City; State; Zip Code  
PO Box 637, Sugar Land, Texas 77478

8 Principal occupation / Job title (See Instructions)  
Organizer

9 Employer (See Instructions)  
ATF

Date  
08/08/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Amatulla Contractor

Amount of contribution (\$)

**25.00**

Contributor address; City; State; Zip Code  
6015 Piney Knoll Ct., Katy, Texas 77449

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

Employer (See Instructions)  
N/A

Date  
08/08/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Jack Momin

Amount of contribution (\$)

**500.00**

Contributor address; City; State; Zip Code  
411 Angel Springs Dr., Sugar Land, Texas 77479

Principal occupation / Job title (See Instructions)  
Real Estate Developer

Employer (See Instructions)  
Self-Employed

Date  
08/08/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Bharat Patel

Amount of contribution (\$)

**50.00**

Contributor address; City; State; Zip Code  
14955 Stonelick Bridge Ln., Sugar Land, Texas 77498

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

Employer (See Instructions)  
N/A

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **14**

2 FILER NAME  
Sonia Rash

3 Filer ID (Ethics Commission Filers)

4 Date  
08/08/2025

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Farha Ahmed

7 Amount of contribution (\$)

**100.00**

6 Contributor address; City; State; Zip Code  
6 Ellicott Way, Sugar Land, Texas 77479

8 Principal occupation / Job title (See Instructions)  
Lawyer

9 Employer (See Instructions)  
Self-Employed

Date  
08/08/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Finis Seals

Amount of contribution (\$)

**15.00**

Contributor address; City; State; Zip Code  
8323 North Meadow Bird Circle, Missouri City, Texas 77489

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

Employer (See Instructions)  
N/A

Date  
08/08/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Maria Jackson

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code  
2929 Wesleyan St., #1003 Houston, Texas 77027

Principal occupation / Job title (See Instructions)  
Administrator

Employer (See Instructions)  
HPD

Date  
08/08/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Donna Ellis

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code  
13910 Placid Woods Court, Sugar Land, Texas 77498

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

Employer (See Instructions)  
N/A

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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>14</b>
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Laura Lukin 6 Contributor address; City; State; Zip Code 1303 Lamonte Ct., Sugar Land, Texas 77479	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions) Self-Employed
Date 08/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Alex Hunt Contributor address; City; State; Zip Code 3911 Westerdale Drive, Fulshear, Texas 77441	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hunt Law firm
Date 08/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Saba Umar Contributor address; City; State; Zip Code 17407 Woodfalls Lane, Richmond, Texas 77407	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions) Case Manager		Employer (See Instructions) Fort Bend
Date 08/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Abdur Khan Contributor address; City; State; Zip Code 16119 Crooked Arrow Dr., Sugar Land, Texas 77498	Amount of contribution (\$)  <b>10.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<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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1 Total pages Schedule A1: **14**

2 FILER NAME  
Sonia Rash

3 Filer ID (Ethics Commission Filers)

4 Date  
08/12/2025

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Aqsa Ali

7 Amount of contribution (\$)

**1,400.00**

6 Contributor address; City; State; Zip Code  
20314 Rainflower Bay Lane, Richmond, Texas 77407

8 Principal occupation / Job title (See Instructions)  
Clerk

9 Employer (See Instructions)  
Fort Bend

Date  
08/13/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Zahid Butt

Amount of contribution (\$)

**500.00**

Contributor address; City; State; Zip Code  
11746 Dandy Park Ct., Houston, Texas 77047

Principal occupation / Job title (See Instructions)  
All Inspection Services

Employer (See Instructions)  
President

Date  
08/19/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Frank Fraley

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code  
1237 Meadow Crest Dr., Stafford, Texas 77477

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

Employer (See Instructions)  
N/A

Date  
08/27/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Harish Jajoo

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code  
62 Bradford Circle, Sugar Land, Texas 77479

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

Employer (See Instructions)  
N/A

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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 08/27/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Tahird Javed 6 Contributor address; City; State; Zip Code 2295 Avalon Street, Beaumont, Texas 77707	7 Amount of contribution (\$)  <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) Riceland		9 Employer (See Instructions) CEO
Date 09/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Abdur Khan Contributor address; City; State; Zip Code 16119 Crooked Arrow Dr., Sugar Land, Texas 77498	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/04/2025	Full name of contributor out-of-state PAC (ID#: _____) Assad Siddiqui Contributor address; City; State; Zip Code 17407 Woodfalls Ln., Richmond, Texas 77407	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) Chevron		Employer (See Instructions) Solutions Architect
Date 10/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Ted Tankard Contributor address; City; State; Zip Code 10218 Reading Rd., Richmond, Texas 77469	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<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 Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Edward Tankard 6 Contributor address; City; State; Zip Code 10218 Reading Rd., Richmond, Texas 77469	7 Amount of contribution (\$)  <b>25.00</b>
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Jamshed Dudha Contributor address; City; State; Zip Code 9850 Meadowglen Ln., #184, Houston, Texas 77042	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Gopal Aggarwal Contributor address; City; State; Zip Code 11422 Jonstone Paisley Ct., Richmond, Texas 77407	Amount of contribution (\$)  <b>1,500.00</b>
Principal occupation / Job title (See Instructions) Houston Contruction Pluss		Employer (See Instructions) Owner
Date 10/22/2025	Full name of contributor out-of-state PAC (ID#: _____) Ali Asad Malik Contributor address; City; State; Zip Code 1191 McKinney Falls Ln., Sugar Land, Texas 77498	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Skillgigs Inc.
<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 Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2025	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, Texas 77498	7 Amount of contribution (\$) <b>10.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/29/2025	Full name of contributor out-of-state PAC (ID#: _____) Joel Clouser Contributor address; City; State; Zip Code 3026 Pelican Cove, Missouri City, Texas 77459	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Sonia Tamez Contributor address; City; State; Zip Code 3411 Etheredge Dr., Austin, Texas 78725	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See Instructions) Bilingual Educator		Employer (See Instructions) N/A
Date 11/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Zahid Butt Contributor address; City; State; Zip Code 11746 Dandy Park Ct., Houston, Texas 77047	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<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

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: **14**

2 FILER NAME  
Sonia Rash

3 Filer ID (Ethics Commission Filers)

4 Date  
11/07/2025

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Lisa Walker

7 Amount of contribution (\$)

**10.00**

6 Contributor address; City; State; Zip Code  
1800 Cox Rd., Milsap, Texas 76066

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

9 Employer (See Instructions)  
N/A

Date  
11/13/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Zahid Butt

Amount of contribution (\$)

**50.00**

Contributor address; City; State; Zip Code  
11746 Dandy Park Court, Houston, Texas 77047

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

Employer (See Instructions)  
N/A

Date  
11/13/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Abdur Khan

Amount of contribution (\$)

**10.00**

Contributor address; City; State; Zip Code  
16119 Crooked Arrow Dr., Sugar Land, Texas 77498

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

Employer (See Instructions)  
N/A

Date  
11/28/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Chad Aaronson

Amount of contribution (\$)

**1,000.00**

Contributor address; City; State; Zip Code  
6200 Savoy Dr., Houston, Texas 77036

Principal occupation / Job title (See Instructions)  
Lawyer

Employer (See Instructions)  
Aaronson and Rash

**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>14</b>
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 11/07/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Lisa Walker	7 Amount of contribution (\$)  <b>10.00</b>
6 Contributor address; City; State; Zip Code 1800 Cox Rd., Milsap, Texas 76066		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Zahid Butt	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code 11746 Dandy Park Court, Houston, Texas 77047		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Abdur Khan	Amount of contribution (\$)  <b>10.00</b>
Contributor address; City; State; Zip Code 16119 Crooked Arrow Dr., Sugar Land, Texas 77498		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Chad Aaronson	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Aaronson and Rash
<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: <b>14</b>
2 FILER NAME Sonia Rash		3 Filer ID (Ethics Commission Filers)
4 Date 12/08/2025	5 Full name of contributor Syed S. Razzaqi <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$)  <b>500.00</b>
6 Contributor address; 6118 Creek Ridge Ct., Minnetonka, MN 55345 <small>City; State; Zip Code</small>		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
Contributor address; <small>City; State; Zip Code</small>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
Contributor address; <small>City; State; Zip Code</small>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
Contributor address; <small>City; State; Zip Code</small>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# LOANS

# SCHEDULE E

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 E: <b>1</b>
2 FILER NAME <b>Sonia Rash</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 10000
5 Date of loan <b>11/07/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Sonia Rash</b>	9 Loan Amount (\$) <b>10000</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>7602 Bogard Ct., Sugar Land, Texas 77479</b>	10 Interest rate <b>0</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>JP</b>		13 Employer (See Instructions) <b>Fort Bend</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

If lender 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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME Sonia Rash	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 07/07/2025	<b>5</b> Payee name Allied Signs
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<b>6</b> Amount (\$) 1573.96	<b>7</b> Payee address; 6820 Harwin Dr.,	City; Houston,	State; Texas	Zip Code 77036
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<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 and Yard Signs
	<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 Sonia Rash	Office sought JP3	Office held JP3
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Date 11/05/2025	Payee name Allied Signs
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Amount (\$) 3690.62	Payee address; 6820 Harwin Dr.,	City; Houston,	State; Texas	Zip Code 77036
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expenses	Description Post Cards, T-Shirts and Yard Signs
	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 sought JP3	Office held JP3
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Date 11/18/2025	Payee name Masala Radio
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Amount (\$) 1,000.00	Payee address; 2721 Fieldstone St.,	City; Sugar Land,	State; Texas	Zip Code 77478
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Radio Advertising
	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 sought JP3	Office held JP3
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | 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>3</b>	<b>2</b> FILER NAME Sonia Rash	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/15/2025	<b>5</b> Payee name Fort Bend Democratic Party	
<b>6</b> Amount (\$) 1000	<b>7</b> Payee address; 13515 Southwest Fwy., #204,	City; State; Zip Code Sugar Land, Texas 77478
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Filling Fee	<b>(b)</b> Description Ballot Fee
	<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 Sonia Rash	Office sought Office held JP3 JP3
Date 12/31/2025	Payee name Act Blue	
Amount (\$) 198.60	Payee address; PO Box 441146,	City; State; Zip Code Somerville, MA 02144
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fees
	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 sought Office held JP3 JP3
Date 12/25/2025	Payee name TGM	
Amount (\$) 545.38	Payee address; 13910 Murphy Rd.,	City; State; Zip Code Stafford, Texas 77477
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Road Signs
	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 sought Office held JP3 JP3

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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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME Sonia Rash	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/15/2025	<b>5</b> Payee name Fort Bend Democratic Party	
<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; 13515 Southwest Fwy., #204,	City; State; Zip Code Sugar Land, Texas 77478
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Fee	<b>(b)</b> Description Mailer Fee
	<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 Sonia Rash	Office sought Office held JP3 JP3
Date 12/31/2025	Payee name Masala Radio	
Amount (\$) 1,000.00	Payee address; 2721 Fieldstone St.,	City; State; Zip Code Sugar Land, Texas 77478
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Radio Advertising
	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 sought Office held JP3 JP3
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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 Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>3</b>	<b>2</b> FILER NAME Sonia Rash	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/03/2025	<b>5</b> Payee name Hunter Media Collective	
<b>6</b> Amount (\$) 3000 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; 8006 Via Bella Dr., 77083	City; State; Zip Code Houston, Texas
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Social Media Expenses	<b>(b)</b> Description Website
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonia Rash	Office sought JP3
Date 07/01/2025	Payee name Google GSuite	Office held JP3
Amount (\$) 17.24 <small>Reimbursement from political contributions intended</small>	Payee address; 1600 Amphitheater Parkway,	City; State; Zip Code Mountain View, CA 94043
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Online Digital Fee
	<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 Sonia Rash	Office sought JP3
Date 08/01/2025	Payee name Google GSuite	Office held JP3
Amount (\$) <b>17.24</b> <small>Reimbursement from political contributions intended</small>	Payee address; 1600 Amphitheater Parkway,	City; State; Zip Code Mountain View, CA 94043
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Online Digital Fee
	<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 Sonia Rash	Office sought JP3

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>3</b>	<b>2</b> FILER NAME <b>Sonia Rash</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/01/2025</b>	<b>5</b> Payee name <b>Google GSuite</b>	
<b>6</b> Amount (\$) 17.24 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address, City; State; Zip Code <b>1600 Amphitheater Parkway, Mountain View, CA 94043</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Online Digital Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>Sonia Rash JP3 JP3</b>	
Date <b>10/01/2025</b>	Payee name <b>Google GSuite</b>	
Amount (\$) 17.24 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>1600 Amphitheater Parkway, Mountain View, CA 94043</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Online Digital 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>Sonia Rash JP3 JP3</b>	
Date <b>11/01/2025</b>	Payee name <b>Google GSuite</b>	
Amount (\$) <b>17.24</b> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>1600 Amphitheater Parkway, Mountain View, CA 94043</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Online Digital 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>Sonia Rash JP3 JP3</b>	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>3</b>	<b>2</b> FILER NAME <b>Sonia Rash</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/01/2025</b>	<b>5</b> Payee name <b>Google GSuite</b>	
<b>6</b> Amount (\$) 17.24 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code <b>1600 Amphitheater Parkway, Mountain View, CA 94043</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Online Digital Fee</b>
	<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 <b>Sonia Rash</b>	
	Office sought <b>JP3</b>	Office held <b>JP3</b>
Date <b>09/04/2025</b>	Payee name <b>Aviva Wholesale</b>	
Amount (\$) 17.24 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>10355 Harwin Dr., Houston, Texas 77036</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Merchandise Fee</b>	Description <b>Shirts</b>
	<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"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonia Rash</b>	
	Office sought <b>JP3</b>	Office held <b>JP3</b>
Date <b>10/13/2025</b>	Payee name <b>Nola Tees and Vinal</b>	
Amount (\$) 82.76 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>7636 Harwin Dr., 107 Houston, Texas 77036</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Merchandise Fee</b>	Description <b>Shirts</b>
	<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"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Sonia Rash</b>	
	Office sought <b>JP3</b>	Office held <b>JP3</b>

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