

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

| | | | | |
|---|--|---|---|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00085469 | 2 Total pages filed: 7 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Monica D. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2024 |
| | NICKNAME | LAST Rawlins | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; | | ZIP CODE | Date Hand-delivered or Date Postmarked |
| | REDACTED PER 254.0313, GOV'T CODE | | | Receipt # |
| | | | | Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Rose M. | MI | |
| | NICKNAME | LAST Bonner | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | REDACTED PER 254.0313, GOV'T CODE | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (713) | PHONE NUMBER 254-4289 | EXTENSION | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | |
| | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month Day Year 01/01/2024 | THROUGH | Month Day Year 06/30/2024 | |
| 10 ELECTION | ELECTION DATE Month Day Year 11/08/2022 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| | | | | |
| 11 OFFICE | OFFICE HELD (if any) District Judge District 328 Fort Bend | | 12 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 7

13 C / OH NAME Rawlins, Monica D. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00085469

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

| | |
|---|--------------------------------------|
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|--|----|----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 1,007.55 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 2,908.32 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 1,269.89 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

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.

The Honorable Monica D. Rawlins

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

| | | |
|--|--------------------------------|----------------------------|
| 18 FILER NAME Rawlins, Monica D. (The Honorable) | 19 Filer ID 00085469 | (Ethics Commission Filers) |
|--|--------------------------------|----------------------------|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|------------------------------|---|------------------------|
| NAME OF SCHEDULE | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ 0.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ 0.00 |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ 0.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 2,908.32 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 0.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

| | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B(J): Sch: 1/1 Rpt: 4/7 | |
| 2 FILER NAME Rawlins, Monica D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085469 | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | | \$ 0.00 |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | | 8 Amount of pledge (\$) |
| | 7 Pledgor Address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Pledgor's principal occupation | | 11 Pledgor's job title | |
| 12 Pledgor's employer/law firm | | 13 Law firm of pledgor's spouse (if any) | |
| 14 If pledgor is a child, law firm of parent(s) (if any) | | | |

LOANS (JUDICIAL)

SCHEDULE E(J)

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/7 |
| 2 FILER NAME Rawlins, Monica D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085469 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? | 8 Lender address; City; State; Zip Code | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Lender's Principal Occupation | | 13 Lender's Job Title |
| 14 Lender's Employer/Law Firm | | 15 Law Firm of lender's spouse (if any) |
| 16 If lender is child, law firm of parent(s) (if any) | | |
| 17 Description of Collateral <input type="checkbox"/> None | | 18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 20 Name of guarantor | 22 Amount Guaranteed (\$) |
| | 21 Guarantor address; City; State; Zip Code | |
| 23 Guarantor's Principal Occupation | | 24 Guarantor's Job Title |
| 25 Guarantor's Employer/Law Firm | | 26 Law Firm of guarantor's spouse (if any) |
| 27 If guarantor is child, law firm of parent(s) (if any) | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | | |
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| 1 | Total pages Schedule F1: Sch: 1/2 Rpt: 6/7 | 2 | FILER NAME Rawlins, Monica D. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00085469 | |
| 4 | Date 04/15/2024 | 5 | Payee name Forty Plus Models, Inc. | | | |
| 6 | Amount (\$) \$400.00 | 7 | Payee address; City; State; Zip Code 9404 Sunlake Dr. Pearland, TX 77584 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising in the souvenir book for scholarship donations for this non-profit organization | | | |
| 9 | | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 04/16/2024 | | Payee name Home Depot | | | |
| | Amount (\$) \$354.89 | | Payee address; City; State; Zip Code 14440 Hillcroft St. Houston, TX 77085 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bins to hold donated items for community event | | | |
| | | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 01/31/2024 | | Payee name Kendleton Floral Club | | | |
| | Amount (\$) \$300.00 | | Payee address; City; State; Zip Code P.O. Box 95 Kendleton, TX 77451 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to Kendleton Floral Club (non-profit organization) for scholarships | | | |
| | | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 7/7 | 2 FILER NAME Rawlins, Monica D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085469 |
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|-----------------------------|--|
| 4 Date 01/16/2024 | 5 Payee name NAACP Missouri City & Vicinity Branch |
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|----------------------------------|---|
| 6 Amount (\$) \$369.00 | 7 Payee address; City; State; Zip Code P.O. Box 1053 Missouri City, TX 77459 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation/ticket/advertising fee for this organization's MLK program that benefits youth |
|---------------------------------|---|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date 01/25/2024 | Payee name Sigma Gamma Rho Sorority |
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| | |
|-------------------------|---|
| Amount (\$) \$476.88 | Payee address; City; State; Zip Code 6140 Highway 6 Missouri City, TX 77459 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation/tickets for the Rhoyal Goes Red Sneaker Soiree benefitting the American Heart Association |
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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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