

**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<br>(Ethics Commission Filers)<br>00085469       | 2 Total pages filed:<br>18   |                        |          |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR   | FIRST<br>The Honorable                            | MI<br>Monica D.  | <b>OFFICE USE ONLY</b>   |                        |          |
|   | NICKNAME  | LAST<br>Rawlins                                   | SUFFIX   | Date Received<br>ELECTRONICALLY FILED<br>01/15/2026  |                        |          |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE               |   |  | Date Hand-delivered or Date Postmarked   |                        |          |
|   | <b>REDACTED PER 254.0313, GOVT CODE</b>                       |   |  | Receipt #  | Amount                 |          |
|   |   |   |  | Date Processed   |                        |          |
|   |   |   |  | Date Imaged  |                        |          |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR   | FIRST<br>Mrs.                                     | MI<br>Rose M.  |  |                        |          |
|   | NICKNAME  | LAST<br>Bonner                                    | SUFFIX   |  |                        |          |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);                            |   | APT / SUITE #;   | CITY;  | STATE;                 | ZIP CODE |
|   | <b>REDACTED PER 254.0313, GOVT CODE</b>                       |   |  |  |                        |          |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE<br>(713) 254-4289                                   | PHONE NUMBER<br>EXTENSION                         |  |  |                        |          |
| 8 REPORT<br>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)                                     |                        |          |
| 9 PERIOD<br>COVERED   | Month<br>07/01/2025   | Day   | Year   | Month<br>12/31/2025  | Day                    | Year     |
| 10 ELECTION   | ELECTION DATE<br>Month<br>03/03/2026                          |   | Primary<br>General   | Runoff<br>Special  | ELECTION TYPE<br>Other |          |
|   |   |   |  |  |                        |          |
| 11 OFFICE   | OFFICE HELD (if any)<br>District Judge District 328 Fort Bend |   |  | 12 OFFICE SOUGHT (if known)<br>District Judge District 328                                 |                        |          |

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

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|  |  |  |                    |                                     |
|--|--|--|--------------------|-------------------------------------|
| <b>13 C / OH NAME</b>  | Rawlins, Monica D. (The Honorable)   |  | <b>14 Filer ID</b> | (Ethics Commission Filers)          |
|  |  | 00085469                                   |                    |                                     |
| <b>15 NOTICE<br/>FROM<br/>POLITICAL<br/>COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages  | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |  |                    |                                     |
|  | <b>COMMITTEE TYPE</b><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME                             |                    |                                     |
|  |  | COMMITTEE ADDRESS                          |                    |                                     |
|  |  | COMMITTEE CAMPAIGN TREASURER NAME          |                    |                                     |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS       |                    |                                     |
| <b>16 CONTRIBUTION<br/>TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   |  |                    | \$ 0.00                             |
|  | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |  |                    | \$ 3,100.00                         |
| <b>EXPENDITURE<br/>TOTALS</b>  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   |  |                    | \$ 239.01                           |
|  | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   |  |                    | \$ 13,677.63                        |
| <b>CONTRIBUTION<br/>BALANCE</b>  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   |  |                    | \$ 9,392.40                         |
| <b>OUTSTANDING<br/>LOAN TOTALS</b>   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  |  |                    | \$ 0.00                             |
| <b>17 AFFIDAVIT</b>  |  |  |                    |                                     |
| <p>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.</p> <p style="text-align: right;">The Honorable Monica D. Rawlins</p> <hr/> <p style="text-align: right;">Signature of Candidate or Officeholder</p> |  |  |                    |                                     |
| AFFIX NOTARY STAMP / SEAL ABOVE  |  |  |                    |                                     |
| <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>   |  |  |                    |                                     |
| Signature of officer administering oath  |  | Printed name of officer administering oath |                    | Title of officer administering oath |

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

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|  |  |
|--|--|
| <b>18</b> FILER NAME<br>Rawlins, Monica D. (The Honorable)   | <b>19</b> Filer ID<br>(Ethics Commission Filers)<br>00085469 |
| <b>20</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |  |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 3,100.00        |  |
| 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 \$ 13,677.63 |  |
| 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 \$   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/1 Rpt: 4/18 |
| <b>2</b> FILER NAME<br>Rawlins, Monica D. (The Honorable)   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085469   |
| <b>4</b> Date<br>09/04/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bouche, Mickey (Mr.)<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Katy, TX 77494 | <b>7</b> Amount of Contribution (\$)<br>\$500.00           |
| <b>8</b> Contributor's Principal Occupation<br>Retired  |  | <b>9</b> Contributor's Job Title<br>N/A                    |
| <b>10</b> Contributor's employer/law firm<br>N/A  |  | <b>11</b> Law firm of contributor's spouse (if any)<br>N/A |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)                                     |  |  |
| Date<br>08/27/2025<br>.....<br>Contributor address; City; State; Zip Code<br><br>Richmond, TX 77407     |  | Amount of Contribution (\$)<br>\$100.00                    |
| Contributor's Principal Occupation<br>Community Engagement Director                                     |  | Contributor's Job Title<br>Community Engagement Director   |
| Contributor's employer/law firm<br>Child Advocates Fort Bend  |  | Law firm of contributor's spouse (if any)<br>N/A           |
| If contributor is a child, law firm of parent(s) (if any)   |  |  |
| Date<br>07/22/2025<br>.....<br>Contributor address; City; State; Zip Code<br><br>Cypress, TX 77433-2245 |  | Amount of Contribution (\$)<br>\$2,500.00                  |
| Contributor's Principal Occupation  |  | Contributor's Job Title                                    |
| Contributor's employer/law firm   |  | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)   |  |  |

**PLEDGED CONTRIBUTIONS (JUDICIAL)****SCHEDULE B(J)**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule B(J):<br>Sch: 1/1 Rpt: 5/18   |
| <b>2</b> FILER NAME<br>Rawlins, Monica D. (The Honorable)        |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085469  |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                             |  | \$ 0.00   |
| <b>5</b> Date  | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br><b>7</b> Pledgor Address; City; State; Zip Code | <b>8</b> Amount of pledge (\$)<br><b>9</b> In-kind description (If applicable)<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| <b>10</b> Pledgor's principal occupation                         |  | <b>11</b> Pledgor's job title   |
| <b>12</b> Pledgor's employer/law firm                            |  | <b>13</b> Law firm of pledgor's spouse (if any)   |
| <b>14</b> If pledgor is a child, law firm of parent(s) (if any)  |  |   |

**LOANS (JUDICIAL)****SCHEDULE E(J)**

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

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br>Sch: 1/12 Rpt: 7/18        | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00085469   |
| 4 Date<br>10/10/2025                                     | 5 Payee name<br>A Better Me Ministries  |   |
| 6 Amount (\$)<br>\$175.00                                | 7 Payee address; City;<br>13035 Highway 6<br><br>Rosharon, TX 77583   |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>purchased ticket to fashion show from this non-profit org that benefits victims of domestic violence |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>10/20/2025                                       | Payee name<br>Alexandria Foundation   |   |
| Amount (\$)<br>\$300.00                                  | Payee address; City;<br>P.O. Box 31241<br><br>Houston, TX 77231-1241  |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>purchased golf hole from this non-profit org for a charity golf tournament to benefit youth          |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>07/30/2025                                       | Payee name<br>American Caribbean Chamber of Commerce  |   |
| Amount (\$)<br>\$1,000.00                                | Payee address; City;<br>11110 Bellaire Blvd.,<br>#216<br>Houston, TX 77072  |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to this non-profit organization to assist the Ruby Girls program for teen girls             |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>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.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 2/12 Rpt: 8/18     | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00085469   |
| 4 Date<br>08/08/2025                                  | 5 Payee name<br>American Caribbean Chamber of Commerce   |   |
| 6 Amount (\$)<br>\$150.00                             | 7 Payee address; City; State; Zip Code<br>11110 Bellaire Blvd.,<br>#216<br>Houston, TX 77072   |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to this non-profit organization for back to school supplies drive |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>08/07/2025                                    | Payee name<br>Cheeks, Jennifer   |   |
| Amount (\$)<br>\$1,000.00                             | Payee address; City; State; Zip Code<br><b>REDACTED PER 254.0401, ELEC. CODE</b><br>Sugar Land, TX 77479                                       |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website/social media work for advertising                                  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>09/29/2025                                    | Payee name<br>Delta Alpha Kappa Zeta   |   |
| Amount (\$)<br>\$150.00                               | Payee address; City; State; Zip Code<br>20180 Park Row Dr.<br>Unit 6228<br>Katy, TX 77449  |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contributions for a Veterans' toiletry drive                               |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 3/12 Rpt: 9/18     | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00085469   |
| 4 Date<br>11/03/2025                                  | 5 Payee name<br>Delta Alpha Kappa Zeta   |   |
| 6 Amount (\$)<br>\$366.28                             | 7 Payee address; City;<br>20180 Park Row Dr.<br>Unit 6228<br>Katy, TX 77449  | State; Zip Code   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Purchased ticket and made contribution to this organization for a charity fashion show       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Dub Way Foundation c/o Augusta Williams   | Office sought<br>Office held  |
| Date<br>07/10/2025                                    | Payee name<br>Dub Way Foundation c/o Augusta Williams  |   |
| Amount (\$)<br>\$200.00                               | Payee address; City;<br>PO. Box 951<br><br>Missouri City, TX 77459-0951  | State; Zip Code   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to this non-profit organization for a community event providing for the kids during |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Dub Way Foundation c/o Augusta Williams   | Office sought<br>Office held  |
| Date<br>08/08/2025                                    | Payee name<br>Dub Way Foundation c/o Augusta Williams  |   |
| Amount (\$)<br>\$150.00                               | Payee address; City;<br>PO. Box 951<br><br>Missouri City, TX 77459-0951  | State; Zip Code   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to this non-profit organization for back to school supplies drive                   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Dub Way Foundation c/o Augusta Williams   | Office sought<br>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 -<br>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.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 4/12 Rpt: 10/18    | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00085469   |
| 4 Date<br>11/12/2025                                  | 5 Payee name<br>Dub Way Foundation c/o Augusta Williams  |   |
| 6 Amount (\$)<br>\$150.00                             | 7 Payee address; City; State; Zip Code<br>PO. Box 951<br><br>Missouri City, TX 77459-0951  |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to this non-profit organization for community turkey giveaway to needy families |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>12/11/2025                                    | Payee name<br>Dub Way Foundation c/o Augusta Williams  |   |
| Amount (\$)<br>\$100.00                               | Payee address; City; State; Zip Code<br>PO. Box 951<br><br>Missouri City, TX 77459-0951  |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to assist with toy drive for families in need                                   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>10/20/2025                                    | Payee name<br>Fort Bend Democratic Party   |   |
| Amount (\$)<br>\$500.00                               | Payee address; City; State; Zip Code<br>13515 Southwest Fwy.<br>Suite 204<br>Sugar Land, TX 77478  |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>purchased seats to the Fort Bend Dem gala to advertise                                   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule F1:<br>Sch: 5/12 Rpt: 11/18    | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00085469   |
| 4 Date<br>11/25/2025                                  | 5 Payee name<br>Fort Bend Democratic Party  |   |
| 6 Amount (\$)<br>\$1,500.00                           | 7 Payee address; City; State; Zip Code<br>13515 Southwest Fwy.<br>Suite 204<br>Sugar Land, TX 77478 |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Fees                            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Filing fee for re-election |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>12/22/2025                                    | Payee name<br>Fort Bend Democratic Party  |   |
| Amount (\$)<br>\$750.00                               | Payee address; City; State; Zip Code<br>13515 Southwest Fwy.<br>Suite 204<br>Sugar Land, TX 77478   |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees                            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees for composite, etc    |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>12/22/2025                                    | Payee name<br>Fort Bend Democratic Party  |   |
| Amount (\$)<br>\$750.00                               | Payee address; City; State; Zip Code<br>13515 Southwest Fwy.<br>Suite 204<br>Sugar Land, TX 77478   |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees                            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees required to TDP       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule F1:<br>Sch: 6/12 Rpt: 12/18    | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00085469   |
| 4 Date<br>11/19/2025                                  | 5 Payee name<br>Fort Bend Epicenter, Inc.   |   |
| 6 Amount (\$)<br>\$618.00                             | 7 Payee address; City;<br>28505 Southwest Freeway<br><br>Rosenberg , TX 77471   |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Purchased table at community black-tie affair to advertise and network |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>10/31/2025                                    | Payee name<br>Fort Bend Family Promise  |   |
| Amount (\$)<br>\$450.00                               | Payee address; City;<br>1002 Wilson Road<br><br>Rosenberg, TX 77471   |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>donation to this non-profit org to assist homeless families            |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>08/04/2025                                    | Payee name<br>Ginyard, Cynthia  |   |
| Amount (\$)<br>\$200.00                               | Payee address; City;<br>11418 Oak Lake Ridge Court<br><br>Sugar Land, TX 77498  |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting fee and fee to schedule event for appearances               |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 7/12 Rpt: 13/18    | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00085469   |
| 4 Date<br>08/25/2025                                  | 5 Payee name<br>Greatest BBQ   |   |
| 6 Amount (\$)<br>\$250.00                             | 7 Payee address; City; State; Zip Code<br>2358 Texas Pkwy.<br><br>Missouri City, TX 77489  |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Catering expense for community event I hosted  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>09/18/2025                                    | Payee name<br>Houston Livestock Show Gala tickets  |   |
| Amount (\$)<br>\$360.00                               | Payee address; City; State; Zip Code<br>3 NRG Park<br><br>Houston, TX 77054  |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Ticket and contribution to livestock gala that provided scholarships to youth                        |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>09/02/2025                                    | Payee name<br>Julia F. Thompson, Inc.  |   |
| Amount (\$)<br>\$300.00                               | Payee address; City; State; Zip Code<br>5680 Highway 6<br>#332<br>Missouri City, TX 77459  |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contributed to this non-profit organization by purchasing a golf hole to benefit this charitable org |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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.

|   |   |   |             |
|---|---|---|-------------|
| 1 Total pages Schedule F1:<br>Sch: 8/12 Rpt: 14/18    | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00085469   |             |
| 4 Date<br>11/03/2025                                  | 5 Payee name<br>Katy Area Democrats   |   |             |
| 6 Amount (\$)<br>\$200.00                             | 7 Payee address; City;<br>P.O. Box 6952<br><br>Katy, TX 77491   | State; Zip Code   |             |
| 8 PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising at the community event to meet candidates                                    |             |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought   | Office held |
| Date<br>08/27/2025                                    | Payee name<br>Literacy Council of Fort Bend   |   |             |
| Amount (\$)<br>\$650.00                               | Payee address; City;<br>12530 Emily Ct.<br><br>Sugar Land, TX 77478   | State; Zip Code   |             |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsored event for this non-profit organization that assists adults with literacy, etc. |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought   | Office held |
| Date<br>09/05/2025                                    | Payee name<br>Literacy Council of Fort Bend   |   |             |
| Amount (\$)<br>\$600.00                               | Payee address; City;<br>12530 Emily Ct.<br><br>Sugar Land, TX 77478   | State; Zip Code   |             |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>purchased table for a charity event to assist adults with literacy                       |             |
| 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 -<br>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.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br>Sch: 9/12 Rpt: 15/18       | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)                                      | 3 Filer ID (Ethics Commission Filers)<br>00085469   |
| 4 Date<br>08/12/2025                                     | 5 Payee name<br>M3 Graphics   |   |
| 6 Amount (\$)<br>\$611.61                                | 7 Payee address; City;<br>11730 S Wilcrest Dr.<br><br>Houston, TX 77099                 |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printed materials such as pushcards and retractable banner |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>09/04/2025                                       | Payee name<br>Malone, Richard (Mr.)   |   |
| Amount (\$)<br>\$62.00                                   | Payee address; City;<br>10103 Fondren Rd.,<br>Suite 210<br>Houston, TX 77096            |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>printed t-shirts to advertise                              |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>12/09/2025                                       | Payee name<br>Missouri City-Sugarland Chapter of Jack and Jill                          |   |
| Amount (\$)<br>\$291.77                                  | Payee address; City;<br>P.O. Box 17441<br><br>Sugarland , TX 77496                      |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising in souvenir book at gala                       |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule F1:<br>Sch: 10/12 Rpt: 16/18   | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00085469  |
| 4 Date<br>08/07/2025                                  | 5 Payee name<br>Palmer's House c/o Carole Smith  |  |
| 6 Amount (\$)<br>\$250.00                             | 7 Payee address; City; State; Zip Code<br>1926 Eastfield Dr.<br><br>Missouri City, TX 77459  |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to this non-profit organization to assist needy families with clothing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Palmer's House c/o Carole Smith   | Office sought<br>Office held   |
| Date<br>11/24/2025                                    | Payee name<br>Palmer's House c/o Carole Smith  |  |
| Amount (\$)<br>\$200.00                               | Payee address; City; State; Zip Code<br>1926 Eastfield Dr.<br><br>Missouri City, TX 77459  |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for Thanksgiving meals giveaway to families in need                    |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Palmer's House c/o Carole Smith   | Office sought<br>Office held   |
| Date<br>12/22/2025                                    | Payee name<br>Palmer's House c/o Carole Smith  |  |
| Amount (\$)<br>\$150.00                               | Payee address; City; State; Zip Code<br>1926 Eastfield Dr.<br><br>Missouri City, TX 77459  |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for Christmas toy giveaway   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Palmer's House c/o Carole Smith   | Office sought<br>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 -<br>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.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br>Sch: 11/12 Rpt: 17/18      | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00085469   |
| 4 Date<br>11/21/2025                                     | 5 Payee name<br>Robert Santee and Associates Foundation   |   |
| 6 Amount (\$)<br>\$125.00                                | 7 Payee address; City;<br>6363 Richmond<br>Suite 200<br>Houston, TX 77057   |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for Thanksgiving meals for families in need |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>09/16/2025                                       | Payee name<br>Run Sister Run PAC  |   |
| Amount (\$)<br>\$400.00                                  | Payee address; City;<br>P.O. Box 66470<br><br>Houston, TX 77266   |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Fees  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>endorsement fee by PAC                               |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>12/15/2025                                       | Payee name<br>See You at the Polls c/o Felicia Thomas   |   |
| Amount (\$)<br>\$125.00                                  | Payee address; City;<br>3311 Raleigh Row<br><br>Missouri City , TX 77459  |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsored Christmas celebration at nursing home      |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>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 -<br>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.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 12/12 Rpt: 18/18   | 2 FILER NAME<br>Rawlins, Monica D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00085469   |
| 4 Date<br>10/21/2025                                  | 5 Payee name<br>VFW Post 4010 c/o Danny Montemayor   |   |
| 6 Amount (\$)<br>\$250.00                             | 7 Payee address; City; State; Zip Code<br>2200 Staffordshire Rd.<br><br>Missouri City, TX 77489  |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>purchased Thanksgiving hosted/dinner for the veterans at this post |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>12/12/2025                                    | Payee name<br>Walmart Supercenter  |   |
| Amount (\$)<br>\$103.96                               | Payee address; City; State; Zip Code<br>5501 Highway 6<br><br>Missouri City, TX 77459  |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Purchased bikes for bike giveaway to needy families for Christmas  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |