

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:																															
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">MS / MRS / MR</td> <td style="width:25%; font-size: small;">FIRST</td> <td style="width:25%; font-size: small;">MI</td> </tr> <tr> <td>Ms</td> <td>Sophia</td> <td>L</td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: small;">LAST</td> <td style="border-top: 1px dotted black; font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Graham</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Ms	Sophia	L	NICKNAME	LAST	SUFFIX		Graham		<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                  RECEIVED FOR FILING                  DALLAS COUNTY                  ELECTIONS DEPARTMENT                  2022 JUL 20 AM 9:28             </div> <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2" style="font-size: small;">Date Received</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Receipt #</td> <td style="font-size: small;">Amount \$</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Processed</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Imaged</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	Date Received				Date Hand-delivered or Date Postmarked				Receipt #	Amount \$			Date Processed				Date Imaged			
MS / MRS / MR	FIRST	MI																																
Ms	Sophia	L																																
NICKNAME	LAST	SUFFIX																																
	Graham																																	
Date Received																																		
Date Hand-delivered or Date Postmarked																																		
Receipt #	Amount \$																																	
Date Processed																																		
Date Imaged																																		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX;</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td>PO Box 226261</td> <td></td> <td>Dallas</td> <td>TX</td> <td>75222</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	PO Box 226261		Dallas	TX	75222																							
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																														
PO Box 226261		Dallas	TX	75222																														
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>( 214 )</td> <td>957-0611</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	( 214 )	957-0611																												
AREA CODE	PHONE NUMBER	EXTENSION																																
( 214 )	957-0611																																	
<b>6</b> CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">MS / MRS / MR</td> <td style="width:25%; font-size: small;">FIRST</td> <td style="width:25%; font-size: small;">MI</td> </tr> <tr> <td>Ms</td> <td>Tamara</td> <td>D</td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: small;">LAST</td> <td style="border-top: 1px dotted black; font-size: small;">SUFFIX</td> </tr> <tr> <td>Tammy</td> <td>Thompson Mims</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Ms	Tamara	D	NICKNAME	LAST	SUFFIX	Tammy	Thompson Mims																						
MS / MRS / MR	FIRST	MI																																
Ms	Tamara	D																																
NICKNAME	LAST	SUFFIX																																
Tammy	Thompson Mims																																	
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td>6317 Swiss Way</td> <td></td> <td>Rowlett</td> <td>TX</td> <td>75089</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	6317 Swiss Way		Rowlett	TX	75089																							
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																														
6317 Swiss Way		Rowlett	TX	75089																														
<b>8</b> CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>( 817 )</td> <td>941-2499</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	( 817 )	941-2499																												
AREA CODE	PHONE NUMBER	EXTENSION																																
( 817 )	941-2499																																	
<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>	<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)																									
<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)																															
<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td style="font-size: small;">THROUGH</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td>2</td> <td>17</td> <td>22</td> <td></td> <td>7</td> <td>10</td> <td>22</td> </tr> </table>	Month	Day	Year	THROUGH	Month	Day	Year	2	17	22		7	10	22																			
Month	Day	Year	THROUGH	Month	Day	Year																												
2	17	22		7	10	22																												
<b>11</b> ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">ELECTION DATE</td> <td style="width:60%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td>/</td> <td>/</td> <td></td> </tr> </table> </td> <td> <table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td>_____</td> </tr> </table> </td> </tr> </table>	ELECTION DATE	ELECTION TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td>/</td> <td>/</td> <td></td> </tr> </table>	Month	Day	Year	/	/		<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td>_____</td> </tr> </table>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input type="checkbox"/> General	<input type="checkbox"/> Special	_____																	
ELECTION DATE	ELECTION TYPE																																	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td>/</td> <td>/</td> <td></td> </tr> </table>	Month	Day	Year	/	/		<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td>_____</td> </tr> </table>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input type="checkbox"/> General	<input type="checkbox"/> Special	_____																					
Month	Day	Year																																
/	/																																	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																																
<input type="checkbox"/> General	<input type="checkbox"/> Special	_____																																
<b>12</b> OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">OFFICE HELD (if any)</td> <td style="width:50%; font-size: small;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td></td> <td>Constables Office (precinct 5)</td> </tr> </table>	OFFICE HELD (if any)	OFFICE SOUGHT (if known)		Constables Office (precinct 5)																													
OFFICE HELD (if any)	OFFICE SOUGHT (if known)																																	
	Constables Office (precinct 5)																																	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: x-small; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: x-small;">COMMITTEE TYPE</td> <td style="font-size: x-small;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: x-small;">GENERAL</td> <td style="font-size: x-small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: x-small;">SPECIFIC</td> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS																									
COMMITTEE TYPE	COMMITTEE NAME																																	
GENERAL	COMMITTEE ADDRESS																																	
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																																	
	COMMITTEE CAMPAIGN TREASURER ADDRESS																																	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Sophia Graham		<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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 525.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 541.64
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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

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

OR

**(2) Unsworn Declaration**

My name is Sophia L Graham, and my date of birth is 10/30/1966.

My address is P.O. Box 226261, Dallas, TX, 75222, USA.  
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 10 day of July, 2022.  
(month) (year)

[Signature]  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Sophia L. Graham		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 525.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 541.64
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. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
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		\$

1074

A1  
1071

<b>MONETARY POLITICAL CONTRIBUTIONS</b>	<b>SCHEDULE A1</b>
---	--------------------

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: <b>1</b>
---	--

2 FILER NAME <b>Sophia L Graham</b>	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------

4 Date <b>2/19/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jana Fagan</b>	7 Amount of contribution (\$) <b>\$ 75.00</b>
6 Contributor address: City: State: Zip Code <b>2312 Everglades Dallas TX</b>		

8 Principal occupation / Job title (See Instructions) <b>nurse</b>	9 Employer (See Instructions)
---	-------------------------------

Date <b>2/23/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michael A Bryant</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address: City: State: Zip Code <b>P.O. Box 190325 Dallas TX 75219</b>		

Principal occupation / Job title (See Instructions) <b>retired</b>	Employer (See Instructions)
---	-----------------------------

Date <b>2/26/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Christie Thomas</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address: City: State: Zip Code <b>935 Silver Creek Desoto TX 75115</b>		

Principal occupation / Job title (See Instructions) <b>Police Sgt.</b>	Employer (See Instructions) <b>City of Dallas</b>
---	--

Date <b>2/28/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ruby Jones</b>	Amount of contribution (\$) <b>\$ 150.00</b>
Contributor address: City: State: Zip Code <b>306 Hardy St Cedar Hill 75104</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>
---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
---



4 of 4

RECEIVED FOR FILING  
DALLAS COUNTY  
ELECTIONS DEPARTMENT

F1  
3083

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

2022 JUL 20 AM 9:38

**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.

1 Total pages Schedule F1:		2 FILER NAME <i>Sophia L Graham</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/1/22</i>		5 Payee name <i>A + K Food Mart</i>			
6 Amount (\$) <i>50.98</i>		7 Payee address; City; State; Zip Code <i>5723 Singleton Blvd Dallas, TX 75212</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>OTHER</i> <i>GAS for Campaign</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <i>3/11/22</i>		Payee name <i>United States Postal Service</i>			
Amount (\$) <i>207.00</i>		Payee address; City; State; Zip Code <i>401 Tom Landry Hwy Dallas TX 75260</i>			

PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>OTHER</i> <i>P.O. Box for Campaign</i>		Description <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		Office sought		Office held	
---	--	-------------------------------	--	---------------	--	-------------	--

Date <i>3/14/22</i>		Payee name <i>Sign Express</i>			
Amount (\$) <i>74.69</i>		Payee address; City; State; Zip Code <i>1139 Denton Drive Dallas, TX 75229</i>			

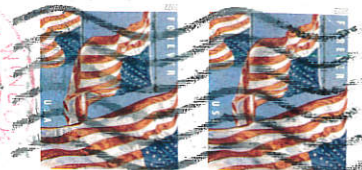
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> <i>Balance Due on Signs for Campaign</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
------------------------	--	--	--	---	--

Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
---	--	-------------------------------	--	---------------	--	-------------	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Sophia Graham  
P.O. Box 226261  
Dallas, TX 75222

NORTH TEXAS TX P&DC  
DALLAS TX 750  
15 JUL 2022 PM L



Election Office  
505 E Elm St, Suite 2100  
Dallas, TX 75202

75202-330305

