

1 of 15

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<div style="border: 1px solid black; padding: 5px;"> <p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p style="font-size: small;">JOHN F. WARKENTIN COUNTY CLERK DALLAS COUNTY DEPUTY</p> <p style="font-size: x-small;">2022 JAN 31 PM 3:32</p> <p style="font-size: 2em; color: blue; transform: rotate(90deg);">FILED</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt #      Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p> </div>
	Ms                                  Sophia		L	
NICKNAME	LAST	SUFFIX		
Graham				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
	PO Box 226261                                  Dallas      TX      75222			
Change of Address				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	( 214 )	957-0611		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	Ms                                  Tamara		D	
NICKNAME	LAST	SUFFIX		
Tammy                                  Thompson Mims				
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
	6317 Swiss Way                                  Rowlett      TX      75089			
(Residence or Business)				
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	( 817 )	941-2499		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month	Day	Year	
	1	1	22	
THROUGH		Month	Day	
		1	30	
		Year	22	
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
3	1	22	<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	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known) Constables Office (precinct 5)	
<b>14</b> 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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
Additional Pages				

**GO TO PAGE 2**

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Sophia Graham		<b>16 Filer ID (Ethics Commission Filers)</b>
<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)	\$ 1,236.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 589.39
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,539.90
<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 30 day of January, 2022.  
(month) (year)

Sophia L. Graham  
Signature of Candidate/Officeholder (Declarant)



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**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 NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,236.00
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	\$ 589.39
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	\$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

~~B~~ Sophia Graham

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/22

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

Heather Graham

7 Amount of contribution (\$)

\$20.00

6 Contributor address; City; State; Zip Code

2405 Headwind Dr. Purcell, OK 73080

8 Principal occupation / Job title (See Instructions)

U.S. Gov.

9 Employer (See Instructions)

Date

1/26/22

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

Sarah Austin

Amount of contribution (\$)

\$20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/22

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

Wanda Nimerd

Amount of contribution (\$)

\$150.00

Contributor address; City; State; Zip Code

174 Rancho Sunnyvale TX 75181

Principal occupation / Job title (See Instructions)

Education

Employer (See Instructions)

unknown

Date

1/28/22

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

Sandra Crenshaw

Amount of contribution (\$)

\$51.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

unknown

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sophra Graham

3 Filer ID (Ethics Commission Filers)

4 Date

1/22/22

5 Full name of contributor

Terry Braziel

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

20.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Police officer

9 Employer (See Instructions)

I.T.S.D

Date

1/26/22

Full name of contributor

Johnette Calhoun

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

76105

2965 Kolling Plains #2208 Ft. Worth

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/22

Full name of contributor

Lorenzo Graham

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 20.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/22

Full name of contributor

Vicki Graham

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 25.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sophra Grahe

3 Filer ID (Ethics Commission Filers)

4 Date

1/20/22

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

Ann Robinson

7 Amount of contribution (\$)

\$ 60.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/20/22

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

Alvin Roberts

Amount of contribution (\$)

\$ 25.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/22

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

Torrey Powell

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/22

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

Mari Williams

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code 75006

2250 March Ln Apt 2108 Carrollton TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sophra Coaha

3 Filer ID (Ethics Commission Filers)

4 Date

11/17/22

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

Taneasha Morrison

7 Amount of contribution (\$)

\$ 20.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Security

9 Employer (See Instructions)

Date

11/17/22

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

Kathy Roberts

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/28/22

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

Shiny Edward

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

1412 Foxwood Mesquite TX 75121

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Date

11/18/22

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

Mari Williams

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

2250 March Ln Apt 2108 Carrollton TX 75006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sophie Graha

3 Filer ID (Ethics Commission Filers)

4 Date

1/18/22

5 Full name of contributor

Ruby Jones

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 150.00

6 Contributor address;

City; State; Zip Code

Cedar Hill TX 7

8 Principal occupation / Job title (See Instructions)

nurse

9 Employer (See Instructions)

Date

1/20/22

Full name of contributor

Taine Cortes

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 75.00

Contributor address;

City; State; Zip Code

1130 Cedar Hill Dallas

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME Sophia L Graham 3 Filer ID (Ethics Commission Filers)

4 Date 1/4/22 5 Full name of contributor Jose Castillo 6 Contributor address: 25878 Nolina Dr. Merifree CA 7 Amount of contribution (\$) \$100.00

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 1/7/22 Full name of contributor San daa pipor Contributor address: 1020 Scotland Dr. Hill Desoto Amount of contribution (\$) 50.00

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

Date 1/9/22 Full name of contributor Jana Fagan Contributor address: 6312 Everglades Dallas Tx Amount of contribution (\$) 150.00

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

Date 1/15/22 Full name of contributor Jane Fagan Contributor address: 6312 Everglades Amount of contribution (\$) 250.00

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

1 of 6  
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            | Gift Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>Sophia L Graham</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/25/22</b>	5 Payee name <b>Raceway 967</b>	
6 Amount (\$) <b>54.30</b>	7 Payee address: City: State: Zip Code <b>8130 E. KL Thovnto Dallas TX 75227</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule.) <b>other (gas)</b>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	
Date <b>1/10/22</b>	Payee name <b>Sign Express</b>	
Amount (\$) <b>\$48.71</b>	Payee address: City: State: Zip Code <b>on line</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule.) <b>advertising Exp.</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	
Date <b>1/25/22</b>	Payee name <b>Quick trip</b>	
Amount (\$) <b>60.55</b>	Payee address: City: State: Zip Code <b>470 US Hwy 80 Sunnyvale TX</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule.) <b>(gas) other</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

2 of 6  
**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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Sophia Graham</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/11/22</i>	5 Payee name <i>Quiktrip</i>
--------------------------	---------------------------------

6 Amount (\$) <i>53.83</i>	7 Payee address: City: State: Zip Code <i>470 US Hwy 80 Sunnyvale TX</i>
-------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>other (gas)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>1/17/22</i>	Payee name <i>Shell</i>
------------------------	----------------------------

Amount (\$) <i>30.00</i>	Payee address: City: State: Zip Code <i>1946 Clay Mathis Mesquite 75181</i>
-----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>other gas</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>1/20/22</i>	Payee name <i>7 Eleven</i>
------------------------	-------------------------------

Amount (\$) <i>58.76</i>	Payee address: City: State: Zip Code <i>10100 Bruton Rd</i>
-----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>other (gas)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

3 of 6  
**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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Sophia Graham</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/12/22</i>	5 Payee name <i>Panera Bread</i>
--------------------------	-------------------------------------

6 Amount (\$) <i>\$13.62</i>	7 Payee address; City; State; Zip Code <i>3826 Lemmon Ave. Dallas TX 75219</i>
---------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</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>1/18/22</i>	Payee name <i>Panera Bread</i>
------------------------	-----------------------------------

Amount (\$) <i>\$13.6</i>	Payee address; City; State; Zip Code <i>3826 Lemmon Ave. Dallas TX 75219</i>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</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>1/22/22</i>	Payee name <i>Hannky's</i>
------------------------	-------------------------------

Amount (\$) <i>\$134.78</i>	Payee address; City; State; Zip Code <i>321 N. Bishop Ave. Dallas TX 75208</i>
--------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food Beverage Exp.</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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

4 of 6  
**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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Sophie Graham</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date <i>1/20/22</i>	5 Payee name <i>Griff's</i>
--------------------------	--------------------------------

6 Amount (\$) <i>\$ 7.46</i>	7 Payee address; City; State; Zip Code <i>1150 S. Buckner Rd. Dallas</i>
---------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/19/22</i>	Payee name <i>Dominos Pizza</i>
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Amount (\$) <i>\$125.95</i>	Payee address; City; State; Zip Code <i>Hurton Rd. Dallas</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food Beverage Exp.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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Date <i>1/17/22</i>	Payee name <i>Wings Stop</i>
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Amount (\$) <i>\$140.57</i>	Payee address; City; State; Zip Code <i>820 E Cartwright Rd</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food Beverage Exp</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

5086  
**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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Sophia Graham</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/22/22</i>	5 Payee name <i>7-Eleven</i>
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6 Amount (\$) <i>\$8.68</i>	7 Payee address; City; State; Zip Code <i>10100 Bruton Rd Dallas TX 75217</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</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
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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 <i>1/28/22</i>	Payee name <i>Dallas County</i>
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Amount (\$) <i>31.00</i>	Payee address; City; State; Zip Code <i>1520 Round Table Dr</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>fees (map)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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Date <i>1/21/22</i>	Payee name <i>Golden Chick</i>
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Amount (\$) <i>\$11.14</i>	Payee address; City; State; Zip Code <i>205 W. Cardwright Rd</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>food beverage Exp</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

6066  
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>Sophie Graham</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/25/22</i>	5 Payee name <i>Golden Chick</i>
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6 Amount (\$) <i>\$11.14</i>	7 Payee address; City: State: Zip Code <i>Masters Dr Dallas TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Beverage Exp.</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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/28/22</i>	Payee name <i>Quiktrip</i>
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Amount (\$) <i>\$42.50</i>	Payee address; City: State: Zip Code <i>470 US Hwy 80 Sunnyvale</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other (gas)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/29/22</i>	Payee name <i>Quiktrip</i>
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Amount (\$) <i>\$140.00</i>	Payee address; City: State: Zip Code <i>470 US Hwy 80 Sunnyvale</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other (gas)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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