

10F11

10F2

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR			
		FIRST		MI	
Ms. SOPHIA L.		LAST		SUFFIX	
		GRAHAM			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
		<input type="checkbox"/> Final report <input type="checkbox"/> Other (specify)		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year		Receipt #	
2/1/22 THROUGH 2/16/22		Month Day Year		Amount \$	
				Date Processed	
				Date Imaged	

APR 24 23 PM 18

6 EXPLANATION OF CORRECTION
See ATTACHED STATEMENTS

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Sophia L. Graham
Signature of Candidate/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. Cook*, and my date of birth is *10/30/96*

My address is *3727 Morris*, *Dallas*, *TX*, *75212*, *USA*

(street) (city) (state) (zip code) (country)

Executed in *Dallas* County, State of *TX*, on the *23* day of *April*, 20*23*

(month) (year)

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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

2 of 11

2 of 2

Form COR-C/OH Correction/Amendment Affidavit for Candidate/Officeholder

Late Filing of the reporting period from 1.31.2022 to 2.16.2022

Line 6 - Explanation of Late Filing

On April 1st, 2022, I agreed to become Ms. Sophia Graham's campaign treasurer as her previous treasurer Ms. Tamara (Tammy) Thompson Mims passed on March 10th.

My first task was to review all previous filings for completeness and accuracy. I began reviewing all filings shown for Sophia Graham on the www.dallascounty.org/government/campaign website, verifying that all time periods were accounted for.

I did not find a report for the time period from January 31st to February 16, 2022, on the website. I was able to locate a hard copy of that report in Tammy Thompson's office files. It did not show that it had been filed with Dallas County, so we are filing it now. Unfortunately, we will never know why Ms. Thompson did not file this report when it was due.

On April 2nd, 2022, I informed Ms. Graham that I had found this missed submission and that we would need to refile this corrected report.

This report is being filed in good faith, there was no attempt to defraud or misrepresent in the original filings.

Based upon the above statements, I request that there be no late filing penalties assessed.



Chris McGowan

Campaign Treasurer for Sophia L Graham

APR 24 2022 1:18

3 of 11

1 of 3

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Sophia L	OFFICE USE ONLY Date Received Date Hand-delivered or Date Posted APR 24 2 58 PM '18 Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Graham		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 226261 Dallas TX 75222		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 957-0611		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms Tamara D		
	NICKNAME LAST SUFFIX Tammy Thompson Mims		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6317 Swiss Way Rowlett TX 75089		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 941-2499		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 2 / 1 / 22 THROUGH Month Day Year 2 / 16 / 22		
11 ELECTION	ELECTION DATE: Month Day Year 3 / 1 / 22 ELECTION TYPE: <input checked="" type="checkbox"/> Primary Runoff Other Description <input type="checkbox"/> General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Constables Office (Precinct 5)	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Sophia L Graham		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,175.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 123.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,182.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 _____
My address is 3727 Morriss Dallas TX 75212 Da TX
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of TX, on the 23 day of Apr, 20 23.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

5 of 11

3 of 3

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Sophia L Graham		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,175.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 123.82
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	\$

APR 24 23 PM 1:18

16 of 11

MONETARY POLITICAL CONTRIBUTIONS

1 of 3
SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

3

APR 24 23 PM 1:18

2 FILER NAME
Sophia L Graham

3 Filer ID (Ethics Commission Filer)

4 Date
1/6/22

5 Full name of contributor out of state PAC ID#
Scott D. Miller
6 Contributor address City State Zip Code
15807 Nedra Way Dallas TX 75247

7 Amount of contribution (\$) \$300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/7/22

Full name of contributor out of state PAC ID#
Cynthia Washington
Contributor address City State Zip Code
2642 Downing Ave Dallas TX 75216

Amount of contribution (\$) \$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/7/22

Full name of contributor out of state PAC ID#
Sylvanus Mgbakogu
Contributor address City State Zip Code

Amount of contribution (\$) \$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/9/22

Full name of contributor out of state PAC ID#
Canaan K Peoples
Contributor address City State Zip Code
3979 Granite Hill Dr Dallas TX 75241

Amount of contribution (\$) \$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

307 11

MONETARY POLITICAL CONTRIBUTIONS

2 of 3
SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 3
2 FILER NAME		3 Filer ID (Ethics Commission Filers) APR 24 23 PM 1:18
4 Date 2/11/22	5 Full name of contributor <input type="checkbox"/> out of state PAC ID# La Prosha Ingram 6 Contributor address City State Zip Code 8311 San Jose Arlington TX 76002	7 Amount of contribution (\$) \$900.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/14	Full name of contributor <input type="checkbox"/> out of state PAC ID# Ruby Jones Contributor address City State Zip Code 306 Hardy St. Cedar Hill TX 75104	Amount of contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15	Full name of contributor <input type="checkbox"/> out of state PAC ID# Charmekal Lipscomb Contributor address City State Zip Code	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out of state PAC ID# Contributor address City State Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

7 of 11

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

3 of 3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

SOPHIA L. GRAHAM

3 Filer ID (Ethics Commission Filers)

4 Date

2/2/22

5 Full name of contributor

BEVERLY DAVIS

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

2530 WOODMERE, DALLAS 75233

APR 24 '23 PM 1:18

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/14/22

Full name of contributor

J AIME CORTES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$150.00

Contributor address; City; State; Zip Code

1130 CEDAR HILL, DALLAS TX

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.

9 of 11

1 of 3

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
--	--------------	---------------------------------------

4 Date 2/15/22	5 Payee name QT - Quick Trip
--------------------------	--

6 Amount (\$) \$ 43.04	7 Payee address; City; State; Zip Code
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description GAL
	(c) <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 2/15/22	Payee name USPS
------------------------	---------------------------

Amount (\$) \$ 26.95	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Mail
	(c) <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 2/15	Payee name McDonald's
---------------------	---------------------------------

Amount (\$) \$ 3.79	Payee address; City; State; Zip Code
-------------------------------	--------------------------------------

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Food
	(c) <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

10 04 11

20F3

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME SOPHIA L. GRAHAM	3 Filer ID (Ethics Commission Filers)
4 Date 2/2/22	5 Payee name GRIFF'S	
6 Amount (\$) \$ 7.46	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

APR 24 23 PM 1:18

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

Date 2/14/22	Payee name Mc DONALD'S		
Amount (\$) \$ 7.13	Payee address; City; State; Zip Code		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 2/14/22	Payee name COUNTRY BURGER		
Amount (\$) \$ 8.11	Payee address; City; State; Zip Code		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME SOPHIA L. GRAHAM	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date 2/16	5 Payee name SP
-----------------------	---------------------------

6 Amount (\$) \$ 13.59	7 Payee address; City; State; Zip Code
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description APR 24 '23 PM 1:18
	(c) <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 2/16/22	Payee name RUDY'S CHICKEN
------------------------	-------------------------------------

Amount (\$) \$ 13.75	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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