CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MS. SO NICKNAME LAST GR	PHIA L SUFFIX	Date Received
4 ORIGINAL REPORT TYPE	July 15	Runoff Final report Exceeded modified reporting limit	Date Hand-delivered or Date Postmarked
	30th day before election 8th day before election	Other (specify) 15th day after treasurer appointment (officeholder only)	Receipt # Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year THROUGH 1/31/22	Date Processed APR 24 23 PH1:11
CURRENT	CAMPAIGN TRE	STATEMENT OF CHR PASURER. of perjury, that this corrected report	
	ck ONLY if applicable:	or perjury, mai mis corrected report	is true and correct.
Semiannual mislead or to	reports: I swear, or affirm, that or misrepre-sent the information	at the original report was made in good to	faith and without an intent to
Other report	s: I swear or affirm that I am	filing this corrected report not later than	ur, or affirm, that any error or
	Please	complete either option below:	
(1) Affidavit			
NOTARY STAMP/SEA	L		
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 administr	ering oath Printed na	me of officer administering oath	Title of officer administering oath
	建铁新生态主义	OR	
(2) Unsworn Declaration My name is	phia L Gre 21 Murris	han, and my date of birth is	10/30/44
Executed in	(street) County, State of	, on the day of // (month)	te) (zip code) (country) , 20 2 3
Remember To Atta	ch Any Part Of The Campaig	n Finance Report Form Needed To Re	

20F2

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

Correction to reporting period from 1.1.2022 to 1.31.2022

Line 6 - Explanation of Correction

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 was not able to do a roll-forward of the ending balances of contributions held from one report to the next, so on April 2nd, 2022, I informed Ms. Graham of this fact and that I would need her the bank statements for her campaign account in order to prepare corrected reports.

APR 24 23 PM 1:16

This corrected 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Sophia LAST Graham D BOX; APT / SUITE #; 226261 PHONE NUMBER 957-0611 FIRST Tamara LAST Thompson ESS (NO PO BOX PLEASE); APT / SS Way PHONE NUMBER 941-2499 y 15 30th day before	Rowlett EXTENSION	Date Hand-delivered Receipt # Date Processed Date Imaged STATE; TX	USE ONLY Or Date Postmarked 2.2.2.3 PM1: Amount \$ ZIP CODE 75089
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CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Sophia L Graham 17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR 0.04 CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** \$ 1,190.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00 **TOTALS** TOTAL POLITICAL EXPENDITURES 990.06 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. \$ BALANCE 5,131.54 OF REPORTING PERIOD APR 24 23 PM 1:16 **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE 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 , 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 (2) Unsworn Declaration My name is and my date of birth is 15212 My address is (street) (city) (zip code) (country) Executed in County, State of Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

7/2	Sophia L Graham 20 Filer ID (E	Ethics Commission Filers)
	CHEDULE SUBTOTALS IAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,190.00
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	\$ 990.06
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	APR 24 23 PM1:1
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIO	ns \$
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	F C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	* .04

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1 1 4 MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1. The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$20.00 APR 24 23 PH1 16 Q out-of-state PAC (ID# Date Amount of contribution (\$) \$20. a. Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) |29/22 Wan/a N. med
|Contributor address, City, State, Zip Code
| 174 Lincho Schnyv, le // 75/81

Principal occupation / Job title (See Instructions)

Education Unit (See Instructions) Date Amount of contribution (\$) \$ 50,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Un KAIWA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Sophia Grah	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
6 Contributor address; City; State, Zip Code	APR 24 '23 m1:11
	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Tohne He Calhoun Contributor address; City: State; Zip Code 2965 Kolling Plains #2208 ff. Principal occupation / Job title (See Instructions) Employer	76103 50.00
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
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Principal occupation / Job title (See Instructions) Employe	r (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;
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Date Employer (See Instructions) Principal occupation / Job title (See Instructions) Out-of-state PAC (ID# Amount of contribution (\$) Amount of contribution (\$) Date \$ 20,00 Principal occupation / Job title (See Instructions)

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POLITICAL EXPENDITURES MADE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Travel Out Of District Polling Expense Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; State: Zip Code 7 Payee address 8 APR 24 23 PM1:17 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code Payee address Description PURPOSE OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense **Event Expense** Transportation Equipment & Related Expense Travel in District Accounting/Banking Fees Polling Expense Printing Expense Salaries/Wages/Contract Labor Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date City; State; Zip Code 7 Payee address; 6 Amount (\$) APR 24 23 PM1:17 10.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State: Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name UIR IMP Zip Code City; State; Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NAME	SUPHIA L. GRAHAM	3 Filer ID (Ethics Commission Filers)
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	7 Purpose for which amount is received Check	if political contribution returned 資訊原之4 23 Ph
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code
	Purpose for which amount is received Check	if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code
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