

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 Ms	FIRST Sophia	MI L	OFFICE USE ONLY Date Received Date Hand-Delivered or Date Postmarked Receipt Amount \$ Date Processed Date Imaged
	NICKNAME	LAST Graham	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX PO Box 226261	APT / SUITE #	CITY Dallas	
	STATE TX	ZIP CODE 75222		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 957-0611	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Tamara	MI D	
	NICKNAME Tammy	LAST Thompson Mims	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE) 6317 Swiss Way	APT / SUITE #	CITY Rowlett	
	STATE TX	ZIP CODE 75089		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 941-2499	EXTENSION	
9 REPORT 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)			
10 PERIOD COVERED	Month 9	Day 13	Year 21	
	THROUGH		Month 12	
			Day 31	
			Year 21	
11 ELECTION	ELECTION DATE Month 3 / Day 1 / Year 22		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Constables Office (precinct 5)		
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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 GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

FILED
 2022 JAN 18 AM 11:36
 JOHN F. PARKER
 COUNTY CLERK
 DALLAS COUNTY
 BY DEPUTY

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Sophia 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)	\$ 8,390.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,558.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 832.74
OUTSTANDING LOAN TOTALS	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 10/30/64

My address is 3727 Morris Dallas, _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of TX, on the 14 day of Jan, 2022
(month) (year)

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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Sophia 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		\$ 8,390.85
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		\$ 2,876.72
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,408.44
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 3,272.95
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		\$

1 of 25

A1
1 of 14

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14

2 FILER NAME

Sophia Graham

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

6 Contributor address:

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Nurse

9 Employer (See Instructions)

unknown

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

12/20

Jana Furgan

Contributor address:

City: State: Zip Code

150.00

6312 Everglade Rd Dallas

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

unknown

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

12/17

Jana Furgan

Contributor address:

City: State: Zip Code

200.00

6312 Everglade Rd Dallas

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Jana Furgan

Contributor address:

City: State: Zip Code

150.00

6312 Everglade Rd Dallas

Principal occupation / Job title (See Instructions)

Nurse

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.

2 of 25

AI
2 of 14

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

9/20/21

5 Full name of contributor

Sanna Fagan

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$125.00

6 Contributor address:

City, State, Zip Code

6312

Everglades Rd Dallas

8 Principal occupation / Job title (See Instructions)

Nurse

9 Employer (See Instructions)

Date

9/21/21

Full name of contributor

Beverly Davis

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

Contributor address:

City, State, Zip Code

2530 Woodmere Dr

75233

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/21

Full name of contributor

Faith Covenant Fellowship

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

Contributor address:

City, State, Zip Code

unknown

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/21

Full name of contributor

Eleanor Evans

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100.00

Contributor address:

City, State, Zip Code

1214 HPlace

Mano

75074

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

3 of 25

A1
3 of 14

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sophia Graham

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/21

5 Full name of contributor out-of-state PAC (ID# _____)

Wendy N. Henn

7 Amount of contribution (\$)

50.00

6 Contributor address, City, State, Zip Code

901 Lorrive Dr. Richardson, TX 75080

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/29/21

Full name of contributor out-of-state PAC (ID# _____)

LaSalle Graham Jr.

Amount of contribution (\$)

200.00

Contributor address, City, State, Zip Code

Dallas

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30

Full name of contributor out-of-state PAC (ID# _____)

Ambrosia Pratt

Amount of contribution (\$)

20.00

Contributor address, City, State, Zip Code

4108 Tioga St Dallas TX 75249

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/21

Full name of contributor out-of-state PAC (ID# _____)

David E. Alexander

Amount of contribution (\$)

50.00

Contributor address, City, State, Zip Code

13956 Hot Springs Ln Frisco 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

4 of 25

41
4 of 14

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sophia Graham

3 Filer ID (Ethics Commission Filers)

4 Date

9/17/21

5 Full name of contributor out-of-state PAC (ID# _____)

Paulette Johnson

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

unknown no phone

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/18/21

Full name of contributor out-of-state PAC (ID# _____)

Tamyia Graham

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

217 Southwick Mesquite 75149

Principal occupation / Job title (See Instructions)

college Student

Employer (See Instructions)

Date

9/17/21

Full name of contributor out-of-state PAC (ID# _____)

Michele Johnson

Amount of contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

unknown no phone

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/17/21

Full name of contributor out-of-state PAC (ID# _____)

Rhonda Ashley

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

304 Deland Dr. Forney 75126

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

A1
5 of 14

5 of 25

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Sophia Graham</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michael Campbell</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>3500 Miller Ave Fort Worth TX Job</i>		
8 Principal occupation / Job title (See Instructions) <i>Constable Precinct 8</i>		9 Employer (See Instructions) <i>Tarrant County</i>
Date <i>11/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Terrri Thomas</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>2500 S. Ervay St. Dallas TX Job 75215</i>		
Principal occupation / Job title (See Instructions) <i>Police Lt.</i>		Employer (See Instructions) <i>Dallas I. S. D. Police Dep.</i>
Date <i>11/3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jaime Cortes</i>	Amount of contribution (\$) <i>\$1250.00</i>
Contributor address; City; State; Zip Code <i>1130 Cedar Hill Ave Dallas TX 75202</i>		
Principal occupation / Job title (See Instructions) <i>Self employed</i>		Employer (See Instructions)
Date <i>10/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James Graham Sr.</i>	Amount of contribution (\$) <i>400.00</i>
Contributor address; City; State; Zip Code <i>212 Bournwich Mesquite TX 75149</i>		
Principal occupation / Job title (See Instructions) <i>Baker</i>		Employer (See Instructions) <i>Selfemployment</i>

6 of 25

AI
6 of 14

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sophia Graham

3 Filer ID (Ethics Commission Filers)

4 Date

12/4/21

5 Full name of contributor

out-of-state PAC (ID# _____)

Shannlee Mayfield

7 Amount of contribution (\$)

50.00

6 Contributor address, _____

City: _____ State: _____ Zip Code _____

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/16/21

Full name of contributor

out-of-state PAC (ID# _____)

Brantan Fagan

Amount of contribution (\$)

200.00

Contributor address, _____

City: _____ State: _____ Zip Code _____

1808 S. Good Lamar Dallas 75226

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.

AI
70814

7 of 25

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Sophia Graham</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gayle Powell Cleary</i> 6 Contributor address, City, State, Zip Code <i>1201 Madison Terrace Glenn Heights 75154</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Asst. principal</i>		9 Employer (See Instructions)
Date <i>9/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cassandra Ross Gipson</i> Contributor address, City, State, Zip Code <i>1523 Baker Dr Cedar Hill TX 75104</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Asst. principal</i>		Employer (See Instructions)
Date <i>10/4</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Traci Bragg</i> Contributor address, City, State, Zip Code <i>3252 Porma Grand Prairie TX 75054</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Krick McGowan</i> Contributor address, City, State, Zip Code <i>312 London Terry Lane Mansfield 76063</i>	Amount of contribution (\$) <i>\$125.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

A1
8 of 14

8 of 25

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1.

2 FILER NAME

Sophia Graham

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/21

5 Full name of contributor out-of-state PAC (ID# _____)

Anoithy Halven

7 Amount of contribution (\$)

150.00

6 Contributor address, City, State, Zip Code

212 Bounswick Mesquite 75144

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/19/21

Full name of contributor out-of-state PAC (ID# _____)

Branlan Fagan

Amount of contribution (\$)

150.00

Contributor address, City, State, Zip Code

1807 S. Girdlar

Principal occupation / Job title (See Instructions)

repair cell phones

Employer (See Instructions)

self

Date

11/29/21

Full name of contributor out-of-state PAC (ID# _____)

Branlan Fagan

Amount of contribution (\$)

150.00

Contributor address, City, State, Zip Code

Principal occupation / Job title (See Instructions)

repair cell phones

Employer (See Instructions)

self

Date

12/3/21

Full name of contributor out-of-state PAC (ID# _____)

Branlan Fagan

Amount of contribution (\$)

\$125.00

Contributor address, City, State, Zip Code

1807 S. Girdlar 75126

Principal occupation / Job title (See Instructions)

repair cell phones

Employer (See Instructions)

self

9^{AI} of 14

9/25

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Sophia Graham</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/4/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ruby Jones</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address, City, State, Zip Code <i>306 Hardy St Cedar Hill 75104</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/4/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Darlene Morris</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address, City, State, Zip Code <i>1377 Greenbriar Lane Lancaster 75146</i>		
Principal occupation / Job title (See Instructions) <i>teacher</i>		Employer (See Instructions) <i>Dallas I.S.D.</i>
Date <i>11/4/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Brandon Fongar</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address, City, State, Zip Code <i>1808 S. Goddard 75226</i>		
Principal occupation / Job title (See Instructions) <i>repair cell phone</i>		Employer (See Instructions) <i>self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address, City, State, Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

10 of 25

AI
100814

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

12/30

5 Full name of contributor

Mittie Dillov

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address

City: State: Zip Code

Lancaster TX.

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Date

9/27

Full name of contributor

Sophia L. Graham

out-of-state PAC (ID# _____)

Amount of contribution (\$)

200.00

Contributor address:

City: State: Zip Code

3727 Morris Palle TX 75212

Principal occupation / Job title (See Instructions)

Same

Employer (See Instructions)

same

Date

9/28

Full name of contributor

Sophia L. Graham

out-of-state PAC (ID# _____)

Amount of contribution (\$)

220.00

Contributor address:

City: State: Zip Code

3727 Morris Palle TX 75212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29

Full name of contributor

Sophia L. Graham

out-of-state PAC (ID# _____)

Amount of contribution (\$)

160.00

Contributor address:

City: State: Zip Code

3727 Morris Palle TX 75212

Principal occupation / Job title (See Instructions)

Same

Employer (See Instructions)

same

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

11 M 25

A1
11 08 14

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

9/13

5 Full name of contributor

Sophia L Graham

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address:

City: State: Zip Code

3727 Morris Dallas TX 75212

8 Principal occupation / Job title (See Instructions)

Police officer

9 Employer (See Instructions)

Cedar Hill F.S.D. P.D.

Date

9/17

Full name of contributor

Sophia L. Graham

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

3727 Morris Dallas TX 75212

\$720.00

Principal occupation / Job title (See Instructions)

Police officer

Employer (See Instructions)

Date

9/23

Full name of contributor

Sophia L. Graham

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

3727 Morris Dallas TX 75212

180.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27

Full name of contributor

Sophia L. Graham

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

3727 Morris Dallas TX 75212

100.00

Principal occupation / Job title (See Instructions)

Same

Employer (See Instructions)

Same

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

12 M 25

A1
12 of 14

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sophie L. Graham

3 Filer ID (Ethics Commission Filers)

4 Date

10/08

5 Full name of contributor

Sophie L. Graham

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$120.00

6 Contributor address,

City: State: Zip Code

3727 Morris Dallas 75212

8 Principal occupation / Job title (See Instructions)

Same

9 Employer (See Instructions)

Same

Date

10/08

Full name of contributor

Sophie L. Graham

out-of-state PAC (ID# _____)

Amount of contribution (\$)

180.00

Contributor address,

City: State: Zip Code

3727 Morris Dallas 75212

Principal occupation / Job title (See Instructions)

Same

Employer (See Instructions)

Same

Date

10/21

Full name of contributor

Sophie L. Graham

out-of-state PAC (ID# _____)

Amount of contribution (\$)

300.00

Contributor address,

City: State: Zip Code

3727 Morris Dallas 75212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21

Full name of contributor

Sophie L. Graham

out-of-state PAC (ID# _____)

Amount of contribution (\$)

538.99

Contributor address,

City: State: Zip Code

3727 Morris Dallas 75212

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.

13 M 25

AIN
13 of 14

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

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

Contributor address, _____

City: _____ State: _____ Zip Code _____

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

10/25

Sophia Graham

Contributor address, _____

City: _____ State: _____ Zip Code _____

100.00

3727 Morris Dale, N. 75212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

10/25

Sophia L. Graham

Contributor address, _____

City: _____ State: _____ Zip Code _____

100.00

3727 Morris Dale, N. 75212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

10/25

Sophia L. Graham

Contributor address, _____

City: _____ State: _____ Zip Code _____

120.00

3727 Morris Dale, N. 75212

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.

14 ^{AI} 14

14 M 25

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME <i>Sophia L. Graham</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sophia L. Graham</i> 6 Contributor address, City, State, Zip Code <i>3727 Morris St. Dallas TX 75212</i>	7 Amount of contribution (\$) <i>\$1,200.00</i>
8 Principal occupation / Job title (See Instructions) <i>Police officer</i>		9 Employer (See Instructions) <i>Cedar Hill I.S.D. P.D.</i>
Date <i>12/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sophia L. Graham</i> Contributor address, City, State, Zip Code <i>3727 Morris St. Dallas TX 75212</i>	Amount of contribution (\$) <i>\$176.86</i>
Principal occupation / Job title (See Instructions) <i>Police officer</i>		Employer (See Instructions) <i>Cedar Hill I.S.D. P.D.</i>
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)
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

F1
1 of 5

15 of 25

POLITICAL EXPENDITURES MADE 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 | 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: 5	2 FILER NAME Sophia Graham	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date 10/5/21	5 Payee name Tiltalents
--------------------------	-----------------------------------

6 Amount (\$) 250.00	7 Payee address: City: State: Zip Code 6754 State Hwy 11 Leesburg TX 75451
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising (signs) Expenses	(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 10/22/21	Payee name Tiltalents
-------------------------	---------------------------------

Amount (\$) 350.14	Payee address: City: State: Zip Code 6754 State Hwy 11 Leesburg TX 75451
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising (signs) Expenses	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 10/28/21	Payee name Best of Signs
-------------------------	------------------------------------

Amount (\$) 117.81	Payee address: City: State: Zip Code bestofsigns.com
------------------------------	--

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

F1
285

16 of 25

POLITICAL EXPENDITURES MADE 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 | 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 **Sophia Graham** 3 Filer ID (Ethics Commission Filers)

4 Date **11/05/21** 5 Payee name **T, Talents**

6 Amount (\$) **195.36** 7 Payee address: City: State: Zip Code
6754 State Hwy 11 Leesburg TX 75451

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Advertising (signs) Expense** (b) Description
 Check if travel outside of Texas Complete Schedule T
 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 **11/5/21** Payee name **Shell Shack**

Amount (\$) **315.58** Payee address: City: State: Zip Code
2326 N Henderson Ave Dallas TX 75206

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Fundraising (Food) Expense** Description
 Check if travel outside of Texas Complete Schedule T
 Check if Austin, TX, officeholder living expense

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

Date **12/6/21** Payee name **T, Talents**

Amount (\$) **289.64** Payee address: City: State: Zip Code
6754 State Hwy 11 Leesburg TX 75451

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising (signs) Expense** Description
 Check if travel outside of Texas Complete Schedule T
 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

17425

F1
3075

POLITICAL EXPENDITURES MADE 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	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)
----------------------------	--------------------------------------	---------------------------------------

4 Date <i>9/23/21</i>	5 Payee name <i>Tilt talents</i>
--------------------------	-------------------------------------

6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>6754 State Hwy. 11 Leesburg TX 75451</i>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising (Signs) Expenses</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>9/24/21</i>	Payee name <i>Tilted tale</i>
------------------------	----------------------------------

Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>6754 State Hwy. 11 Leesburg TX 75451</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising (Signs) Expenses</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>9/29/21</i>	Payee name <i>Tilted tale</i>
------------------------	----------------------------------

Amount (\$) <i>308.00</i>	Payee address; City; State; Zip Code <i>6754 State Hwy 11 Leesburg TX 75451</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising (Signs) Expenses</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

18 M 25

F1
485

POLITICAL EXPENDITURES MADE 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:	2 FILER NAME <i>Sophie L. Graham</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <i>12/8/21 One</i>	5 Payee name <i>(Dallas) Hour^{Business} Cards</i>
------------------------------	---

6 Amount (\$) <i>31566</i>	7 Payee address: City: State: Zip Code <i>3321 Oaklawn Ave Dallas TX 75219</i>
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising (Business) Expense (cards)</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>12/30/21</i>	Payee name <i>Election Dept</i>
-------------------------	------------------------------------

Amount (\$) <i>20.10</i>	Payee address: City: State: Zip Code <i>1520 Round Table Dr. Dallas TX 75241</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense (list)</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>12/31/21</i>	Payee name <i>Dallas County</i>
-------------------------	------------------------------------

Amount (\$) <i>2.95</i>	Payee address: City: State: Zip Code <i>1520 Round Table Dr. Dallas TX 75241</i>
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense (copies)</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

19725

F1
5085

POLITICAL EXPENDITURES MADE 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 | 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 L Graham</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>12/13/21</i>	5 Payee name <i>Dollar Tree</i>
---------------------------	------------------------------------

6 Amount (\$) <i>8.12</i>	7 Payee address; City; State; Zip Code <i>2588 S Hampton Rd. Dallas TX 75224</i>
------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OTHER (office supplies) 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>11/13/21</i>	Payee name <i>FedEx</i>
-------------------------	----------------------------

Amount (\$) <i>3.36</i>	Payee address; City; State; Zip Code <i>18661 Lyndon B Johnson Fwy Mesquite, TX 75150-6466</i>
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER <i>Printing Expenses (copies)</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	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

F4

184

20 of 25

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: **4** 2 FILER NAME: **Sophia L Graham** 3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD: \$

5 Date: **9/21/21** 6 Payee name: **Dallas Hours Cards**

7 Amount (\$): **\$ 258.72** 8 Payee address: **3321 Oaklawn Ave.**
 City: State: Zip Code

9 TYPE OF EXPENDITURE: Political Non-Political

10 PURPOSE OF EXPENDITURE: **Advertising**
 (a) Category (See Categories listed at the top of this schedule):
 (b) Description: Check if travel outside of Texas. Complete Schedule T
 Check if Austin, TX, officeholder living expense

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

Date: **9/21/21** Payee name: **Dallas Hours Cards**

Amount (\$): **\$1208.00** Payee address: **3321 Oaklawn Ave.**
 City: State: Zip Code

TYPE OF EXPENDITURE: Political Non-Political

PURPOSE OF EXPENDITURE: **Advertising**
 Category (See Categories listed at the top of this schedule):
 Description: Check if travel outside of Texas. Complete Schedule T
 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

21 M 25

F4
2074

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4	2 FILER NAME <i>Sophia L. Graham</i>	3 Filer ID (Ethics Commission Filers)
---------------------------	---	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date <i>9/28/21</i>	6 Payee name <i>Dallas Hours Cards</i>
--------------------------	---

7 Amount (\$) <i>\$1250.00</i>	8 Payee address: City: State: Zip Code <i>3321 Oaklawn Ave. Dallas TX. 75219</i>
-----------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising 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
---------------------------	--	--

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

Date <i>12/16</i>	Payee name <i>Dallas Hours Cards</i>
----------------------	---

Amount (\$) <i>87.68</i>	Payee address: City: State: Zip Code <i>3321 Oaklawn Ave. Dallas TX. 75219</i>
-----------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</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

F4
3094

22 of 25

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- 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 F4	2 FILER NAME <i>Sophia L Graham</i>	3 Filer ID (Ethics Commission Filers)
---------------------------	--	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date <i>9/14/21</i>	6 Payee name <i>Dallas Hours Cards</i>
--------------------------	---

7 Amount (\$) <i>162.38</i>	8 Payee address: City: State: Zip Code <i>3321 Oaklawn Ave. Dallas TX 75219-</i>
--------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</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
---------------------------	--	--

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

Date <i>9/17/21</i>	Payee name <i>Dallas Hours Cards</i>
------------------------	---

Amount (\$) <i>\$1208.00</i>	Payee address: City: State: Zip Code <i>3321 Oaklawn Ave. Dallas TX 75219</i>
---------------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</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

23 of 25

F4
4084

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Sophia Graham</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date <i>9/17/21</i>	6 Payee name <i>Dallas Hour Cards</i>
--------------------------	--

7 Amount (\$) <i>233.66</i>	8 Payee address: City, State, Zip Code <i>3321 Oaklawn Ave. Dallas TX 75219</i>
--------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Advertising</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.
---------------------------	---	--

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

Date	Payee name
------	------------

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

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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 <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

24725

1 of 2 ^G

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G 2	2 FILER NAME Sophia L Graham	3 Filer ID (Ethics Commission Filers)
4 Date 9/21/21	5 Payee name Tilted Talents	
6 Amount (\$) 1,708.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code 6754 State Hwy 11 Leesburg TX 75451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 11/13/21	Payee name Dallas County Democratic Party	
Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 1414 N. Washington Ave. Dallas TX 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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 10/6/21	Payee name Value Added Printing	
Amount (\$) 64.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 401 N. Central Expwy, Suite 200 Richardson TX 75080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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

25/25

G
282

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Sophie L. Graham</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/21/21</i>	5 Payee name <i>Tilted Talents</i>	
6 Amount (\$) <i>500.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2754 State Hwy 11 Leesburg TX 75451</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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