**CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER**

**FORM COR-C/OH**

<table>
<thead>
<tr>
<th>Filer ID (Ethics Commission Filers)</th>
<th>Total pages filed:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>3 CANDIDATE/OFFICEHOLDER NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Sophia Graham</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 ORIGINAL REPORT TYPE</th>
<th>Runoff</th>
<th>Excessed or modified reporting limit</th>
<th>Final report</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30th day before election</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8th day before election</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15th day after treasurer appointment (officeholder only)</td>
<td></td>
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<table>
<thead>
<tr>
<th>5 ORIGINAL PERIOD COVERED</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
<tr>
<td>2/17/22 THROUGH 7/18/22</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>6 EXPLANATION OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>See attached statement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7 SIGNATURE</th>
<th>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check ONLY if applicable:</td>
<td></td>
</tr>
<tr>
<td>Semannual 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.</td>
<td></td>
</tr>
<tr>
<td>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 was inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.</td>
<td></td>
</tr>
</tbody>
</table>

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 ___________________________ and my date of birth is ___________________________.

My address is ___________________________.

(address)

Executed in Dallas County, State of TX, on the ______ day of ______, 2021.

Signature of Candidate/Officeholder (Declarant)

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

Revised 4/16/2021
Form COR-C/OH  Correction/Amendment Affidavit for Candidate/Officeholder

Correction to reporting period from 2.17.2022 to 7.10.2022

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 gobierno/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.

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.

[Signature]

Chris McGowan

Campaign Treasurer for Sophia L. Graham
**Candidate/Officeholder Campaign Finance Report**

**Candidate/Officeholder Name:**
- **First Name:** Sophia
- **Middle Initial:** L
- **Last Name:** Graham

**Address/P.O. Box:**
- **City:** Dallas
- **State:** TX
- **Zip Code:** 75222

**Candidate/Officeholder Phone:**
- **Area Code:** 214
- **Number:** 957-0611

**Campaign Treasurer Name:**
- **First Name:** Tamara
- **Middle Initial:** D
- **Last Name:** Thompson Mims

**Campaign Treasurer Address:**
- **Street Address:** 6317 Swiss Way
- **City:** Rowlett
- **State:** TX
- **Zip Code:** 75089

**Report Type:**
- **Period Covered:** Month 2, Day 17, Year 2022 (July 15)

**Election:**
- **Election Date:** Month 7, Day 10, Year 2022
- **Election Type:** Primary

**Office Sought:**
- Constables Office (Precinct 5)

**Notice from Political Committee(s):**

**Committee Type:**
- **Committee Name:**
- **Committee Address:**
- **Committee Campaign Treasurer Name:**
- **Committee Campaign Treasurer Address:**

**Go to Page 2**

---

*Forms provided by Texas Ethics Commission. www.ethics.state.tx.us Revised 8/17/2020*
CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

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) $ 0.08
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) $ 830.00

EXPENDITURE TOTALS
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. $

4. TOTAL POLITICAL EXPENDITURES $ 6,569.44

CONTRIBUTION BALANCE
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD $ 1,443.36

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

(2) Unsworn Declaration

My name is ______________________ and my date of birth is ________________
My address is ______________________ ______________________ ______________________
(street) (city) (state) (zip code) (country)

Executed in ______________________ County, State of __________ on the ______ day of __________, (month) (year)

Signature of Candidate/Officeholder (Declарат)
<table>
<thead>
<tr>
<th>NAME OF SCHEDULE</th>
<th>SUBTOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$830.00</td>
</tr>
<tr>
<td>SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>SCHEDULE B: PLEDGED CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>SCHEDULE E: LOANS</td>
<td>APR 24 '23 PM 1:12</td>
</tr>
<tr>
<td>SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$6,569.44</td>
</tr>
<tr>
<td>SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</td>
<td>$</td>
</tr>
<tr>
<td>SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</td>
<td>$</td>
</tr>
<tr>
<td>SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
<td>$</td>
</tr>
<tr>
<td>SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
<td>$</td>
</tr>
<tr>
<td>SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$0.08</td>
</tr>
</tbody>
</table>
# MONETARY POLITICAL CONTRIBUTIONS

**FILE NAME:** Sophie L Graham

<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name of contributor</th>
<th>Address</th>
<th>City, State, Zip Code</th>
<th>Amount of contribution ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/19/22</td>
<td>Janie Fagan</td>
<td>2312 Everglades, Dallas, TX</td>
<td></td>
<td>$75.00</td>
</tr>
<tr>
<td>2/23/22</td>
<td>Michael A Bryan</td>
<td>P.O. Box 190325, Dallas, TX 75219</td>
<td></td>
<td>$160.00</td>
</tr>
<tr>
<td>2/20/22</td>
<td>Christie Thomas</td>
<td>935 Silver Creek, Desoto, TX 75115</td>
<td></td>
<td>$200.00</td>
</tr>
<tr>
<td>2/21/22</td>
<td>Ruby Jones</td>
<td>306 Hardy St, Cedar Hill, TX 75104</td>
<td></td>
<td>$150.00</td>
</tr>
</tbody>
</table>

**Principal occupation:**
- Nurse
- Retired
- Police Sgt

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages Schedule A1:</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Filer ID (Ethics Commission Filers)</td>
<td></td>
</tr>
</tbody>
</table>

| 4 | Date | 5 | Full name of contributor | || 6 | Contributor address; | City; | State; | Zip Code |
|---|------|---|--------------------------|---|---|---|---|---|
| 3/4/22 | | 3927 | MARIS | DALL | TX 75212 | |

<table>
<thead>
<tr>
<th>7</th>
<th>Amount of contribution ($)</th>
<th>8</th>
<th>Principal occupation / Job title (See Instructions)</th>
<th>9</th>
<th>Employer (See Instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$45.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 4 | Date | 5 | Full name of contributor | || 6 | Contributor address; | City; | State; | Zip Code |
|---|------|---|--------------------------|---|---|---|---|---|
| 3/28/22 | | LaSalle | CROSBY | | | |

| | | | Amount of contribution ($) | | | | | |
|---|---|---|-----------------------------|---|---|---|---|
| | | | 235.00 | | | | |

| 4 | Date | 5 | Full name of contributor | || 6 | Contributor address; | City; | State; | Zip Code |
|---|------|---|--------------------------|---|---|---|---|---|
| 4/11/22 | | Shiny Edward | 1912 FORKWOOD, MESQUITE 75181 | | | |

| | | | Amount of contribution ($) | | | | | |
|---|---|---|-----------------------------|---|---|---|---|
| | | | 25.00 | | | | |

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

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.
<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address;</th>
<th>City;</th>
<th>State;</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/17/22</td>
<td>Wenor's</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/17/22</td>
<td>Kroger</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**POLLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**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/Memoriales Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental 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.

**FILER NAME**

Sophia L Graham

**Filer ID (Ethics Commission Filers)**

**Date**

2/17/22

**Amount ($)**

$12.45

**Payee address;**

San Jac Valley Donuts

**City;**

State; Zip Code

**PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule)

(b) Description

APR 24 2019 1:13

(c) □ Check if travel outside of Texas. Complete Schedule T.

□ Check if Austin, TX, officeholder living expense

**Candidate / Officeholder name**

Office sought

Office held

**Complete ONLY if direct expenditure to benefit C/OH**

Date

2/17/22

Payee name

Wenor's

Payee address;

City;

State;

Zip Code

**PURPOSE OF EXPENDITURE**

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

Description

food

**Complete ONLY if direct expenditure to benefit C/OH**

Date

2/17/22

Payee name

Kroger

Payee address;

City;

State;

Zip Code

**PURPOSE OF EXPENDITURE**

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

Description

food

**Complete ONLY if direct expenditure to benefit C/OH**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/26/2019
PREFACE TO F1 EXHIBIT:

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- Advertising Expense
- Accounting/Bookkeeping
- Consulting Expense
- Contributions/Demands Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Award/Memorial Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental 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.*

<table>
<thead>
<tr>
<th>1. Total pages Schedule F1:</th>
<th>2. FILER NAME:</th>
<th>3. Filer ID (Ethics Commission Filers):</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Sophia L. Graham</td>
<td></td>
</tr>
</tbody>
</table>

**4. Date:** 2/17

**5. Payee name:** Fuel City

**6. Amount ($):** $30.00

**7. Payee address:**

**City:**

**State:**

**Zip Code:**

**8. PURPOSE OF EXPENDITURE**

- **(a) Category:** (See Categories listed at the top of this schedule)
- **(b) Description:**

**Complete ONLY if direct expenditure to benefit C/OH**

**9. Candidate / Officeholder name:**

**Office sought:**

**Office held:**

**Additional Information:**

**Date:** 2/3/22

**Payee name:** McDonald's

**Amount ($):** $8.65

**Payee address:**

**City:**

**State:**

**Zip Code:**

**Purpose of Expenditure:**

**Category:** (See Categories listed at the top of this schedule)

**Description:** Fuel

**Complete ONLY if direct expenditure to benefit C/OH**

**Candidate / Officeholder name:**

**Office sought:**

**Office held:**

**Date:** 3/21/22

**Payee name:** Cinco de Mayo

**Amount ($):** $107.72

**Payee address:**

**City:**

**State:**

**Zip Code:**

**Purpose of Expenditure:**

**Category:** (See Categories listed at the top of this schedule)

**Description:** Party

**Complete ONLY if direct expenditure to benefit C/OH**

**Candidate / Officeholder name:**

**Office sought:**

**Office held:**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

*Forms provided by Texas Ethics Commission  www.ethics.state.tx.us  Revised 9/26/2019*
# 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/Poliical Committee
- Credit Card Payment
- Event Expense
- Fines
- Food/Beverage Expense
- Gifts/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Realty 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.

## Form Details

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount ($)</th>
<th>Payee</th>
<th>Payee Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8th Entry</strong></td>
<td>$2,000</td>
<td>Cartronics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8th Entry</strong></td>
<td>$63.00</td>
<td>Cartronics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8th Entry</strong></td>
<td>$30.00</td>
<td>Fuel City</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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*Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/26/2019*
<table>
<thead>
<tr>
<th>Date</th>
<th>Payee</th>
<th>Amount ($)</th>
<th>Category (See Categories listed at the top of this schedule)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/23/22</td>
<td>Grab 'N Go</td>
<td>$53.38</td>
<td>(a) Category: Event Expense</td>
<td>(b) Description:</td>
</tr>
<tr>
<td>2/24/22</td>
<td>Circle K</td>
<td>$55.62</td>
<td>(a) Category: Food/Rent/Contract</td>
<td>(b) Description: Gas</td>
</tr>
<tr>
<td>3/2/22</td>
<td>Kroger</td>
<td>$25.64</td>
<td>(a) Category: Legal Services</td>
<td>(b) Description: Ford</td>
</tr>
<tr>
<td>Date</td>
<td>Payee name</td>
<td>Amount ($)</td>
<td>Purpose of Expenditure</td>
<td>Category</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>------------</td>
<td>------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>3/1/22</td>
<td>Fuee City</td>
<td>$30.00</td>
<td>Advertising</td>
<td></td>
</tr>
<tr>
<td>2/28/22</td>
<td>Donut Palace</td>
<td>$13.53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Payee name</td>
<td>Amount ($)</td>
<td>PURPOSE OF EXPENDITURE</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>------------</td>
<td>------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>2/23/22</td>
<td>Wal-Mart</td>
<td>$17.58</td>
<td>(a) Category</td>
<td>(b) Description</td>
</tr>
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<td>2/28/22</td>
<td>Shell</td>
<td>$47.79</td>
<td>Category</td>
<td>Description</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(See Categories listed at the top of this schedule)</td>
<td>Obs</td>
</tr>
</tbody>
</table>
### 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 Payments
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Wards/Mementos Expense
- Legal Services
- Loan Repayment Reimbursement
- Office/Officeholder Rental Expense
- Printing Expense
- Polling Expense
- Salaries/Wages/Contract Labor
- 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.

<table>
<thead>
<tr>
<th>1 Total pages Schedule F1</th>
<th>2 FILER NAME</th>
<th>3 Filer ID (Ethics Commission Filer ID)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Sophia L. Graham</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Date</th>
<th>5 Payee name</th>
<th>6 Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/11/22</td>
<td>A &amp; K Food Mart</td>
<td>50.98</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7 Payee address</th>
<th>8 City</th>
<th>9 Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3725 Singleton Blvd</td>
<td>Dallas, TX</td>
<td>75212</td>
</tr>
</tbody>
</table>

**Pursue of Expenditure**

- **Category**: OTHER
- **Description**: Gas for Campaign

---

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/11/22</td>
<td>United States Postal Service</td>
<td>401 Tom Landry Hwy</td>
<td>Dallas, TX</td>
<td>75260</td>
</tr>
</tbody>
</table>

**Pursue of Expenditure**

- **Category**: OTHER
- **Description**: P.O. Box for Campaign

---

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/14/22</td>
<td>Sign Express</td>
<td>1139 Denton Dr</td>
<td>Dallas, TX</td>
<td>75229</td>
</tr>
</tbody>
</table>

**Pursue of Expenditure**

- **Category**: Advertising Expense
- **Description**: Balance due on sign for campaign

---

**Attach Additional Copies of this Schedule as Needed**

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Forms provided by Texas Ethics Commission  www.ethics.state.tx.us  Revised 9/6/2015
<table>
<thead>
<tr>
<th>Date</th>
<th>Name of person from whom amount is received</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/28/22</td>
<td></td>
<td>0.08</td>
</tr>
<tr>
<td>5/31/22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APR 24  '23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FILER NAME**
SOPHIA L. GRAHAM

**Schedule K**

The Instruction Guide explains how to complete this form.

1. Total pages Schedule K: 1
2. Filer ID (Ethics Commission Filers)
3. ...