

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

**FORM DCE
COVER SHEET PG 1**

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 FILER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Sophia L Graham	OFFICE USE ONLY Date Received BY _____ JOHN F. WARTMAN COUNTY CLERK DALLAS COUNTY DEPUTY 2026 FEB -2 PM 1:47 FILED Date Hand-delivered & Date Postmarked	
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input type="checkbox"/> Change of Address P.O. Box 22626 Dallas TX 75222		
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 957-0611		
6 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	Receipt #	Amount \$
7 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 3 / 26 THROUGH 2 / 2 / 26		
8 ELECTION	ELECTION DATE Month Day Year 3 / 03 / 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description _____	
9 FILER ACTIVITY <small>(Attach lists on plain paper to complete this section if necessary.)</small>	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported B. Opposed	
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed	
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>		
GO TO PAGE 2			

1/12/ Sophia Gruba
\$1479.00 P.O. Box 226261 Dallas TX 75222

1/13/26 Lt. Edney
\$100.00 3500 Miler Ft. Worth TX 76119

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3

14 FILER NAME <i>Sophia L Graham</i>	15 Filer ID (Ethics Commission Filers)	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ <i>240.00</i>	
2. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
3. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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			

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1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date: 1/6/	5 Payee name Wanda Nimer	
6 Amount (\$) \$240.00	7 Payee address; City; State; Zip Code 174 Rancho Dr. Sunnyvale TX 75121 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ads	(b) Description letter
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
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

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FORM DCE
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10 FILER NAME <i>Sophia L Graham</i>		11 Filer ID (Ethics Commission Filers)
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	2. TOTAL POLITICAL EXPENDITURES	\$ <i>240.01</i>

13 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.

Sophia L Graham

Signature of Filer
or
Signature of individual with authority to sign on behalf of entity
(only if Filer is an entity)

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Sophia L Graham*, and my date of birth is _____.

My address is *B. Ox 22429 Dallas TX 75222*
(street) (city) (state) (zip code) (country)

Executed in *Dallas* County, State of *Texas*, on the *Feb* day of *2*, 20*26*.
(month) (year)

Sophia L Graham

Signature of Declarant