# 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 file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Sophia		MI L	<sub>ω</sub> OFFICE	USEONLY
NAME	NICKNAME	LAST Graham		SUFFIX	Date Received	JAN EZ
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 2262		eallas TX	75222	E. WAKKEN ITY CLERK AS COUNTY DEPI	LED 27 AM 8:
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214 )	957-0611	EXTENS	SION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST Tamara		мі D	Date Processed	, and an
	піскиаме Татту	Thompson Min	ms	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	NO PO BOX PLEASE); APT / S Vay		owlett	TX	75089
(Residence or Business)			1000	9W 2000		
8 CAMPAIGN TREASURER PHONE	(817 )	941-2499	EXTENS	SION		
9 REPORT TYPE	January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)			pointment		
	July 15	8th day before ele	ection	ceeded Modified porting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 10 / 22 THROUGH 1 / 13 / 23					
11 ELECTION	Month Day	Year Primary  General		Other Description		
12 OFFICE	OFFICE HELD (if any)			sought (if known	e (precinct 5)	
14 NOTICE FROM POLITICAL COMMITTEES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWN COMMITTEES.  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES THE CANDIDATE'S OR OFFICEHOLDER'S KNOWN COMMITTEES. THE CANDIDATE'S OR OFFICEHOLDER'S KNOWN COMMITTEES.				DER'S KNOWLEDGE OR		
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Sophia Graham		<b>16</b> File	er ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	IBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN			0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	2,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES			0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAG     OF REPORTING PERIOD	ST DAY	\$	2,500.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and c	correct and in	ncludes all information
	Signature of Ca	andidate	e or Officeho	older
	Please complete either option below	v:		
(1) Affidavit				
NOTABY STAMB (SEA				
NOTARY STAMP/SEA			day of	
	before me by this the which, witness my hand and seal of office.		day of _	,
	•			
Signature of officer administer			Title of offi	cer administering oath
(2) Unsworn Declarati	on OR			
My name is Sophia L C	Graham, and my date of birth is	10/30	0/1966	
My address is P.O. Box		X	75222	USA
iny address is	To the second se	state)	(zip code)	(country)
Executed in Dallas	County, State of Texas, on the 13 day of Janua (mont		20 23 (year	<del>r)</del>
	Signature of Candi	idate/Off	ficeholder (D	eclarant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Cor				
Sophia L. Graham				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			.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				
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	\$			

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 100.00 3127 Marvis Dalles # 25212 Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 100.40 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: 120.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 120.00 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.

2 0 6

## 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) 4 Date 7 Amount of contribution (\$) 100. a City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Out-of-state PAC (ID# Amount of contribution (\$) 100.000 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. 120,00 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.

396

## 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) out-of-state PAC (ID# 7 Amount of contribution (\$) 100, 00 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 (\$) 100.00 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 (\$) 200. Ou Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 200 do 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.

4 0 6

# 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 (\$) 120.00 City; State; Zip Code 8 Principal oscupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) City; State; Zip Code 20,40 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; 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.

596

## 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) 4 Date 7 Amount of contribution (\$) 6 Contributor address; City: State; Zip Code Principal occupation / Job/title (See Instructions) Full name of contributor Date Out-of-state PAC (ID# Amount of contribution (\$) Contributor address; City; State; Zip Code 120. 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 140. 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.

607 6

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILE	RNAME Sophic Glaber	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)			
(1)	6 Contributor address; City: State; Zip Code	200 a			
8 Principal occupation / Job titler (See Instructions)  9 Employer (See Instructions)  Why which is a second secon					
Date	Full name of contributor	Amount of contribution (\$)			
	Contributor address; City; State; Zip Code				
Princip	pal occupation / Job title (See Instructions)  Employer (See Instructions)	Etions)			
Date	Full name of contributor out-of-state_PAC_(ID#:)	Amount of contribution (\$)			
	Contributor address: City; State; Zip Code				
Princip	pal occupation / Job title (See Instructions)  Employer (See Instructions)	l ations)			
Date	Full name of contributor	Amount of contribution (\$)			
	Contributor address: City: State; Zip Code				
Princip	pal occupation / Job title (See Instructions)  Employer (See Instructions)	etions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us