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P10FZ

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	mission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	DPHA L. SUFFIX	Date Received . APR 24 23 PM
ORIGINAL REPORT		Runoff Final report Exceeded modified reporting	Date Hand-delivered or Date Postmarked
	30th day before election	limit Other (specify) 15th day after treasurer appointment (officeholder only)	Receipt # Amount \$
ORIGINAL PERIOD COVERED	Month Day Year 7 / 11 / 22	THROUGH 1/13/23	Date Imaged
EXPLANATION OF CO	DRRECTION		
See	ATTACHED S	STATEMENT.	
SIGNATURE I Swe	ear, or affirm, under penalty o ck ONLY if applicable:	of perjury, that this corrected repor	t is true and correct.
Other repor	ts: I swear, or affirm, that I am	filing this corrected report not later tha	
omission in	the report as originally filed was	s made in good faith. Signature of Candid	Man, A
Affidavit	Please	complete either option below:	
NOTARY STAMP/SEA	L		
orn to and subscribed	before me by	this the	day of
, to certify	which, witness my hand and seal of c		
nature of officer administe	ring oath Printed nam	ne of officer administering oath	Title of officer administering oath
		OR	
Unewarn Doolanati	on ,		
name is Sop address is 37	h L Grah 27 Mirris (street)	and my date of birth is	10/30/46 7.75212. Da L
name is Sopradicated address is 37	(street)	(city) (state of the control of the	/ ((((()))

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P20F2

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

Correction to reporting period from 7.10.2022 to 1.13.2023

Line 6 - Explanation of Correction

On April 1^{st} , 2022, I agreed to become Ms. Sophia Graham's campaign treasurer as her previous treasurer Ms. Tamara (Tammy) Thompson Mims passed on March 10^{th} .

My first task was to review all previous filings for completeness and accuracy. I began reviewing all filings shown for Sophia Graham on the www.dallascounty.org.government/campaign website, verifying that all time periods were accounted for.

I was not able to do a roll-forward of the ending balances of contributions held from one report to the next, so on April 2^{nd} , 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.

Chris McGowan

Campaign Treasurer for Sophia L Graham

3 of 12

The C/OH Instruction	Guide explains ho	w 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	USEONLY
	NICKNAME	LAST Graham		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 226		CITY; STATE; Dallas TX	ZIP CODE 75222		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	957-0611	EXTENS	SION	Date Hand-delivere	APR 24 23 PM d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
NAME	Ms	Tamara		D	Date Processed	
	піскиаме Татту	Thompson M	lims	SUFFIX	Date Imaged	
CAMPAIGN	CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;				STATE:	ZIP CODE
TREASURER ADDRESS	6317 Swiss \		Rowle		TX	75089
(Residence or Business)						
CAMPAIGN TREASURER PHONE	(817)	941-2499	EXTENS	ION		
REPORT TYPE	January 15	30th day before e	lection Rui	noff	15th day at treasurer a (Officeholde	iter campaign ppointment or Only)
	July 15	8th day before ele		eeded Modified porting Limit	Final Repoi	t (Attach C/OH - FR)
PERIOD COVERED	Month 7	Day Year / 11 / 22	THROUGH	Month 1	Day Year 13 23	
1 ELECTION	ELECTION D	ATE		ELECTION TYPE		
	Month Day	Year Primary General	Runoff Special	Other Description		
OFFICE	OFFICE HELD (if any			SOUGHT (if known)		
NOTICE FROM POLITICAL	THIS BOX IS FOR NOTION THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS A DEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIRED	ACCEPTED OR POLITICAL	EXPENDITURES MA	IDE BY POLÍTICAL CON	IMITTEES TO SUPPORT DER'S KNOWLEDGE OR
COMMITTEE(S)	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE COMMITTEE TYPE COMMITTEE NAME					SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS				
***	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME			
		COMMITTEE CAMPAIGN TRE			1000	

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	I FINANCE REPORT	OVER	SHEET PG 2
15 C/OH NAME Sophia L Grahan	n 16 File	er ID (Ethi	cs Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.15
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,480.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	V90-20 - V9
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	3,923.51
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	APR 24 '23 PA
req	Please complete either option below:	or Office	
req	uired to be reported by me under Title 15, Election Code. X Signature of Candidate	or Office	
req	uired to be reported by me under Title 15, Election Code. X Signature of Candidate	or Office	
req 1) Affidavit NOTARY STAMP/SEAL	Please complete either option below:		holder
required in the second of the	uired to be reported by me under Title 15, Election Code. X Signature of Candidate		holder
required in the second of the	Please complete either option below: Defore me by	_ day o	holder
required in the second	Please complete either option below: Please complete either option below: this the which, witness my hand and seal of office. Printed name of officer administering oath OR	_ day o	holder ,
required in the second of the	Please complete either option below: Please complete either option below: this the which, witness my hand and seal of office. Printed name of officer administering oath OR	_ day o	holder ,

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME COPHIA L Graham 20 Filer ID (Ethics Cor		
21 SCHEI NAME	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,480.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	TIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	LITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	NAL FUNDS	APR 24 '28 PM1;
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	NS TO A BUSINESS OF C/OH	\$
<u>L</u> s	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITI	ICAL CONTRIBUTIONS	\$
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO FILER	NTRIBUTIONS RETURNED	\$.15

The	Instruction Guide explains how to complete this form.	1 foral pages Schedule A1
ILTR NAME	Sophy L. Cake	3 Filer ID (Etnics Commission Filers)
7/21	Sophie L Grand Contributor Contributor Contributor address. Cdy. State Zip Coo	7 Amount of contribution (\$)
	3727 Marris Dellas 1x	25212 6000
	9 Emplo	yer (See Instructions)
nte 1	Full name of contributor	Amount of contribution (\$)
121	Contributor address. City. State, Zip Cod	100 a APR 24 '23
ncipal occup	ntion / Job title (See Instructions) Employ	ver (See Instructions)
1/21	Full name of contributor	Amount of contribution (S)
(121	Contributor address City, State Zip Code	120.00
uchil, occubi	tion. Job title (See Instructions) Employ	er (See Instructions)
(e)	Full name of contributor	Amount of contribution (\$)
121	Contributor address City, State Zip Code	120 00
ncipal occupa	tion. Job title (See Instructions) Employs	er (See Instructions)

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	e Instruction Guide explains how to complete t	his form.	1 Total pages Scredule A1
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8/1	6 Contributer address City St.	3'4 Zip Code	100 a
	upation, Job title (See Instructions)	9 Employer (See la	nstructions)
Date	Full name of contributor [] avilar state of	AC (ID#	Amount of contribution (\$)
8/1	Contributor address City St.	ite. Zip Gode	100 GPR 24 23 P
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Date	Full name of contributor 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A0 10+	Amount of contribution (\$)
8/1	Contributor address. City, Sta	te, Zip Gode	120.00
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T	he Instruction Guide explains he	ow to complete th	is form.	1 Total pages Schedule A1
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nte / , /	5 Full name of contributor	Daniel store b	NC C#	7 Amount of contribution (\$)
29	6. Contributor address	City Star	le. Zio Code	100.00
incipal oc	cupation / Job title (See Instruction	5)	9 Employer (See I	nstructions)
e	Full name of contributor	Out of state Pa	ic ibx	Amount of contribution (5)
29	Confricular address	Crty Star	e, Zip Code	APR 24 '23
cipal occi	upation. Job title (See Instructions)	Employer (See tr	nstructions)
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ора' оссь	pation. Job title (See Instructions)		Employer (See tr	istructions)
	Full name of contributor	□ cut obstave PA.	24	Amount of contribution (\$)
Ь	Contributor address	City, State	Zip Code	2000
apal occu	pation / Job title (See Instructions)		Employer (See In	Sfructions)

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Ргиора оссы	I pation Job title (See instructions)	Employer (See In.	Structions)
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Principal recup	ation Job title (See Instructions)	Emplayer (See Ins	

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Date	Full name of contributor	A figure of contribution (§
// 7	Contributor address. City. State, Zip Code	/00. APR 24 23
rincipal occi	upation Job title (See Instructions) Employer (See In	astructions)
ale /	Full name of contributor	Amount of contribution (\$)
1/7	Contributor address City State Zip Code	140.
incipal ocal	pation Job title (See Instructions) Employer (See In	nstructions)
(ife)	Full name of contributor	Amount of contribution (\$)
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Date Full name of contributor	Date Full name of contributor	(1/1)	6 Contributor address	Cny, Star	e. Zio Code	22120
Date Full name of contributor	Date Full name of contributor	Principal oci	Cupation (Job title (See Instruction) _E) ,	9 Employer (See to	
Date Full name of contributor	Date Full name of contributor	1. / t p	uty loustof	16	1	, ,,
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

FILER NAM	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
	SOPHIAL GARHAM	3 Filer ID (Ethics Commission Filers)
Date //AR 7/22 70	5 Name of person from whom amount is received	State; Zip Code 8 Amount (\$)
1/23	7 Purpose for which amount is received Character ON ACCOCA	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code
	Purpose for which amount is received Che	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code
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