

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 <u> </u> FIRST <u>Sophia</u> MI <u>L</u> NICKNAME <u>Graham</u> LAST <u> </u> SUFFIX <u> </u>		OFFICE USE ONLY Date Received BY <u> </u> 2025 JUL 14 AM 8:02 JOHN F. WANKEN COUNTY CLERK DALLAS COUNTY RECEIVED Date Hand-delivered or Date Postmarked Receipt # <u> </u> Amount \$ <u> </u> Date Processed <u> </u> Date Imaged <u> </u>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>PO Box 226261 Dallas TX 75222</u> APT / SUITE #: <u> </u> CITY: <u> </u> STATE: <u> </u> ZIP CODE <u> </u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(214)</u> PHONE NUMBER <u>957-0611</u> EXTENSION <u> </u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u> </u> FIRST <u>Bianca</u> MI <u> </u> NICKNAME <u>Alonzo</u> LAST <u> </u> SUFFIX <u> </u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u> </u> APT / SUITE #: <u> </u> CITY: <u> </u> STATE: <u> </u> ZIP CODE <u> </u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(817)</u> PHONE NUMBER <u>818-7460</u> EXTENSION <u> </u>		
9 REPORT TYPE	<input 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 checked="" 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 <u> </u> Day <u> </u> Year <u> </u> THROUGH Month <u> </u> Day <u> </u> Year <u> </u>		
11 ELECTION	ELECTION DATE Month <u>3</u> Day <u>03</u> Year <u>26</u> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Dallas County Constable</u> Pg. 5	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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		COMMITTEE NAME	
<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS	
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,250
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,195
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,000.00
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

OR

(2) Unsworn Declaration

My name is Sophia L. Graham, and my date of birth is 10/30/1966.

My address is P.O. Box 226261, Dallas, TX, 75222.
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of TX, on the 15 day of July, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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>7/2/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Miller</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>Dallas TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sophia L Graham</i>	Amount of contribution (\$) <i>\$10,000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 226261 Dallas TX 75222</i>		
Principal occupation / Job title (See Instructions) <i>Deputy Constable</i>		Employer (See Instructions) <i>Tarrant County</i>
Date <i>5/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darrell King</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnette Colman Ft. Worth</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>2965 Rolling Plains 76105</i>		
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.		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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
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 F1:	2 FILER NAME <i>Sophia L Graham</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/27/25</i>	5 Payee name <i>G3 Printing Dallas TX 75208</i>		
6 Amount (\$) <i>129.90</i>	7 Payee address; City; State; Zip Code <i>1212 Ft. Worth Ave</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Cards Advertising</i>		(b) Description <i>black & gold</i>
	(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 <i>6/22/25</i>	Payee name <i>AZ</i>		
Amount (\$) <i>1,200.00</i>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv.</i>		Description <i>Web page</i>
	<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>6/25/25</i>	Payee name <i>Signage Systems Dallas</i>		
Amount (\$) <i>866.00</i>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>black & gold</i>
	<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

SCHEDULE E

LOANS

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

The instruction guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City: State: Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

15

☐ Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City: State: Zip Code

20 Principal Occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City: State: Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

☐ none

☐ Check if personal funds were deposited into political account (See instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City: State: Zip Code

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Sophia L. Graham</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>1,200.00</i>	
5 Date <i>7/5</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Jarvis</i>	8 Amount of Contribution \$	9 In-kind contribution description <i>Video</i>
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Directing</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Director</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>New Jar films</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGDED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule B:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)				11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.					