

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Amount \$	
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Date Processed		
	<input type="checkbox"/> 8th day before election		Date Imaged		

6 EXPLANATION OF CORRECTION
PLEASE SEE ATTACHED STATEMENT OF CHRIS Mc GOWAN, CURRENT CAMPAIGN TREASURER.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual 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.

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 is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Sophia L Graham
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 Sophia L Graham, and my date of birth is 10/30/66

My address is 3727 Morris Dallas TX 75212

(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of TX, on the 4 day of 12, 2023

(month) (year)

Sophia L Graham
Signature of Candidate/Officeholder (Declarant)

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

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2 of 2

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

Correction to reporting period from 1.1.2022 to 1.31.2022

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/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 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.

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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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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)	\$ 0.04
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,190.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 990.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,131.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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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 _____

My address is 3727 Morris, Dallas, Tx, 75212, _____
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Tx, on the 23 day of April, 2023.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Sophia L Graham		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,190.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 990.06
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 FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$.04

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146

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

B

Sophia Graham

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/22

5 Full name of contributor

Heather Graham

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$20.00

6 Contributor address:

City: State: Zip Code

2405 Headwind Dr. Purcell, OK 73080

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8 Principal occupation / Job title (See Instructions)

U.S. Gov.

9 Employer (See Instructions)

Date

1/26/22

Full name of contributor

Sarah Austin

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$20.00

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/22

Full name of contributor

Wanda N. med

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$150.00

Contributor address:

City: State: Zip Code

174 Rancho Sunnyvale TX 75181

Principal occupation / Job title (See Instructions)

Education

Employer (See Instructions)

unknown

Date

1/28/22

Full name of contributor

Sandra Crenshaw

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$50.00

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

unknown

708 11

276

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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2 FILER NAME <i>Sophia Crahn</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/22/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Terry Brazier</i>	7 Amount of contribution (\$) <i>20.00</i>
6 Contributor address; City; State; Zip Code		APR 24 '23 PM 1:18

8 Principal occupation / Job title (See Instructions) <i>Police officer</i>	9 Employer (See Instructions) <i>I.T.S.D</i>
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Date <i>1/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Johnette Calhoun</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>2965 Kolling Plains #2208 Ft. Worth TX 76105</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sophie Gracie

3 Filer ID (Ethics Commission Filers)

4 Date

1/20/22

5 Full name of contributor

Ann Robinson

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

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\$ 60.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/20/22

Full name of contributor

Alivia Roberts

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 25.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/22

Full name of contributor

Torrey Powell

out-of-state PAC (ID# _____)

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/22

Full name of contributor

Mari Williams

out-of-state PAC (ID# _____)

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code 75086

2250 March Ln Apt 2168 Carrollton TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

98718

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Sophra Coaka

3 Filer ID (Ethics Commission Filers)

4 Date

11/17/22

5 Full name of contributor out-of-state PAC (ID# _____)

Taneasha Morrison

7 Amount of contribution (\$)

\$ 20.00

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6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Security

9 Employer (See Instructions)

Date

11/17/22

Full name of contributor out-of-state PAC (ID# _____)

Kathy Roberts

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/28/22

Full name of contributor out-of-state PAC (ID# _____)

Shiny Edward

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

1412 Foxwood Mesquite N 75121

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Date

11/18/22

Full name of contributor out-of-state PAC (ID# _____)

Mari Williams

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

2250 March Ln Apt 2108 Carrollton TX 75006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1.

2 FILER NAME

Sophie Graha

3 Filer ID (Ethics Commission Filers)

4 Date

1/18/22

5 Full name of contributor

Ruby Jones

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 150.00

6 Contributor address;

City, State, Zip Code

Cedar Hill TX 7

APR 24 23 PM 1:17

8 Principal occupation / Job title (See Instructions)

Nurse

9 Employer (See Instructions)

Date

1/20/22

Full name of contributor

Jaime Cortes

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 75.00

Contributor address;

City, State, Zip Code

1130 Cedar Hill Dallas

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)

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)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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>1/4/22</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC ID# <i>Jose Castillo</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address City State Zip Code <i>92584</i> <i>25878 Nolana Dr Menifee CA</i>		APR 24 '23 PM 1:17
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/7/22</i>	Full name of contributor <input type="checkbox"/> out of state PAC ID# <i>San don piper</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address City State Zip Code <i>1020 Scotland Dr Hill Desolo</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/9/22</i>	Full name of contributor <input type="checkbox"/> out of state PAC ID# <i>Jana Fagar</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address City State Zip Code <i>6312 Everglades Dallas TX</i>		
Principal occupation / Job title (See Instructions) <i>Nurse</i>		Employer (See Instructions)
Date <i>1/15/22</i>	Full name of contributor <input type="checkbox"/> out of state PAC ID# <i>Jane Fagar</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address City State Zip Code <i>6312 Everglades</i>		
Principal occupation / Job title (See Instructions) <i>Nurse</i>		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

1 of 6
SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|---------------------------------|--------------------------------|---|
| Advertising Expense | Event Expense | Loan Payments | Volunteer Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Board Expenses | Transportation/Equipment & Related Expenses |
| Consulting Expense | Ford Dispersal Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By: | Gift Awards/Memorabilia Expense | Printing Expense | Travel Out Of District |
| - Candidate/Officeholder/Political Committee | Loan Services | Salaries/Wages/Contract Labor | Other (not for a category not listed above) |
| Code Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 6	2 FILER NAME Sophia L Graham	3 Filer ID (Ethics Commission Filers)
4 Date 1/25/22	5 Payee name Raceway 967	
6 Amount (\$) 54.30	7 Payee address City State Zip Code 8130 E. LL Thomsen Valley A 75227	

APR 24 '23 PM 1:17

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check this box if this expenditure is for: <input type="checkbox"/> Check if it is for: Travel/transportation expense
	other (gas)	
9 Complete ONLY if direct expenditure to benefit COH	Candidate/Officeholder name	Office sought/Office held

Date 1/10/22	Payee name Sign Express
Amount (\$) \$48.71	Payee address City State Zip Code on line

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check this box if this expenditure is for: <input type="checkbox"/> Check if it is for: Travel/transportation expense
	advertising Exp.	
Complete ONLY if direct expenditure to benefit COH	Candidate/Officeholder name	Office sought/Office held

Date 1/25/22	Payee name Quick Trip
Amount (\$) 60.55	Payee address City State Zip Code 470 US Hwy 80 Sunnyvale A.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check this box if this expenditure is for: <input type="checkbox"/> Check if it is for: Travel/transportation expense
	(gas) other	
Complete ONLY if direct expenditure to benefit COH	Candidate/Officeholder name	Office sought/Office held

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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 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)
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4 Date <i>1/22/22</i>	5 Payee name <i>7-ELEVEN</i>
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6 Amount (\$) <i>\$ 8.68</i>	7 Payee address; City; State; Zip Code <i>10100 BAYTON RD DALLAS TX 75217</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <i>APR 24 '23 PM 1:17</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/25/22</i>	Payee name <i>GOLDEN CHICK</i>
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Amount (\$) <i>\$ 11.14</i>	Payee address; City; State; Zip Code <i>MASTERS DRIVE DALLAS TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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)
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4 Date <i>1/24/22</i>	5 Payee name <i>TILTED TALENTS</i>	City;	State;	Zip Code
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6 Amount (\$) <i>\$471.57</i>	7 Payee address;	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>APR 24 '23 PM 1:17</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/24/22</i>	Payee name <i>EXXON</i>	City;	State;	Zip Code
------------------------	----------------------------	-------	--------	----------

Amount (\$) <i>\$58.76</i>	Payee address;	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/24/22</i>	Payee name <i>HUNKY'S OLD FASHIONED HAMBURGERS</i>	City;	State;	Zip Code
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Amount (\$) <i>\$37.56</i>	Payee address;	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 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)
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4 Date <i>1/17/22</i>	5 Payee name <i>SHELL</i>	City:	State:	Zip Code
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6 Amount (\$) <i>\$ 30.00</i>	7 Payee address; <i>1946 CLAY MATHIS - Mesquite 75181</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OTHER (GAS)</i>	(b) Description <i>APR 26 '23 PH:17</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/12/22</i>	Payee name <i>PANERA Bread</i>
------------------------	-----------------------------------

Amount (\$) <i>\$ 13.62</i>	Payee address; <i>3826 LEMON AVE DALLAS 75219</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/17/22</i>	Payee name <i>WING STOP</i>
------------------------	--------------------------------

Amount (\$) <i>\$ 40.57</i>	Payee address; <i>820 E. CARTWRIGHT ROAD</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 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 *SOPHIA L. GRAHAM* 3 Filer ID (Ethics Commission Filers)

4 Date *1/19/22* 5 Payee name *DOMINO'S PIZZA*

6 Amount (\$) *\$25.95* 7 Payee address; City; State; Zip Code
BANTON RD, DALLAS APR 24 '23 PM 1:17

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
Food/Beverage
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *1/20/22* Payee name *GRIFF'S*

Amount (\$) *\$7.46* Payee address; City; State; Zip Code
1150 S. BECKNER DALLAS

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Food/Beverage
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *1/21/22* Payee name *GOLDEN CHICK*

Amount (\$) *\$11.14* Payee address; City; State; Zip Code
205 W. CARTWRIGHT RD.

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Food/Beverage
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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)
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4 Date <i>1/19/22</i>	5 Payee name <i>Fuel City</i>
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6 Amount (\$) <i>\$ 40.00</i>	7 Payee address; City; State; Zip Code	APR 24 '23 PM 1:17
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OTHER (GAS)</i>	(b) Description
	(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
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Date <i>1/18/22</i>	Payee name <i>Lowe's</i>
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Amount (\$) <i>\$ 8.64</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OTHER (HARDWARE)</i>	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
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Date <i>1/18/22</i>	Payee name <i>QUIK TRIP</i>
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Amount (\$) <i>\$ 61.41</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OTHER (GAS)</i>	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

18 of 18

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME SOPHIA L. GRAHAM

3 Filer ID (Ethics Commission Filers)

4 Date
1/31/22

5 Name of person from whom amount is received
NAVY FEDERAL Credit Union
6 Address of person from whom amount is received; City; State; Zip Code

8 Amount (\$)
\$0.04

7 Purpose for which amount is received Check if political contribution returned to filer
Interest

APR 24 23 PM 1:17

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 <input type="checkbox"/> Check 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 <input type="checkbox"/> Check 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 <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED