

1 of 12

P 1052

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 NICKNAME LAST SUFFIX			
		Ms. SOPHIA L. GRAHAM		APR 24 '23 PM 11:11	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> Final report <input type="checkbox"/> Other (specify)	
5 ORIGINAL PERIOD COVERED		Month Day Year 7 / 11 / 22 THROUGH 1 / 13 / 23		Date Hand-delivered or Date Postmarked	
				Receipt #	
				Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

See ATTACHED STATEMENT.

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 10/30/46

My address is 3727 Morris Dallas TX 75212 USA

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

Executed in Dallas County, State of TX, on the 23 day of April, 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

2.07.12

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 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.

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

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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

FIRST

MI

Ms.

Sophia

L

NICKNAME

LAST

SUFFIX

Graham

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 226261

Dallas

TX

75222

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

957-0611

APR 24 '23 PM 11

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms

Tamara

D

NICKNAME

LAST

SUFFIX

Tammy

Thompson Mims

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6317 Swiss Way

Rowlett

TX

75089

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

941-2499

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7

11

22

THROUGH

Month

Day

Year

1

13

23

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Constables Office (Precinct 5)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

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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)	\$ 0.15
	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	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,923.51
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.

x Sophia L Graham

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 10/30/64
My address is 3127 Morris, Dallas, TX, 75212, Dallas.
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of TX, on the 23 day of April, 20 23.
(month) (year)

A. J. Park

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	\$ 2,480.00
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 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	\$.15

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A1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule A1

2 FILER NAME

Sophie L. Gubins

3 Filer ID (Ethics Commission Filer)

4 Date

7/21

5 Full name of contributor

out of state PAC (Dr)

Sophie L. Gubins

7 Amount of contribution (\$)

6 Contributor address

City State Zip Code

3727 Morris Dallas TX 75212

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/21

Full name of contributor

out of state PAC (Dr)

Amount of contribution (\$)

Contributor address

City State Zip Code

100.00

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Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/21

Full name of contributor

out of state PAC (Dr)

Amount of contribution (\$)

Contributor address

City State Zip Code

120.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/21

Full name of contributor

out of state PAC (Dr)

Amount of contribution (\$)

Contributor address

City State Zip Code

120.00

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.

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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 *Sophia / Gubler* 3 Filer ID (Ethics Commission Filers)

4 Date <i>8/1</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address, City, State, Zip Code		

8 Principal occupation / Job title (See Instructions) *Deputy Constable* 9 Employer (See Instructions)

Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <i>100.00</i>
Contributor address, City, State, Zip Code		

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Principal occupation / Job title (See Instructions) *Deputy Constable* Employer (See Instructions)

Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <i>120.00</i>
Contributor address, City, State, Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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 Grala</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/29</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) 6 Contributor address City State Zip Code	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/29</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Contributor address City State Zip Code	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Contributor address City State Zip Code	Amount of contribution (\$) <i>200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Contributor address City State Zip Code	Amount of contribution (\$) <i>200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages: Schedule A1

2 FILER NAME Sophia / Gale 3 Filer ID: (Ethics Commission Filer)

4 Date <u>9/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	7 Amount of contribution (\$) <u>1200</u>
	6 Contributor address City State Zip Code	

8 Principal occupation / Job title (See Instructions) Deputy Constable 9 Employer (See Instructions)

Date <u>10/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <u>20.00</u>
	Contributor address City State Zip Code	

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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>10/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <u>100.00</u>
	Contributor address City State Zip Code	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>10/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$) <u>180.00</u>
	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.

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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 Galaz</i>		3 Filer ID (Ethics Commission Filer)
4 Date <i>11/7</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (Ex)	7 Amount of contribution (\$) <i>120.0</i>
6 Contributor address City State Zip Code		
8 Principal occupation / Job title (See Instructions) <i>Deputy Constable</i>		9 Employer (See Instructions) <i>Tucson Police</i>
Date <i>11/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (Ex)	Amount of contribution (\$) <i>100.</i>
Contributor address City State Zip Code		<i>APR 24 '23 PM 1:12</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (Ex)	Amount of contribution (\$) <i>140.</i>
Contributor address City State Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (Ex)	Amount of contribution (\$) <i>140</i>
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Sophie Gruber</i>		3 Filer ID (Ethics Commission Filer)
4 Date <i>10/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC / DC <i>Sophie Gruber</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address City: State: Zip Code		
8 Principal occupation / Job title (See Instructions) <i>Deputy Constable</i>		9 Employer (See Instructions) <i>Tarrant County</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC / DC	Amount of contribution (\$)
Contributor address City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC / DC	Amount of contribution (\$)
Contributor address City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC / DC	Amount of contribution (\$)
Contributor address City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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:

2 FILER NAME

SOPHIA L GRAHAM

3 Filer ID (Ethics Commission Filers)

4 Date

*VAR-
7/22
TO
1/23*

5 Name of person from whom amount is received

NAVY Fed. Credit Union

8 Amount (\$)

\$0.15

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Check if political contribution returned to filer

INTEREST ON ACCOUNT

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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Purpose for which amount is received

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

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

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED