

# 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	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	PO Box 226261		Dallas TX 75222
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 214 )	957-0611	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr	Chris	
	NICKNAME	LAST	SUFFIX
		McGowan	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	1322 Bradford		Coppell TX 75019
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 214 )	994-2806	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
			<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	1	14	23
	THROUGH		Month Day Year
			6 30 23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
			<input checked="" type="checkbox"/> 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)  <small>Additional Pages</small>	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	

**OFFICE USE ONLY**

Date Received

2023 JUL 17 AM 10:05

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

BY \_\_\_\_\_  
DEPUTY COUNTY CLERK  
DALLAS COUNTY

**FILED**

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Sophia L Graham		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 70.18
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,993.69
<b>OUTSTANDING LOAN TOTALS</b>	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.

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**

x My name is *Sophia L Graham* and my date of birth is *10/30/1966*  
My address is *3227 Monroic* *Dallas* *TX* *75212*  
(street) (city) (state) (zip code) (country)  
Executed in *Dallas* County, State of *Texas*, on the *16* day of *July*, 20*23*  
(month) (year)  
*Sophia L Graham*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Sophia L Graham</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 70.00
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	\$ 0.18

**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: <b>1</b>
2 FILER NAME <b>Sophia L Graham</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/21/2023</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Donald Cartwright</b> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>20.00</b>

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>04/03/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Wanda Nimer</b> Contributor address; City; State; Zip Code <b>174 RanchoSunnyvaleTexas75181</b>	Amount of contribution (\$) <b>50.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
-----------------------------------------------------	-----------------------------

Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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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.