

**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	2 Total pages filed: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> Date Received <i>BP 10/5/2020</i>	
		Patricia			
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked <i>BP 10/5/2020</i>	
		Graham		Receipt #	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Processed <i>BP 10/5/2020</i>	
	3908 Timberwood Ln			Date Imaged <i>BP 10/5/2020</i>	
	Huntsville, TX 77340				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
	<i>Ms</i>	<i>Monday</i>	<i>D</i>	<i>Jones</i>	
	NICKNAME	LAST	SUFFIX		
	<i>Debra</i>	<i>Jones</i>			
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	
	<i>2713 Chimney Rock</i>			<i>Huntsville Tx</i>	
	STATE;	ZIP CODE			
		<i>77340</i>			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<i>936</i>	<i>662-6363</i>			
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
9 PERIOD COVERED	Month	Day	Year	Month	
	08/07/2020			09/24/2020	
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
				<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
				<input type="checkbox"/> Other	
	11/03/2020				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)	
				Huntsville City Council Position 4 at Large	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**  
2 of 9

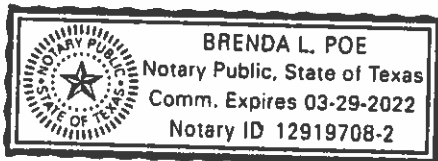
<b>13 C / OH NAME</b> Graham, Patricia	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <sup>150.00</sup> 3,150.00 - 2,700.00 PG
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,837.56
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <sup>13,124</sup> 13,124.00 PG
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 AFFIDAVIT**

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.



*Patricia Graham*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patricia Graham, this the 5<sup>th</sup> day of October, 2020, to certify which, witness my hand and seal of office.

*Brenda Poe*  
\_\_\_\_\_  
Signature of officer administering

Brenda Poe  
\_\_\_\_\_  
Printed name of officer administering

City Secretary  
\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Graham, Patricia		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,700.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 450.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,837.56
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/9
<b>2</b> FILER NAME Graham, Patricia		<b>3</b> Filer ID
<b>4</b> Date 09/24/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blythe Jr., Dell & William	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 54 Elkins Lake  Huntsville, TX 77340		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danaher, Sherryl & Campbell	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code 12158 Paramount Dr  Punta Gorda, FL 33955		
Principal occupation / Job title (See Instructions) Retired / Sales		Employer (See Instructions)
Date 09/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Cody	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 3908 Timberwood Ln  Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Mary	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 88 Bakers Lane  Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hightower, Clarence	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 4358 FM 1374  Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/9
2 FILER NAME Graham, Patricia		3 Filer ID
4 Date 09/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolly, Joan	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3016 Simmons Ln  Huntsville, TX 77320		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Jr., Sara & James	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1145 Elkins Lake  Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroesche, Peggy & Milton	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code 3802 Boettcher Dr  Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Mickey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code PO Box 446  Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Mickey	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code PO Box 446  Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/9
2 FILER NAME Graham, Patricia		3 Filer ID
4 Date 09/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Losack, Alfred & Shelby ----- 6 Contributor address; City; State; Zip Code PO Box 817  Huntsville, TX 77342-0817	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKaskle, D.V. ----- Contributor address; City; State; Zip Code 3805 Spring Drive  Huntsville, TX 77340	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reece, Linda ----- Contributor address; City; State; Zip Code 139 Willow Creek Dr  Huntsville, TX 77340	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions)
Date 09/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rush, Bennie & Martee ----- Contributor address; City; State; Zip Code 136 Paul Dixon Rd  Huntsville, TX 77340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 09/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skidmore, Carol & Gerald ----- Contributor address; City; State; Zip Code 479 Elkins Lake  Huntsville, TX 77340	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/9
2 FILER NAME Graham, Patricia		3 Filer ID
4 Date 09/21/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Maria	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 167 Westridge Dr Huntsville, TX 77340	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Caroline	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code PO Box 6155 Huntsville, TX 77340	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 8/9	<b>2</b> FILER NAME Graham, Patricia	<b>3</b> Filer ID
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<b>4</b> Date 09/23/2020	<b>5</b> Payee name Eagle Graphics
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<b>6</b> Amount (\$) \$754.50	<b>7</b> Payee address; City; State; Zip Code 1304 Sam Houston Ave  Huntsville, TX 77340
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cards
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2020	Payee name Enviquez, Diana
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Amount (\$) \$190.00	Payee address; City; State; Zip Code 2809 Mi Tierra Dr  Weslaco, TX 78599
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media account creation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/12/2020	Payee name Texas GOP Store
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 4041 I-45  Huntsville, TX 77340
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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: Sch: 2/2 Rpt: 9/9	2 FILER NAME Graham, Patricia	3 Filer ID
4 Date 09/23/2020	5 Payee name Texas GOP Store	
6 Amount (\$) \$593.06	7 Payee address: City; State; Zip Code 4041 I-45  Huntsville, TX 77340	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Office held		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Paul Olle</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>200.00</i>	
5 Date <i>9-11-2020</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Olle</i>	8 Amount of Contribution \$ <i>200.00</i>	9 In-kind contribution description <i>Picture for Campaign</i>
7 Contributor address; City; State; Zip Code <i>624 11th St Huntsville Tx 77340</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Photographer</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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 <i>9-23-2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry + Alice Ellisor</i>	Amount of Contribution \$ <i>250.00</i>	In-kind contribution description <i>Meet + Greet</i>
Contributor address; City; State; Zip Code <i>80 Ellisor Rd Huntsville Tx 77340</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Retired + Realtor</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self</i>	
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.