

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Patricia	MI
	NICKNAME	LAST Graham	SUFFIX
OFFICE USE ONLY			
Date Received <i>BP 10/26/2020</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3908 Timberwood Ln Huntsville, TX 77340		ZIP CODE
	Date Hand delivered or Date Postmarked <i>BP 10/26/2020</i>		
	Receipt #		Amount
	Date Processed <i>BP 10/26/2020</i>		
Date Imaged <i>BP 10/26/2020</i>			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		
	APT / SUITE #;	CITY;	STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 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 type="checkbox"/> July 15 <input checked="" 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
	09/25/2020	THROUGH	10/24/2020
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11/03/2020		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE SOUGHT (if known) Huntsville City Council Position 4 at Large		11 OFFICE HELD (if any)	

GO TO PAGE 2

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

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

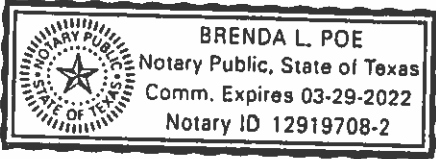
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13 C / OH NAME Graham, Patricia	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	1,140.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,215.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	819.74
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,257.70
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT




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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patricia Graham, this the 26th day of October, 2020, to certify which, witness my hand and seal of office.


 Signature of officer administering

Brenda Poe
 Printed name of officer administering

City Secretary
 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Graham, Patricia	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,215.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 819.74
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Graham, Patricia		3 Filer ID
4 Date 10/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Eugene & Mrs (Dr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 239 SH 75 N Huntsville, TX 77320		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Delma & Jerald	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code 35 Eisenhower Huntsville, TX 77320		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loosier, Madilene	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 226 Loma Road Bedias, TX 77831		
Principal occupation / Job title (See Instructions) Piano Tuner		Employer (See Instructions)
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muns, Sandra	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1920 20th St Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Joyce & Earl	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 862 Elkins Lake 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: 2/2 Rpt: 5/8
2 FILER NAME Graham, Patricia		3 Filer ID
4 Date 10/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pilnick, Stephen & Susan <hr/> 6 Contributor address; City; State; Zip Code 20715 Durand Oak Dr Cypress, TX 77433	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Harriet <hr/> Contributor address; City; State; Zip Code 4 Elkins Lake Huntsville, TX 77340	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		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.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 6/8	2 FILER NAME Graham, Patricia		3 Filer ID
4 Date 10/15/2020	5 Payee name Altom Consulting & Marketing		
6 Amount (\$) \$385.00	7 Payee address; City; State; Zip Code PO Box 690 Huntsville, TX 77342-0690		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Campaign advertising	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/17/2020	Payee name Dominey, Dylan		
Amount (\$) \$37.36	Payee address; City; State; Zip Code 4107 Elm St Trinity, TX 75862		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/15/2020	Payee name Enviquez, Diana		
Amount (\$) \$180.00	Payee address; City; State; Zip Code 2809 Mi Tierra Dr Weslaco, TX 78599		
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 Campaign Services	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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: 2/3 Rpt: 7/8	2 FILER NAME Graham, Patricia	3 Filer ID
4 Date 10/17/2020	5 Payee name Enviquez, Diana	
6 Amount (\$) \$37.36	7 Payee address; City; State; Zip Code 2809 Mi Tierra Dr Weslaco, TX 78599	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2020	Payee name Enviquez, Diana	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 2809 Mi Tierra Dr Weslaco, TX 78599	
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 Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2020	Payee name First National Bank	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 1300 11th Street Suit 405 Huntsville, TX 77340	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper statement fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 3/3 Rpt: 8/8		2 FILER NAME Graham, Patricia		3 Filer ID
4 Date 10/17/2020		5 Payee name Hernandez, Joshua		
6 Amount (\$) \$37.36		7 Payee address; City; State; Zip Code 1600 Sam Houston Ave Huntsville, TX 77340		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 10/17/2020		Payee name Martinez, Iliana		
Amount (\$) \$37.36		Payee address; City; State; Zip Code 1410 Nottingham #5202 Huntsville, TX 77340		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 10/21/2020		Payee name Office Depot		
Amount (\$) \$32.30		Payee address; City; State; Zip Code 133 I45 N Huntsville, TX 77320		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Correspondence supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held