

# 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:<br><b>5</b>   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><b>Mr.</b>   | FIRST<br><b>David</b>                                    | MI<br><b>J.</b>  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><b>Received</b><br><b>JUL 26 2019</b><br><b>Elections Office</b><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |
|   | NICKNAME<br><b>Dave</b>   | LAST<br><b>Graham</b>                                    | SUFFIX   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br><br><b>187 Senna Dr. Dripping Springs, TX 78620</b>   |  |  |  |
|   | AREA CODE    PHONE NUMBER    EXTENSION<br><b>( 214 )    601-6816</b>  |  |  |  |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE    PHONE NUMBER    EXTENSION<br><b>( 214 )    601-6816</b>  |  |  |  |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><b>Mrs.</b>  | FIRST<br><b>Alicia</b>                                   | MI<br><b>M.</b>  |  |
|   | NICKNAME<br><b>Hamilton</b>   | LAST   | SUFFIX   |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br><br><b>178 Augusta Dr. Wimberley TX 78676</b>  |  |  |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE    PHONE NUMBER    EXTENSION<br><b>( 512 )    738-2916</b>  |  |  |  |
| <b>9</b> 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)<br><input checked="" 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) |  |  |  |
| <b>10</b> PERIOD COVERED  | Month    Day    Year      Month    Day    Year<br><b>06 / 26 / 2019</b> THROUGH <b>07 / 15 / 2019</b>   |  |  |  |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br><b>03 / 03 / 2020</b>  |  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
| <b>12</b> OFFICE  | OFFICE HELD (if any)  | <b>13</b> OFFICE SOUGHT (if known)<br><br><b>Sheriff</b> |  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14** C/OH NAME **David J. Graham** **15** Filer ID (Ethics Commission Filers)

**16** 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.

|  |                                      |                |
|--|--------------------------------------|----------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE                       | COMMITTEE NAME |
|  | COMMITTEE ADDRESS                    |                |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |                |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

|                               |   |            |
|-------------------------------|---|------------|
| <b>17</b> CONTRIBUTION TOTALS | 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)                                  | \$ 0.00    |
| EXPENDITURE TOTALS            | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0.00    |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$122.86   |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$0.00     |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$5,000.00 |

**18** 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Angela Lagusis, this the 26th day of July, 2019, to certify which, witness my hand and seal of office.

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Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

|   |  |   |
|---|--|---|
| <b>19 FILER NAME</b><br><b>David J. Graham</b>  |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  |  | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$  |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$  |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS  |  | <b>\$ 5,000.00</b>                            |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$  |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$  |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$  |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$  |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS              |  | <b>\$ 122.86</b>                              |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$  |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$  |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$  |

# LOANS

# SCHEDULE E

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule E:  |
| <b>2</b> FILER NAME<br><b>David J. Graham</b>   |   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   | \$  |
| <b>5</b> Date of loan<br><b>6-28-19</b>   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>David J. Graham</b> | <b>9</b> Loan Amount (\$)<br><b>\$5,000.00</b>  |
| <b>6</b> Is lender a financial Institution?<br>Y <input checked="" type="checkbox"/> N    | <b>8</b> Lender address; City; State; Zip Code<br><b>187 Senna Dr. Dripping Springs, TX 78620</b>         | <b>10</b> Interest rate   |
|   |   | <b>11</b> Maturity date   |
| <b>12</b> Principal occupation / Job title (See Instructions)<br><b>Deputy Constable</b>  |   | <b>13</b> Employer (See Instructions)<br><b>Hays County</b>   |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> none           |   | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | <b>17</b> Name of guarantor<br><br><b>18</b> Guarantor address; City; State; Zip Code                     | <b>19</b> Amount Guaranteed (\$)  |
| <b>20</b> Principal Occupation (See Instructions)   |   | <b>21</b> Employer (See Instructions)   |

  

|  |  |  |
|--|--|--|
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | Loan Amount (\$)   |
| Is lender a financial Institution?<br>Y N                            | Lender address; City; State; Zip Code                                  | Interest rate  |
|  |  | Maturity date  |
| Principal occupation / Job title (See Instructions)                  |  | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none           |  | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | Name of guarantor<br><br>Guarantor address; City; State; Zip Code      | Amount Guaranteed (\$)   |
| Principal Occupation (See Instructions)                              |  | Employer (See Instructions)  |

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br><b>1</b>   | <b>2</b> FILER NAME<br><b>David J. Graham</b>   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><b>6/26/19</b>  | <b>5</b> Payee name<br><b>GoDaddy.com, LLC</b>  |  |
| <b>6</b> Amount (\$)<br><b>\$22.16</b><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><b>14455 N. Hayden Rd. Suite 219 Scottsdale AZ 85260</b> |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought Office held  |

|   |   |   |
|---|---|---|
| Date<br><b>6/28/19</b>  | Payee name<br><b>Bluehost</b>   |   |
| Amount (\$)<br><b>\$59.40</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>1500 North Priest Drive Suite 200, 2nd Floor Tempe, AZ 85281</b> |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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   |

|   |  |   |
|---|--|---|
| Date<br><b>6/28/19</b>  | Payee name<br><b>Divi Cake</b>   |   |
| Amount (\$)<br><b>\$41.30</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code   |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED