

# 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:

**OFFICE USE ONLY**

Date Received  
**Received  
JAN 09 2023  
Elections Office**

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR      FIRST      MI  
**MR. DAVID      J.**

NICKNAME      LAST      SUFFIX  
**GRAHAM**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE  
**100 COMMONS RD.      DRIPPING SPR.      TX 78620**  
**STE. 7-4227**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE      PHONE NUMBER      EXTENSION  
**(512) 956-7473**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR      FIRST      MI  
**MRS. ALICIA      M.**

NICKNAME      LAST      SUFFIX  
**HAMILTON**

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE  
**196 BERYL WAY,      DRIPPING SPR. TX 78620**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE      PHONE NUMBER      EXTENSION  
**(512) 738-2916**

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      THROUGH      Month      Day      Year  
**9 / 14 / 22      THROUGH      1 / 9 / 23**

11 ELECTION

ELECTION DATE      ELECTION TYPE

Month      Day      Year       Primary       Runoff       Other Description

**/ /**       General       Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 725 <sup>01</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000 <sup>00</sup>

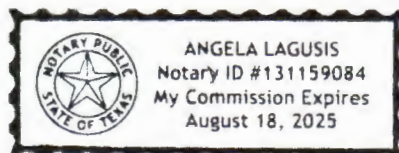
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Angela Lagusis this the 6 day of JANUARY

20 23, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Angela Lagusis  
Printed name of officer administering oath

9:16 PM  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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	\$ 5000 <sup>00</sup>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 692 <sup>75</sup>
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	\$ 329 <sup>6</sup>
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

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 E:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">DAVID J. GRAHAM</p>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <p style="font-size: 1.2em;">9/14/22</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <p style="font-size: 1.2em;">DAVID J. GRAHAM</p>	9 Loan Amount (\$) <p style="font-size: 1.2em;">\$5000<sup>00</sup></p>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <p style="font-size: 1.2em;">100 COMMONS RD. STE 7 - #227 DRIPPING SPR. TX 78620</p>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">DEPUTY CONSTABLE</p>		13 Employer (See Instructions) <p style="font-size: 1.2em;">HAYS COUNTY</p>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

1 Total pages Schedule F1:	2 FILER NAME <b>DAVID J. GRAHAM</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/31, 11/30 + 12/30</b>	5 Payee name <b>BROADWAY BANK</b>	
6 Amount (\$) <b>\$12<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>P.O. Box 17001 SAN ANTONIO, TX. 78217</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CAMPAIGN CHECKING ACCT.</b>	(b) Description <b>MONTHLY MAINT. FEE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/13/22</b>	Payee name <b>WIX. COM LTD</b>		
Amount (\$) <b>\$324<sup>75</sup></b>	Payee address; City; State; Zip Code <b>40 NAMAL, TEL AVIV 6350671</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>2-YEAR SOFTWARE SUBSCRIPTION</b>	Description <b>CAMPAIGN WEBSITE</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1/6/23</b>	Payee name <b>THE UPS STORE</b>		
Amount (\$) <b>\$356<sup>00</sup></b>	Payee address; City; State; Zip Code <b>100 COMMONS RD, DRIPPING SPRINGS, TX. 78620</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>RENTAL EXPENSE</b>	Description <b>MAIL BOX</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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:	<b>2</b> FILER NAME DAVID J. GRAHAM	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 8/31/2022	<b>5</b> Payee name NAME.COM
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<b>6</b> Amount (\$) \$32.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 414 14TH ST, #200 DENVER, CO 80202	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING/SOCIAL MEDIA	<b>(b)</b> Description .COM REGISTRATION/SECURITY FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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